

MINISTRY OF PUBLIC HEALTH, REPUBLIC OF BELARUS

Institution of education
«Grodno State Medical University»

**COLLECTION
OF TEST QUESTIONS FOR
STATE EXAMINATION IN SURGERY
FOR FACULTY OF FOREIGN
STUDENTS**

Grodno 2014

UDK
BBK

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UNIT 1. TESTS IN GENERAL SURGERY

1. For prevention of thromboembolic complications during a postoperative period one should perform the following:

1. To investigate the condition of coagulating blood system before and after operation
2. To give 5000 units of heparin intramuscularly or 0,3 fraxyparin to the patients from the group at risk of thrombus formation 2 hours previously to operation
3. Elastic bandage of the lower limbs before operation
4. To provide an active behavior of the patient in bed
5. All the above-mentioned measures

2. With urine retention during a postoperative period one should perform the following:

1. Giving evacuating enema
2. Administration of diuretics
3. Intravenous injection of 10 ml of 40% urotropin(e)
4. Application of a hot water bottle on the hypogastrium
5. Catheterization of the bladder

3. In the disorder of the gastrointestinal tract motor-evacuating function one should perform:

1. Block according to Roman
2. Hypertonic enema
3. Intramuscular administration of cerucal
4. Intravenous perfusion of sodium chloride hypertonic solution
5. All the above- mentioned procedures

4. In the development of hematogenic osteomyelitis the primary focus is localized in:

1. Epiphysis
2. Metaphysis
3. Diaphysis
4. Apophysis
5. Sesamoid bones

5. Indicate the major pathogenic factors of the syndrome of soft tissue continuous squashing (crushing):

1. Painful irritation
2. Neuroreflex and neurohumoral factors
3. Traumatic toxemia
4. Plasma loss
5. All the above-mentioned factors

6. How rapidly does the clinical picture of the syndrome of soft tissue continuous squashing (crushing) develop?

1. Immediately after release (setting free) from under obstruction
2. Immediately after limb compression
3. Over 4-8 hours after release from under obstruction
4. Over 24-48 hours release from under obstruction
5. Over 2-4 days after release from under obstruction

7. Contamination of the wound is:

1. Aseptic wound
2. Growth and development of microbes in the wound
3. Invasion of microbes into the wound
4. Nothing of the above-mentioned

8. The ways of endogenic contamination are:

1. From the environment
2. From everything that touches the wound
3. From everything that remains in the wound
4. Hematogenic and lymphogenic way

9. Implantation infection is:

1. Contamination of the wound at operation
2. Contamination on opening a hollow organ
3. Contamination on opening an abscess
4. Contamination with suture and plastic material, prostheses

10. Scrubbing hands with pervomur includes:

1. Washing hands with flow water and soap
2. Washing hands with pervomur for a minute
3. Washing hands with pervomur for 3 minutes
4. Cleansing of nail phalanges with iodinate solution

11. Which of the below methods of sterility control is more effective?

1. Melting of resorcin
2. Melting of ascorbic acid
3. Contact thermometry
4. Bacteriological culture
5. Manometer readings

12. Which of the below methods refer to mechanical antiseptics?

1. Flow drainage of the wound
2. Vacuum drainage of the wound
3. Initial surgical debridement of the wound
4. Ultrasound cavitation of the wound
5. Flow enzyme dialysis

13. The methods of physical antiseptics include:

1. Drainage of subcutaneous fatty tissue
2. Bathing of the wound with chlorhexidine solution
3. Necrectomy
4. Ultrasound cavitation
5. Immunotherapy

14. The methods of biological antiseptics include:

1. Administration of sulfanilamides
2. Administration of nitrofurans
3. Administration of proteolytic enzymes
4. Administration of antibiotics
5. Administration of vaccines and sera

15. Indicate a tuberculosis form of a joint:

1. Purulent
2. Local
3. Exudative (synovial)
4. Fungous
5. Bony

16. The most common localizations of actinomycosis are:

1. Groin area
2. Perinatal area
3. Maxillofacial area
4. Abdominal cavity
5. Thoracic cavity

17. The most common localizations of infection in gas gangrene are:

1. Head
2. Trunk
3. Upper limbs
4. Lower limbs
5. Perineum

18. Non-specific prophylaxis of gas gangrene includes:

1. Initial surgical treatment of a wound
2. Administration of antigangrenous serum
3. Administration of antigangrenous bacteriophages
4. Administration of large doses of antibiotics

19. Early symptoms of tetanus are:

1. Sardonic smile
2. Diffuse clinical convulsions
3. Twitching of the muscles in the wound region
4. Opisthotonus
5. Asphyxia

20. For what purpose is a wounded person given 3000 MU (mega units) of antitetanic serum simultaneously with anatoxin?

1. For elevation of antibody titer in the patient's body
2. For enhancement of active immunization of the body
3. For prophylaxis (prevention) of saprogenic infection
4. For prophylaxis of *Clostridium tetani* reproduction in the wound

21. What effect does tetanolysin produce?

1. Melts muscular tissues
2. Induces hemolysis of erythrocytes
3. Blocks internuncial neurons
4. Relaxes sphincter muscles
5. Induces convulsions (spasms)

22. Which of the below-mentioned clinical syndromes are typical of tetanus?

1. Clonic and tonic convulsions

2. Asphyxia due to tongue retraction
3. Foam from the mouth
4. Frequent loose stools
5. Xeroderma (dryness of skin)

23. Which of the below doses of antitetanic serum is necessary for prevention of tetanus?

1. 1500 MU
2. 3000 MU
3. 10 000 MU
4. 50 000 MU
5. 150 000 MU

24. Injection of antitetanic serum in tetanus is given under anesthesia for the purpose of:

1. Prevention of hyperthermic response
2. Prophylaxis of anaphylactic shock
3. Prophylaxis of inflammatory diseases in the course (at a distance) of vessels
4. Prevention of respiratory disorders

25. Choose the most complete correct definition of bleeding:

1. Effusion of blood into the tissues
2. Effusion of blood into the environment
3. Effusion of blood into the body cavities
4. Effusion of blood into the environment
5. Effusion of blood into the tissues, body cavities or environment

26. By anatomic classification bleedings are divided into:

1. Continuing, controlled (interrupted)
2. Internal, external
3. Early, delayed
4. Arterial, venous, capillary, parenchymatous
5. Primary, secondary

27. Hematoma is:

1. Saturation (soaking) of some tissues with blood
2. Pooling of blood limited by tissues
3. Pooling of blood in the abdominal cavity
4. Pooling of blood in the plural cavity
5. Pooling of blood in the joint cavity

28. All the approaches (techniques) of bleeding arrest (control) are divided into:

1. Mechanical, physical
2. Biological, chemical
3. Primary, secondary
4. Adequate, inadequate
5. Temporary, terminal

29. Temporary bleeding control includes:

1. Legation of a vessel in the wound

2. Ligation of a vessel in the course of the vessel (at a distance)
3. Putting in a vascular stitch
4. Application of a compressive dressing, tourniquet

30. Which of the below-mentioned methods is a terminal arrest (control) of bleeding?

1. Application of tourniquet
2. Digital occlusion of vessels
3. Application of a clamp on the vessel
4. Ligation of the vessel

31. What kind of bleeding temporary control is necessary to use in the arterial bleeding from the wound of the lower third of the femur?

1. Tight dressing
2. Elevated position of the limb
3. Tourniquet
4. Maximal bending of the knee

32. What method of bleeding terminal control is used in the injury of the common carotid artery?

1. Ligation of the vessel in the wound
2. Ligation of the vessel in its course (at a distance of the vessel)
3. Application of hemostatic forceps
4. Putting in a vascular stitch
5. Torsion of the vessel (vasoversion)

33. What metabolism is in shock?

1. Intensive
2. Normal
3. Slowed

34. In shock intensive metabolism is due to:

1. Catabolism
2. Anabolism

35. In shock hemodynamics is characterized by:

1. Decentralization of blood circulation
2. Centralization of blood circulation

36. How many phases are there in shock course?

1. Three
2. One
3. Two

37. Erectile phase of shock is characterized by:

1. Inhibition
2. Excitement
3. Adynamia
4. Apathy

38. Torpid shock is characterized by:

1. Inhibition

2. Excitement

39. The most common causative agent of furuncle is:

1. Streptococcus
2. Gonococcus
3. Pneumococcus
4. Staphylococcus
5. Bactericides

40. Phlegmon is:

1. Purulent inflammation of the sweat glands
2. Limited inflammation of the fatty tissue
3. Unlimited inflammation of the fatty tissue
4. Purulent inflammation of the sebaceous glands

41. Abscess is:

1. Purulent inflammation of the sweat glands
2. Limited inflammation of the fatty tissue
3. Unlimited inflammation of the fatty tissue
4. Purulent inflammation of the sebaceous glands

42. Furuncle is:

1. Purulent inflammation of the hair follicles and surrounding tissues
2. Purulent inflammation of the sweat glands
3. Purulent inflammation of the sebaceous glands

43. Carbuncle is:

1. Purulent inflammation of some follicles and surrounding tissues
2. Purulent inflammation of the sweat glands
3. Purulent-necrotic inflammation of some hair follicles and surrounding tissues

44. Furuncle does not appear on:

1. Perineum
2. Head
3. Axillary area
4. Palm surfaces of hands
5. In the external acoustic passage

45. Which of the below-mentioned diseases contribute to the development of carbuncle?

1. Hyperthyroidism
2. Diabetes mellitus
3. Hypoparathyroidism

46. "Cold" abscess may develop in:

1. Spinal tuberculosis
2. Osteomyelitis
3. Erysipelatous inflammation

47. The perspective method of treatment for viscera abscesses is:

1. Interventional sonography

2. Opening and drainage
3. Radiation therapy

48. A favorable outcome occurs when the abscess ruptures into:

1. Body's cavities
2. Lumen of a hollow organ
3. On body's surface

49. Erysipelas is named an acute surgical infection developed because of derma lymphangitis caused by:

1. Pneumococcus
2. Staphylococcus
3. Colon bacillus (Escherichia coli)
4. Streptococcus
5. Proteus

50. The following clinical forms of erysipelas are distinguished:

1. Erythematous, emphysematous
2. Phlegmonous, abscess forming, bullous
3. Erythematous, bullous, phlegmonous, necrotic
4. Septic, erythematous, necrotic

51. In erysipelas the most commonly involved body's parts are:

1. Mucous membranes
2. Face, head, lower limbs
3. Upper limbs, chest
4. Forearm, mucous membranes
5. Fingers

52. Which of the below inflammations is named lymphangiitis?

1. Acute inflammation of the lymph nodes
2. Inflammation of fingers
3. Acute inflammation of the lymph vessels
4. Acute inflammation of the sebaceous glands

53. Lymphadenitis is inflammation of:

1. Lymphatic vessels
2. Sebaceous glands
3. Lymph nodes
4. Veins

54. In the serous stage of acute mastitis the following is not indicated:

1. Opening of the inflammation focus
2. Prevention of galactostasia
3. Wearing bandage supporting mammary glands
4. Administration of antibiotics
5. Retromammary block with antibiotics

55. Which treatment, as a rule, is performed in the serous-infiltrative stage of surgical infection development?

1. Operative
2. Conservative

3. Combined

56. Which of the below-mentioned wounds is not that with a large area of injury?

1. Bite wound
2. Gunshot wound
3. "Scalping" type wound
4. Crushed wound
5. Sabre (slash) wound

57. Over what period of time do microbes begin to manifest their activity in the microbe-contaminated wound?

1. 1-4 hours
2. 6-8 hours
3. 10-15 hours
4. 17-24 hours

58. Name the types of wound healing:

1. First intention
2. Under crust
3. Repeated intention
4. Second intention
5. Delayed intention

59. Which wounds heal with first intention?

1. Aseptic
2. Wounds with a small area of an injury
3. Wounds with a large area of an injury
4. Aseptic wounds with a small area of the injury which margins are adjoined closely (come into close contact)

60. How are operations for wound treatment named?

1. Excision of a wound
2. Dissection of a wound
3. Surgical management of a wound
4. Toilet of a wound

61. What is a clinical classification of a surgical management of wounds based on?

1. Presence of necrotic tissues and foreign bodies in the wound
2. Time factor
3. Presence of bleeding
4. Development of infection in the wound

62. What kind of sutures does not exist?

1. Primary
2. Delayed primary
3. Retension
4. Secondary early
5. Secondary delayed
6. Secondary late

63. When are delayed primary stitches placed after a surgical management (debridement)?

1. Immediately
2. Over 3-6 days
3. Over 10-15 days
4. Over 20-30 and more days
- 5.

64. Must suturing of secondary stitches be combined with drainage of the wound by a tube drain?

1. Yes
2. No

65. What is surgical management of a wound ended by?

1. D-bridement of a wound and suture
2. Drainage of a wound and suture
3. D-bridement of a wound and drainage

66. What medical preparations are more reasonable and beneficial to administer for treatment of wounds during the second phase?

1. Hypertonic solutions
2. Proteolytic enzymes
3. Anticoagulants
4. Medical preparations on ointment basis.

67. Which of the below-mentioned injuries refer to closed ones?

1. Contusion
2. Stretch (distension)
3. Rupture
4. Concussion
5. Compression
6. Dislocation
7. Fractures
8. Wounds
9. Burns

68. Puncture of the pleural cavity in closed pneumothorax is performed:

1. In the 6th intercostals along the posterior-axillary line
2. In the 6th intercostals along the midclavicular line
3. In the 2nd intercostals along the posterior axillary line
4. In the 2nd intercostals along the midclavicular line

69. One of the most informative specific methods of diagnosis in rupture of the liver is:

1. Irrigoscopy
2. Fibrogastroduodenoscopy
3. Plain roentgenography of the abdominal organs
4. Laparoscopy
5. Cystoscopy

70. Postoperative embolism of the pulmonary artery occurs more frequently due to:

1. Abscesses
2. Phlegmons
3. Lymphadenitis
4. Phlebothrombosis
5. Endarteritis

71. In wet gangrene there are no the following signs:

1. Edema
2. Intoxication
3. Mottled skin (cutis marmorata)
4. Demarcation bank
5. Pain

72. In acute thrombosis everything is indicated, except for:

1. Antibiotics
2. Anticoagulants
3. Leeches
4. Active movements
5. Anti-inflammatory medical preparations

73. Is it true that a dry gangrene is more severe than a wet one?

1. Yes
2. No

74. A patient with gangrene of the abdominal organs (gallbladder, bowel and etc.) is indicated first of all the following:

1. Administration of large doses of antibiotics
2. Administration of spasmolytics
3. Administration of analgesics
4. Administration of anticoagulants
5. Emergency laparotomy with the removal of the injured organ

75. The most common localization of dislocations is:

1. Forearm
2. Shoulder
3. Hip
4. Kneecap

76. First medical aid in dislocation includes:

1. Application of a plaster bandage (plaster of Paris cast).
2. Transport immobilization
3. Reposition (reduction) of dislocation
4. Anesthesia

77. Evident signs of bone fractures are as follows:

1. Local tenderness
2. Crepitation of bone fragments.
3. Pathological mobility in the limb segments
4. Hyperemia of dermal surfaces.

78. Succession (sequence) of rendering medical aid in an open fracture of bones is as follows:

1. To apply splint, to fix splint to the limbs by dressing, to provide anesthesia, to control bleeding
2. To control bleeding, to dress aseptic bandage, to provide anesthesia, to modify splint, to dress in splint, to fix splint to the limbs by dressing.
3. Provide anesthesia, to dress an aseptic bandage, to control bleeding, to dress in splint, to fix splint to the limbs by dressing.

79. Diterichs' splint is used:

1. In fracture of clavicle
2. In injury of limbs
3. In fracture of thigh
4. For treatment of shoulder fracture

80. Pathological fractures occur in:

1. Trauma
2. Osteomyelitis
3. Osteoblastoma
4. Tuberculosis of bones

UNIT 2. TESTS IN SPECIALITY SURGERY

1. In which period of life does the thyroid gland achieve the largest size?

1. In neonate period
2. During pubertal development
3. During mature development
4. In geriatric age

Correct answers:

- a) 1, 3
- b) 1, 2, 3
- c) 2, 3, 4
- d) 2, 3

2. Which of the below fasciae covers the thyroid gland according to Shevkunenko?

1. The third
2. The fourth
3. The fifth
4. The first
5. The second

Correct answers:

- a) 2, 5
- b) 1, 2
- c) 1, 2, 3
- d) 2

3. The capsule of the thyroid gland is formed by:

1. Visceral layer of the first U fascia according to Shevkunenko
2. Parietal layer of the first U fascia
3. The third fascia
4. The fifth fascia

Correct answers:

- a) 1, 2
- b) 3, 4
- c) 2

4. The hormones of the thyroid gland include:

- 1. Monoiodotyrosine
- 2. Diiodotyrosine
- 3. Triiodotyrosine
- 4. Tetraiodotyrosine

Correct answers:

- a) 2, 3
- b) 1, 2, 3, 4,
- c) 2, 4
- d) 3, 4

5. What effect do thyroid hormones produce?

- 1. Enhance oxidation processes in the body
- 2. Inhibit oxidation processes in the body
- 3. Do not produce any effect

Correct answers:

- a) 1
- b) 2
- c) 3

6. Intensiveness and velocity of J 131 in the thyroid gland depend on:

- 1. Function of the thyroid gland
- 2. Age
- 3. Sex

Correct answers:

- a) 1, 3
- b) 1, 2, 3
- c) 1, 2

7. Normal levels of protein-bound iodine vary:

- 1. From 2 to 9 mkg%
- 2. From 3 to 8 mkg%
- 3. From 3,5 to 7,5 mkg%

Correct answers:

- a) 1, 3
- b) 1, 2
- c) 3
- d) 1, 2, 3

8. The area is considered to be endemic by goiter if the enlargement of the thyroid gland is defined in:

- 1. 20% of adult and 15% of adolescent population
- 2. 10% of adult and 20% of adolescent population
- 3. 15% of adult and 25% of adolescent population

Correct answers:

- a) 1, 2
- b) 2
- c) 3

9. For a normal function of the thyroid gland daily intake of iodine by the body must be:

1. 50 mkg
2. 50-70 mkg
3. 90-120 mkg
4. 190-200 mkg

Correct answers:

- a) 1
- b) 2
- c) 3
- d) 4

10. Low levels of thyroid hormones induce:

1. Reduction of TTH secretion
2. Increase of TTH secretion
3. No effect on TTH secretion

Correct answers:

- a) 1
- b) 2
- c) 3

11. In most patients with endemic goiter the functional condition of the thyroid gland is as follows:

1. There are no symptoms
2. There is a mild degree of hypothyroidism
3. There is a mild degree of thyrotoxicosis

Correct answers:

- a) 1
- b) 2
- c) 3
- d) 1, 2, 3.

12. In diffuse goiter a surgical treatment is indicated in:

1. Continuously existing goiter
2. Goiter causing compression of the adjacent organs
3. Suspicion to malignant degeneration
4. Goiter with the symptoms of thyrotoxicosis
5. Goiter of degree IV and V

Correct answers:

- a) 1, 5
- b) 2, 3
- c) 1, 2, 4
- d) 3, 5
- e) 2, 3, 4, 5
- f) 1, 2, 3, 4, 5

13. Nodular forms of goiter require:

1. Conservative treatment
2. Operative treatment

Correct answers:

- a) 1, 2

- b) 1
- c) 2

14. In the nodular forms of goiter the following operative interventions are indicated:

- 1. Enucleation of the node
- 2. Partial resection of the thyroid gland
- 3. Lobectomy
- 4. Subtotal resection

Correct answers:

- a) 1
- b) 2, 3
- c) 2, 3, 4
- d) 1, 2, 3, 4

15. Degree of thyrotoxicosis:

- 1. Depends on the degree of thyroid gland enlargement
- 2. Does not depend on the degree of thyroid gland enlargement

Correct answers:

- a) 1
- b) 2
- c) 1, 2

16. In diffuse mastopathy you may not use:

- 1. Estrogenic preparations
- 2. Physiotherapy
- 3. Continuous administration of potassium iodine
- 4. Sector resection of the mammary gland
- 5. Radiation therapy

17. For the mammary gland the following nodes are not regional:

- 1. Axillary
- 2. Parasternal
- 3. Subclavian
- 4. Lymph nodes of the opposite side
- 5. All the above-mentioned nodes are regional.

18. In lactostasis everything mentioned below is indicated, except for:

- 1. Massage of the mammary glands
- 2. Thorough expression of breast milk
- 3. Antibiotic therapy
- 4. Elevated position of the mammary glands
- 5. Continuation (non-interruption) of breast feeding

19. The female patient of 27 years old has two foci of 2 cm induration, which are not adherent to the skin on the border of the upper quadrants of the left mammary gland. They consolidate and become painful during a premenstrual period. What is your diagnosis?

- 1. Paget's disease
- 2. Fibroadenoma
- 3. Lipoma
- 4. Nodal mastopathy

5. Galactocele

20. Sector resection of the mammary gland is indicated in:

1. Purulent mastitis
2. Diffuse mastopathy
3. Nodal mastopathy
4. Gynecomastia

21. Which of the below benign disease is characterized by blood discharge from the nipple?

1. Intraductal papilloma
2. Paget's disease
3. Nodal mastopathy
4. Cysts
5. Fibroadenoma

22. In the upper-external quadrant of the mammary gland there is a solitary (single) painless node in the diameter of 5 cm well separated from the surrounding tissues. The nipple is not changed. There are no discharges. The regional lymph nodes are not enlarged. What is your suggested diagnosis?

1. Fibro-adenoma of the mammary gland
2. Cancer of the mammary gland
3. Mastitis
4. Nodal form of mastopathy
5. Fibrous (sclerous)-cystic mastopathy

23. In the female patient of 28 years old small foci of induration are vaguely palpated in both mammary glands. They become painful and more consolidated during a pre-menstrual period. The skin of the mammary glands is not changed. The nipples are of appropriate form. There are no discharges. The lymph nodes are not enlarged. What is your diagnosis?

1. Diffuse bilateral fibrous-cystic mastopathy
2. Fibro-adenoma of the mammary gland
3. Infiltrative-edematous form of cancer
4. Diffuse bilateral cancer of the mammary gland
5. Mastitis-like cancer of the mammary gland

24. The female patient aged 22 years complains of temperature 39°C, pain and swelling in the mammary gland. Two weeks ago she had delivery. Her mammary gland is swollen and purple-red. A painful, diffuse infiltrate is palpated. There are painful lymphatic nodes in the axillary region. What is your diagnosis?

1. Acute mastitis
2. Diffuse mastopathy
3. Chronic mastitis
4. Erysipeloid carcinoma
5. Nodal mastopathy

25. Neither microscopy of the discharge from the nipple nor investigation of the puncture content from the tumor has revealed atypical cells in the

female patient with suspicion to fibro-adenoma of the mammary gland. What should you do related to the patient?

1. To discharge her from hospital under out-patient surveillance
2. To administer hormonal therapy with methyl-testosterone
3. To administer antibiotic therapy
4. To perform sectorized resection followed by urgent histological investigation
5. To perform a simple mastectomy

26. What is the basis of preventive (prophylactic) measures for acute mastitis?

1. Increase of resistance of pregnant woman's body
2. Sanation of the infection endogenous foci
3. Training of women in breast feeding
4. Thorough expression of breast milk after breast feeding
5. All the above-mentioned measures

27. Pericardites are divided according to:

1. Etiology
2. Mechanism of development
3. Clinical-morphological form
4. Dissemination

Indicate correct combinations of the answers:

- a) 1, 2
- b) 2, 3, 4
- c) 1, 2, 3
- d) All the answers are correct.

28. What clinical-morphological forms of pericarditis are distinguished?

1. Effusion
2. Exudative-adhesive
3. Adhesive-fibrosing
4. Dissemination of inflammatory granulomas

Indicate the correct combinations of the answers:

- a) 1, 2
- b) 2, 3
- c) 1, 4
- d) All the answers are correct.

29. The enlargement of the heart shadow acquiring a triangle-or globe-shaped form is observed with accumulation of the following fluid amount in the pericardium?

1. 100-200 mm
2. 500 mm
3. 200-300 mm
4. 600-800 mm

30. Which technique (approach) of the pericardium paracentesis (tapping) suggests its puncture from the kidney situated in the corner between the cartilage of rib 12 and xiphoid processor?

1. According to Maphan
2. According to Lorrey

3. According to Pirogov
4. According to Shaposhnikov

31. Which of the below diseases must chronic pericarditis be differentiated from?

1. Ahydropericardium
2. Myxedema
3. Chylopericardium
4. Myocardial infarction
5. Pluritis (pleurisy)

Indicate the correct combination of the answers:

- a) 1, 2
- b) 4, 5
- c) 3, 4, 5
- d) 1, 2, 3

32. Which of the below operations is performed for the patient with a chronic pericarditis?

1. Partial excision of the changed parietal layer of the pericardium
2. Limited resection of the pericardium with the formation of window above the left atrium
3. Limited resection of the pericardium with the formation of window above the left ventricle or wide excision of the changed parietal layer of the pericardium

33. What is the aim of the operation in constrictive pericarditis?

1. Subtotal pericardectomy
2. Total pericardectomy
3. Isolated pericardectomy
4. Dissection of pericardium

34. In what succession must pericardium excision be performed in patients with a constrictive pericarditis?

1. Excision of the pericardium above the left ventricle, ostia trunci pulmonalis and arteriosum, the right ventricle (RV), atria and openings of venae cavae
2. Excision of the pericardium above the right ventricle, ostia trunci pulmonalis and arteriosum, the left ventricle (LV), atria and openings of venae cavae
3. Excision of the pericardium above the left ventricle, aorta, ostium trunci pulmonalis, the left ventricle
4. Excision of the pericardium above the ostia trunci pulmonalis and arteriosum, the right ventricle (RV), atria and openings of venae cavae

35. What time interval is necessary for adaptation of the heart released from “testa” in patients with a constrictive pericardium?

1. 3-7 days
2. 1-3 days
3. 8-10 days
4. 11-12 days

36. What is the volume of the operation in patients with a post infarction aneurysm of the heart?

1. In excision of aortic valve ostium
2. Suture of aneurysm wall
3. In the plate of the coronary artery
4. In excision of aneurysm walls and suture of the developed defect

37. The patient of 40 years old was made the diagnosis of gangrene of the right lung middle lobe on the basis of clinical and roentgenological findings. The methods of choice are:

1. Thoracocentesis
2. Intensive therapy with administration of antibiotics into the pulmonary artery
3. Lobectomy
4. Intensive therapy with endobronchial administration of antibiotics
5. Pulmonectomy

38. Mild gangrene is characterized by:

1. Development of the disease while the organism is areactive (with the lack of immune activity)
2. The lack of granulation bank on the border of the impairment
3. Diffuse necrosis of the pulmonary tissue
4. Putrid infection
5. Marked (evident) intoxication

Corrective answers:

- a) 2 and 3
- b) 1, 2, 5
- c) 1, 3, 4
- d) 3, 4, 5
- e) All the answers are correct.

39. The patient developed severe pains in the right half of the chest and dyspnea on coughing over the 3 days after evacuation of the pulmonary abscess. On examination the right half of the chest retards (is behind) on breathing. By percussion a box sound is defined in the upper portions on the right and a dull sound – below the shoulder blade. Respiration in all portions of the right lung is weakened. The development of this condition may suggest:

1. Lung gangrene
2. Ryo-pneumothorax
3. Hydrothorax
4. Hemothorax
5. Pneumothorax

40. The patient of 68 years old who had undergone the operation for ce-cum cancer developed an abscess of the right lung lower lobe (6 cm in diameter) on the 16th postoperative day. What method of treatment will you prefer?

1. Thoracotomy with lobectomy
2. Thoracotomy with tamponade of the abscess cavity
3. Bronchoscopy with catheterization of the abscess cavity

4. Enhancement of antibiotic therapy and administration of proteolytic enzymes for a spontaneous rupture
5. Transdermic drainage of the abscess cavity (thoracocentesis)

41. On the 12th postoperative day the X-ray examination revealed the shadow (opacity) in the right lung lower lobe of the patient aged 63 years who had undergone the right-sided hemicolectomy for cancer. What method of treatment will you prefer?

1. Thoracotomy with lobectomy
2. Thoracotomy with tamponade (of the abscess cavity)
3. Transdermal drainage of the abscess cavity (thoracocentesis)
4. Bronchoscopy with catheterization (of the abscess cavity)
5. Enhancement (intensiveness) of complex conservative treatment

42. Mild gangrene of the lung is characterized by everything, except for:

1. The lack (absence) of granulation bank on the border of impairment
2. The presence of a pyogenic membrane
3. Diffuse necrosis of the pulmonary tissue
4. Development of the disease in patients with suppressed cellular immunity
5. Opacity of the pulmonary field without distinct margins revealed on X-ray films

43. Which of the below microorganism is the most common cause of a purulent-destructive process in the lungs?

1. Streptococcus
2. Hemolytic staphylococcus
3. Colon bacillus (Escherichia coli)
4. Viruses

44. Indicate the ways of causative agent invasion into the pulmonary tissue:

1. Aspiration-inhalation
2. Hematogenous-embolic
3. Lymphogenic
4. Traumatic

Indicate the correct combination of the answers:

- a) 1, 3
- b) 2, 4
- c) 3, 2
- d) All the answers

45. What is the predominant localization of abscesses in the right lung explained by?

1. Short left main bronchus is somewhat continuity of the trachea.
2. Short and wide right main bronchus is somewhat continuity of the trachea.
3. The presence of 3 lobes in the right lung
4. The presence of 2 lobes in the left lung

46. On X-ray examination during the second period of acute pulmonary abscess formation one finds out:

1. Single or multiple cavities with horizontal level of fluid and inflammatory infiltration of the surrounding pulmonary tissue

2. A focal shadow of a different size and intensiveness with irregular margins and obscure contour
3. Single or multiple cavities without a horizontal level of the fluid and inflammatory infiltration of the surrounding pulmonary tissue

47. In pathogenesis of an ulcer disease of the stomach the following factors are important:

1. Reduction of stomach motility
2. Duodenogastric reflux
3. Stenosis of the celiac trunk
4. Disturbance of protective properties of the mucous coat
5. Reflux-esophagitis

Indicate the correct answer:

- a) 1, 2, 3
- b) 2, 4, 5
- c) 1, 2, 4
- d) 1, 3, 4
- e) All the answers

48. Among the below medicines used for treatment of a duodenal ulcer disease one of the groups is shown incorrectly. Which of them?

1. Histamine blockers
2. H-2 blockers
3. Non-steroid anti-inflammatory remedies
4. Antacids
5. Sedatives

49. Among the below complications of an ulcer disease choose the condition which is always an indication to emergency surgery.

1. Perforation
2. Penetration
3. Decompensated stenosis of the pylorus
4. Malignancy
5. Profuse gastrointestinal bleeding

Correct answers:

- a) 1, 4, 5
- b) 1, 3, 5
- c) 1, 5
- d) Only 1
- e) All the answers

50. Isolated selective proximal vagotomy is indicated in:

1. Ulcer of the antral portion of the stomach
2. Duodenal ulcer with the signs of subcompensated stenosis of the pylorus
3. Duodenal perforated ulcer
4. Duodenal ulcer without the signs of stenosis
5. Gastroduodenal bleeding

51. Perforated ulcer of the duodenum was diagnosed in patient aged 65 years, suffering from ulcer disease for 4 years. The onset of the disease

was 15 hours ago. Which of the below operations is preferable in this case?

1. Suture of perforation
2. Stem vagotomy with pyloroplasty according to Finney
3. Stomach resection
4. Gastroenteroanastomosis
5. Antrumectomy along with the ulcer of the duodenum

52. Bleeding in a duodenal ulcer is characterized by:

1. Enhancement of pains in the abdomen
2. "Coffee grounds" vomiting
3. Diminishment of a painful syndrome
4. Bradycardia
5. Melena

Indicate the correct combination of the answers

- a) 1, 3, 5
- b) 1, 2, 5
- c) 2, 3, 4
- d) 3, 4, 5
- e) 2, 3, 5

53. What is indicated in case of a final refusal of the patient with a perforated gastric ulcer from operation?

1. Lavage of the stomach with cold water
2. Continuous nasogastral aspiration
3. Stimulation of the intestines
4. Antibacterial therapy
5. Trendelenberg's position

Choose the correct combination of the answers:

- a) 2, 3, 4, 5
- b) 2, 4
- c) 1, 4
- d) 1, 2, 5
- e) 2, 3, 5

54. Among the below symptoms of a perforated ulcer one of them is shown incorrectly. Which of them?

1. Knife-like pain in the abdomen
2. Board-like tension of the muscles of the anterior abdominal wall
3. Vomiting without relief
4. Disappearance of hepatic dullness
5. Positive Blumberg's sign (guarding symptom)

55. The signs indicating to degeneration of a gastric ulcer into cancer are as follows:

1. Constant abdominal pains
2. Development of pains in the epigastrium over 40 minutes after meal
3. Heartburn
4. Anemia
5. Zero acidity of gastric acid

Correct answers:

- a) 1, 3, 2

- b) 2, 3, 4
- c) 3, 4, 5
- d) 1, 4, 5
- e) Only 1 and 4

56. The most typical complication of the ulcer of the duodenal anterior wall is:

- 1. Malignancy
- 2. Perforation
- 3. Bleeding
- 4. Penetration into the head of pancreas or hepatoduodenal ligament

Correct answers:

- a) 1, 2
- b) 2, 3
- c) 1, 4

57. Surgical treatment is indicated to the patient with a duodenal ulcer only in those cases when:

- 1. Recurrences (relapses) of the disease occur frequently
- 2. The disease is complicated by a profuse bleeding
- 3. Pyloroduodenal stenosis develops
- 4. Perforation of ulcer develops
- 5. Ulcer penetrates into the head of the pancreas causing frequent complications and manifestation of pancreatitis

Choose the best combination of the answers:

- a) Only 1 and 2
- b) Only 1 and 4
- c) Only 2 and 3
- d) Only 3 and 4
- e) All the answers

58. The compensated stage of pyloroduodenal stenosis of ulcerous origin is characterized by:

- 1. "Splashing noise" on empty stomach
- 2. Vomiting in the morning
- 3. Retention of barium in the stomach for more than 12 hours
- 4. Hypovolemic condition
- 5. Sharp cachexia

Correct answers:

- a) 1, 2, 3
- b) 1, 3, 4
- c) 1, 4, 5
- d) All the answers are wrong
- e) All the answers are correct

59. The signs of malignancy of a gastric chronic ulcer include:

- 1. Reduction of appetite
- 2. Development of constant pains in the epigastrium
- 3. Development of achylia
- 4. Development of anemia
- 5. Increase of ESR (erythrocyte sedimentation rate)

Correct answers:

- a) 1, 2, 4
- b) 1, 3, 5
- c) 2, 3, 4
- d) All the answers are correct
- e) All the answers are wrong

60. The patient aged 30 years was admitted to hospital with complaints of weakness, dizziness, vomiting, melena. Abdominal pains do not trouble. What is your suggested diagnosis?

- 1. Perforated ulcer (atypical)
- 2. Pancreonecrosis
- 3. Stenosis of pylorus
- 4. Intestinal infarction
- 5. Gastrointestinal bleeding

61. Decompensated stenosis of the pylorus is characterized by:

Vomiting of food ingested on the eve (some time before)
Tension of the abdominal wall muscles
Reduction of diuresis
“Splashing noise” on empty stomach
Retention of barium in the stomach for more than 24 hours

Correct answers:

- a) 1, 2, 4
- b) 1, 3, 4, 5
- c) 1, 2, 4, 5
- d) 1, 2, 3, 4
- e) All the answers are correct.

62. You have revealed muscular tension and Blumberg’s sign (guarding symptom) in the epigastric region of the patient with severe abdominal pains. Hepatic dullness is smoothed over; pulse is 60 beats per minute. Which of the below methods can help you to make more accurate diagnosis?

- 1. Emergency gastroduodenoscopy
- 2. Roentgenoscopy of the stomach
- 3. Laparoscopy
- 4. Angiography
- 5. Plain roentgenoscopy of the abdominal cavity

Correct answers:

- a) 1, 2, 3
- b) 2, 3, 4
- c) 2, 5
- d) 3, 5
- e) All the answers are correct

63. On the basis of the obtained data you decided to operate the patient for gastrointestinal bleeding. Which of the below factors define the choice of surgery?

- 1. The degree of blood loss
- 2. The period of time from the onset of the abdominal pains
- 3. Patient’s age
- 4. Severe associated diseases

5. The level of diastasia

Correct answers:

- a) 1, 2, 3, 4
- b) 1, 4, 5
- c) 2, 3, 4
- d) 2, 5
- e) 1, 3

64. Which of the below operations is indicated to the patient admitted to hospital with decompensated ulcerous stenosis of the pylorus, apparent water-electrolyte disturbances?

- 1. Emergency stomach resection
- 2. Emergency gastrostomy
- 3. Gastroduodenostomy after 4 hour-preparing the patient to the operation
- 4. Planned stomach resection after compensation of water-electrolyte disturbances
- 5. All the answers are wrong

65. For definition of the operation urgency the following factors are of the greatest importance:

- 1. Pain intensiveness
- 2. Prescription of the disease
- 3. The presence of peritonitis
- 4. The presence of gallstones

66. Cholecystectomy from the fundus is performed in one of the following cases:

- 1. The patient is of elderly age
- 2. With the presence of cholangitis signs
- 3. With contracted gallbladder
- 4. With hammered calculus of the gallbladder neck
- 5. With the presence of inflammatory infiltrate in the area of the gallbladder neck

67. The patient aged 81 years was admitted to the surgical department. On examination acute phlegmonous cholecystitis was suspected. Which of the below methods should be used first of all to make more accurate diagnosis?

- 1. Ultrasound scanning of the abdominal cavity
- 2. Infusion cholecystcholangiography
- 3. Laparoscopy
- 4. Retrograde pancreatocholangiography
- 5. Transdermic transhepatic cholecystcholangiography

68. To diagnose uncomplicated cholelithiasis one should choose:

- 1. Endoscopic retrograde cholangiopancreatography
- 2. Laparoscopy
- 3. Ultrasonography
- 4. Transdermic transhepatic cholangiography
- 5. Fractional duodenal intubation

69. The clinical picture of obstructive purulent cholangitis is characterized by the following signs:

1. Jaundice
2. Chills
3. A high level of alkaline phosphatase activity
4. Severe leukocytosis in the blood count with shift to the left
5. Possible enlargement of the liver sizes

Indicate the correct combination of the answers:

- a) 1, 2, 3
- b) 1, 2, 4, 5
- c) 2, 3, 5
- d) All the answers are correct
- e) All the answers are wrong

70. On examination of the patient aged 67 years you have diagnosed acute gangrenous cholecystitis and local peritonitis. What is your therapeutic tactics?

1. Conservative treatment because of elderly age of the patient
2. Operation due to the absence of the effect of a conservative treatment
3. Making a tactic decision depends on the duration of the disease
4. Delayed operation is indicated (during a cold period)
5. Emergency surgery

71. On examination of the patient aged 77 years with marked heart failure a destructive cholecystitis with the manifestations of peritonitis was revealed in the right hypochondrium. Which of the below methods should be chosen?

1. Laparoscopic cholecystostomy
2. Operation of cholecystectomy
3. Operations of cholecystostomy
4. Transdermic transhepatic cholangiostomy
5. Only a conservative method of treatment

72. A clinical picture of a purulent cholangitis is characterized by all the below-mentioned signs, except for:

1. Chill
2. Hectic temperature
3. Paresis of the intestines
4. Moderate pains in the right hypochondrium
5. Jaundice

73. Shock and collapse in acute pancreatitis are induced by:

1. Pancreatogenic peritonitis
2. Compression of the distal portion of choledoch and cholemia
3. Enzyme toxemia
4. Biliary hypertension
5. Dynamic intestinal paralysis (obstruction)

74. For prevention of enzyme toxemia developing in pancreonecrosis the following medical measures are taken:

1. Intravenous administration of anti-ferment medicines
2. Intraaortal introduction of cyclophosphan or fluorofur

3. Intensive diuresis
4. External drainage of the thoracic lymphatic duct
5. Novocain blockade of the round ligament of the liver

Indicate the best combination of the answers:

- a) 1, 3, 4
- b) 2, 4, 5
- c) 1, 2, 3, 4
- d) 1, 3, 4, 5
- e) All the answers are correct

75. In the diagnosis of pancreonecrosis the most informative investigation is:

1. Laparoscopy
2. Ultrasonography
3. Esophagogastrosocopy
4. Urinalysis of the content of amylase
5. Blood analysis of the content the pancreatic enzymes

76. The patient aged 26 years fallen ill 12 hours ago was made the diagnosis of hemorrhagic pancreonecrosis. Which of the below procedures is indicated in this case?

1. Emergency laparotomy
2. Laparoscopic drainage of the abdominal cavity
3. Therapeutic catheterization of the celiac artery
4. Laparoscopic cholecystostomy with the presence of biliary hypertension
5. Intensive infusion therapy

Indicate an optimal combination of the answers:

- a) 1, 3, 5
- b) 2, 3, 5
- c) 1, 3, 4
- d) 2, 3, 4
- e) 2, 3, 4, 5

77. The patient with unclear diagnosis of “acute abdomen” was performed an urgent laparoscopy during which serous effusion in the abdominal cavity and multiple spots of steatonecrosis were revealed. What is your diagnosis?

1. Tuberculous peritonitis
2. Fatty pancreonecrosis
3. Crohn’s disease
4. Non-occlusive infarction of the small intestine
5. All the answers are wrong

78. Classification of acute pancreatitis includes the following forms of the disease:

1. Pseudotumorous pancreatitis
2. Edematous pancreatitis
3. Fatty pancreatitis
4. Infiltrative pancreatitis
5. Hemorrhagic pancreatitis

Correct answers are:

- a) All the answers are correct

- b) 2, 3, 4, 5
- c) 1, 2, 3, 5
- d) 3, 4, 5
- e) 2, 4, 5

79. Major approaches of pathogenic therapy for acute pancreatitis are:

1. Suppression of excretory function of the pancreas
2. Cure of hypovolemia
3. Inactivation of pancreatic enzymes
4. Nasogastric decompression of the gastrointestinal tract
5. Administration of cystostatics

Correct answers:

- a) 1, 2, 3, 4
- b) 1, 2, 3, 5
- c) 1, 3, 4
- d) All the answers are correct
- e) All the answers are wrong

80. In the edematous form of acute pancreatitis the following signs may be observed:

1. Repeated vomiting
2. Tension of the abdominal muscles
3. Dullness in the sloping areas of the abdomen
4. Collapse
5. Hectic temperature

Correct answers:

- a) All the answers are correct
- b) 1, 2, 3, 4
- c) 1, 3, 5
- d) 1, 5
- e) All the answers are wrong

81. For the diagnosis of acute pancreatitis the following investigations are the most informative:

1. Plain roentgenoscopy of the abdominal cavity
2. Celiacography
3. MRT (magnetic resonance tomography)
4. Laparoscopy
5. Ultrasonography

Correct answers:

- a) All the answers
- b) 2, 3, 4
- c) 2, 4, 5
- d) 3, 4, 5
- e) 1, 3, 5

82. Fatty pancreonecrosis was diagnosed in the patient. What is your tactics?

1. Laparotomy with draining of the omentum burse(a) is indicated.
2. Laparotomy with draining of the retroperitoneal fatty tissue and omentum burse (a) is indicated.

3. Intensive infusion therapy including antifermental and cytostatic medicines is indicated.
4. It is beneficial to perform a caudal resection of the pancreas and draining of the omentum burse.
5. All the answers are correct.

83. Clinical picture of pancreonecrosis is characterized by all the below-mentioned signs, except for:

1. Belting (encircling) pains in the abdomen
2. Repeated vomiting
3. Arterial hypertension within the first hours of observation
4. Collapse
5. Tachycardia

84. Complications of an acute pancreatitis may include everything mentioned below, except for:

1. Abscess of the omentum burse
2. Hepatic-renal failure (insufficiency)
3. Cysts of the pancreas
4. Peritonitis
5. Compression of the small intestine in the region of Treiz's ligament with the manifestations of obstruction

85. The content of the adducting portions of the intestines in volvulus of the small one is:

1. Not removed due to the threat of dehydration
2. Removed together with the nonviable intestinal loop
3. Removed through a nasointestinal tube (probe)
4. Decanted through a gastric tube
5. Decanted into the abducting portions of the small intestine

Indicate the correct combination of the answers:

- a) Only 1
- b) 2, 3, 4
- c) Only 5
- d) 2 and 5
- e) 2, 4, 5

86. The patient aged 70 years developed volvulus of the sigmoid colon. At operation its necrosis and sharp distension of the colon were revealed. The optimal variant of a surgical intervention in this situation is as follows:

1. Bitruncal (two-trunk) sigmoidostomy
2. Resection of the sigmoid colon with "side to side" anastomosis
3. Resection of the sigmoid colon with performing a one-trunk colostoma
4. All the above answers are wrong.

87. Development of the symptom "splashing noise" in acute intestinal paralysis (obstruction) is due to:

1. Presence of effusion (sweating) in the abdominal cavity
2. Accumulation of fluid and gases in the adducting loops of the intestines
3. Accumulation of fluid and gas in the abducting loops of the intestines
4. Presence of fluid and gas in the abdominal cavity

5. All the above answers are wrong.

88. An acute intestinal obstruction is characterized by the following roentgenological signs:

1. Cup of "Cloiber"
2. Free gas under the right diaphragm cupola
3. Kerkinger's crypts
4. Wall's symptom
5. Symptom of Cege-Manteifel

Correct answers:

- a) 1, 3, 4, 5
- b) 1, 2 and 4
- c) 1, 2 and 5
- d) 2 and 4
- e) 3 and 5

89. The small and large intestine invagination with the manifestations of an intestinal obstruction is characterized by the following clinical signs:

1. Blood-tinged discharges from the rectum
2. Scybalous (sheep's) stool
3. Presence of a tumor-like mass in the right iliac area
4. Cramp-like pains in the abdomen
5. Atonia of the rectum sphincter

Correct answers:

- a) 1, 3, 4
- b) 2, 3, 4
- c) 3, 4, 5
- d) 2, 4, 5
- e) 1, 4, 5

90. In acute intestinal obstruction surgery is indicated in case of:

1. Preservation of "Cloiber's cups" after the performance of conservative procedures
2. Enhancement of abdominal pains
3. Appearance of peritonitis signs
4. Apparent hypovolemia
5. Apparent hypokalemia

Indicate the correct combination of the answers:

- a) 1 and 2
- b) 1 and 3
- c) 1, 2 and 3
- d) 3 and 4
- e) 3, 4, 5

91. While preparing the patient with a mechanical intestinal obstruction for operation one of the below procedures is contraindicated. Which of them?

1. Aspiration of the gastric content
2. Infusion therapy
3. Spasmolytic therapy
4. Administration of the medicines enhancing intestinal peristalsis
5. Giving a siphon enema

92. Cramp-like pains in the abdomen are observed in the following acute diseases of the abdominal organs:

1. Intestinal obstruction due to occlusion of the lumen of the transverse colon by tumor
2. Palsy of the small intestine caused by surgery on the aorta
3. Volvulus of the small intestine
4. Fatty pancreatitis
5. Infarction of the small intestine caused by embolism of the superior mesenteric artery

Indicate the correct combination of the answers:

- a) 2 and 5
- b) 3 and 4
- c) 1, 3, 5
- d) 1, 2, 4, 5, 6
- e) In all the above-mentioned diseases

93. Volvulus of the small intestine is characterized by:

1. Symptom of Cege-Manteifel
2. Asymmetry of the abdomen
3. "Splashing sound" symptom
4. Repeated vomiting
5. Cramp-like pains in the abdomen

94. An acute destructive appendicitis with the signs of peritonitis is suspected in the patient aged 76 years with a transmural myocardial infarction. What are your actions?

1. Emergency operation
2. Observation and operation with appearance of peritonitis symptoms
3. Administration of massive doses of wide-specter antibiotics and operation when this therapy is not effective
4. Operation when the diagnosis is confirmed by laparoscopy
5. All the answers are wrong.

95. An acute congestive (catarrhal) appendicitis is manifested by the following clinical signs:

1. Symptom of Kocher-Volkovitch
2. Symptom of Bartomier-Michelson
3. Elevated temperature of the body
4. Rovsing's symptom
5. Blumberg's symptom

Indicate the correct combination of the answers:

- a) 1, 2, 5
- b) 2, 3, 5
- c) 1, 4, 5
- d) 1, 2, 3, 4
- e) 1, 3, 4, 5

96. Operation "appendectomy" in acute appendicitis is contraindicated in:

1. Appendicular infiltrate
2. Acute myocardial infarction

3. Pregnancy of 36-40 weeks
4. Novocain intolerance
5. Disturbances of blood coagulability

97. Primary gangrenous appendicitis develops due to:

1. Thrombosis of the inferior mesenteric vein
2. Stenosis of the ostium of the iliocolic artery
3. Nonspecific arteriitis of the visceral branches of the aorta
4. Participation of a bacterial infection in the inflammatory process
5. Thrombosis of the artery of the vermiform appendix

98. In acute phlegmonous appendicitis the following symptom is observed:

1. Blumberg's symptom
2. Symptom of Bartomier-Michelson
3. Symptom of Kocher-Volkovitch
4. Rovsing's symptom
5. Murphy's sign

Indicate the correct combination of the answers:

- a) 1, 2, 4, 5
- b) 1, 2, 3, 4
- c) 2, 3, 5
- d) 3, 4, 5
- e) All the answers are correct.

99. What special methods must be used in differentiation of an acute appendicitis from a covered perforated ulcer of the duodenum?

1. Gastroduodenoscopy
2. Plain roentgenoscopy of the abdominal cavity
3. Ultrasonography of the abdominal cavity
4. Laparoscopy
5. Roentgenography of the stomach with barium sulfate

Indicate the correct combination of the answers:

- a) 1, 2, 3
- b) 2, 3, 5
- c) 1, 2, 4
- d) Only 2 and 4
- e) Only 2 and 5

100. Which of the below symptoms of an acute appendicitis occurs seldom in elderly people?

1. Mild pain in the right iliac region
2. High temperature of the body
3. Muscular tension in the right iliac region
4. Retention of feces (stools)
5. Moderate leukocytosis

101. Which of the below investigations is the least informative in the diagnosis of an acute appendicitis?

1. Laboratory investigation (especially, the number of blood leukocytes)
2. Laparocentesis
3. Rectal investigation

4. Axillary and rectal thermometry
5. Clinical examination with the determination of the tenderness area on palpation and percussion of protective muscular tension

102. On dynamic observation the presence of an acute appendicitis must not be excluded completely in the patient of 23 years old with pregnancy of 32 weeks staying in the surgical department. What is your medical approach?

1. The patient must be operated on.
2. Monitoring of the patient must be continued.
3. To perform ultrasonography of the abdominal cavity.
4. Together with a gynecologist to cause induced abortion and then to perform appendectomy.
5. All the above-mentioned approaches are wrong.

103. You must operate the patient with a clinical picture of an acute phlegmonous appendicitis. What surgical approach (technique) is more effective to perform appendectomy in this case?

1. Inferior-median laparotomy
2. Incision according to Volkovitch-Dyakonov
3. Right-sided pararectal approach
4. Right-sided transrectal incision
5. Transverse laparotomy above the pubis

104. On the 20th day after operation a right-sided subdiaphragmatic abscess was diagnosed in the patient operated on for acute phlegmonous appendicitis and diffuse peritonitis by approach into the right iliac region. What could be the cause of its formation?

1. The patient was not placed into Trendelenberg's position after operation.
2. The patient was not placed into Fovler's position after operation.
3. A wrong approach was chosen, inferior-median laparotomy should be performed.
4. Effusion in the abdominal cavity was not drained
5. The tamponade of the abdominal cavity was not performed.

Indicate the correct combination of the answers:

- a) 1, 3, 5
- b) 1 and 4
- c) 1 and 5
- d) 2, 3, 4
- e) 2, 3, 5

105. Pylephlebitis is usually a complication of:

1. Perforated gastric ulcer
2. Volvulus of the small intestine
3. Infarction of the small intestine due to embolism of the superior mesenteric artery
4. Destructive appendicitis
5. Destructing (degrading) tumor of the cecum with the manifestations of paracolic lymphadenitis

106. Appendicular infiltrate usually develops:

1. On the first 2 days from the onset of the disease

2. On the 3^d – 4th days from the onset of the disease
3. On the 7-9th days from the onset of the disease
4. During an early period after appendectomy
5. During a late period after appendectomy

107. When an acute appendicitis is complicated by an appendicular infiltrate a conservative treatment is indicated because:

1. Self-treatment is possible.
2. Infiltrate resorption is possible.
3. Perforation of the small intestine is possible at the attempt of performing appendectomy.
4. After the resorption of the infiltrate a slight form of the disease – chronic appendicitis develops.
5. Peritonitis may develop at the attempt of exposing appendix from the infiltrate.

Indicate the correct combination of the answers:

- a) 1, 3
- b) 2, 4
- c) 1, 2, 3
- d) 3 and 5
- e) All the answers are correct.

108. On differentiation of subdiaphragmatic abscess from a right-sided inferior-lobular pneumonia the most significant signs for making diagnosis are the following:

1. Restriction of mobility of the diaphragm right cupola on the chest X-ray examination
2. The presence of supra hepatic level of fluid on plain roentgenography of the abdominal cavity
3. Obtaining pus with puncture of the pleural cavity
4. Obtaining pus with puncture of the subdiaphragmatic space
5. Roentgenoscopic picture: shadow of the inferior lobe of the right lung

Indicate the correct combination of the answers:

- a) 1, 3, 5
- b) 1, 2, 4
- c) 1, 2, 5
- d) 2, 3, 4
- e) 2, 4, 5

109. You suspect Douglas' abscess in the patient. Which of the below investigations must be carried out for its diagnosis?

1. Rectoromanoscopy
2. Digital examination of the rectum
3. Ultrasonography
4. Laparoscopy
5. Plain roentgenoscopy of the abdominal cavity

Indicate the correct combination of the answers:

- a) 1, 3, 5
- b) 2, 4, 5
- c) 2, 3
- d) 3, 4
- e) 1, 5

110. After appendectomy Douglas' abscess is characterized by the following major signs:

1. Hectic temperature
2. Deep pains in the pelvis and tenesmus
3. Restriction of the diaphragm mobility
4. Overhanging of the vagina walls or the anterior wall of the rectum
5. Tension of the muscles of the anterior abdominal wall

Indicate the correct combination of the answers

- a) 1, 3, 5
- b) 1, 2, 4
- c) 1, 3, 4
- d) 2, 3, 4
- e) 2, 3, 5

111. Emergency appendectomy is not indicated in:

1. Acute catarrhal appendicitis
2. Acute appendicitis during the second half of pregnancy
3. The first attack of an acute appendicitis
4. Unclear diagnosis of an acute appendicitis in elderly patients
5. Acute appendicitis in children

112. The cause of wound suppuration after appendectomy is:

1. Fecal fistula
2. Infection of the wound at operation
3. Actinomycosis
4. Cancer of the cecum
5. Foreign body (gauze pad)

113. Hemorrhagic exudate in the abdominal cavity is not observed in:

1. Acute pancreatitis
2. Acute cholecystitis
3. Thrombosis of the mesenteric vessels
4. Embolism of the mesenteric vessels
5. Intestinal obstruction

114. The onset of an acute pancreatitis is accompanied by abdominal pains in the following % of cases:

1. 50 %
2. 50-75 %
3. 75-90 %
4. 100 %

115. The presence of free gas in the abdominal cavity with perforation of hollow organs occurs in the following % of cases:

1. 20-40 %
2. 60-75 %
3. 100 %

116. Peristaltic intestinal bruits do not disappear in the following acute peritonitis:

1. Colibacillar

2. Peritoniotyphous
3. Pneumococcous
4. Mixed infection

117. The girl of 14 years old having suffered from acute bronchitis for 3 days developed abdominal pains associated with vomiting, diarrhea, cyanosis of her lips. Pulse is 110 per minute. She has muscular tension of the abdominal wall, pain across the abdomen. Leukocytosis is $38 \times 10^9/L$, ESR – 24 ml/hr. Pneumococcous peritonitis is diagnosed. What is your approach in treatment of this girl?

1. Emergency operation
2. Antibiotic therapy
3. Detoxication therapy

118. The most common cause of peritonitis is:

1. Acute appendicitis
2. Perforated ulcer
3. Salpingitis
4. Strangulation of the small intestine
5. Cancer of the stomach

119. In primary peritonitis contamination of the peritoneum occurs in:

1. Perforation of a gastric ulcer
2. Perforation of the appendix
3. Adnexitis
4. Wound of the intestines
5. By hematogenic way

120. Peritonitis is not characterized by:

1. Tachycardia
2. Dry tongue
3. Muscular tension of the anterior abdominal wall
4. Absence of intestinal peristalsis
5. Diarrhea

121. A major symptom of peritonitis is:

1. Vomiting
2. Abdominal pains
3. Melena
4. Retention of feces and gases
5. Tension of the muscles of the anterior abdominal wall

122. Peritonitis may be due to the below-mentioned diseases, except for:

1. Perforation of Meckel's diverticulum
2. Crohn's disease
3. Stenosis of the large duodenal nipple
4. Richter's hernia
5. Acute intestinal obstruction

123. The best treatment for subdiaphragmatic abscess is:

1. Conservative treatment
2. Extraperitoneal opening and drainage

3. Laparotomy, opening and tamponade of the cavity
4. Puncture of the abscess with a thick needle under ultrasound control
5. All the above-mentioned treatments

124. Which of the below diseases should acute peritonitis be differentiated from?

1. Buttock carbuncle
2. Phlegmon of buttocks
3. Abscess of the prostate gland
4. Suppuration of coccyx cysts
5. Bartholinitis

Indicate the correct combination of the answers:

- a) 1, 2
- b) 3, 5
- c) 4
- d) All the answers are wrong
- e) All the answers are correct

125. Which of the below-mentioned measures are essential for prevention of acute paraproctitis?

1. Evacuating enemas
2. Medical enemas
3. Salt laxative
4. Treatment of associated proctologic and gastro-intestinal diseases
5. Washing of perineum instead of using toilet paper after defecation

Indicate the correct combination of the answers:

- a) 1, 2
- b) 1, 3, 4
- c) 2, 3, 5
- d) 2, 4, 5
- e) All the answers are correct

126. Epithelial coccygeal tract:

1. Is connected with the sacral bone
2. Is connected with the coccyx
3. Ends blindly in the subcutaneous fatty tissue of the intergluteal area
4. Is situated between the posterior surface of the rectum and the anterior surface of the sacral bone
5. Is connected with the lumen of the rectum

127. The length of the anal canal is:

1. 2-3 cm
2. 3-4 cm
3. 4-5 cm
4. 5-6 cm

128. Occurrence of an anal fissure contributes to:

1. Acute paraproctitis
2. Hemorrhoid
3. Injury of the rectum and anal canal

129. An anal fissure is formed more frequently on:

1. Posterior semicircumference of the anal canal
2. Anterior semicircumference of the anal canal
3. Right semicircumference of the anal canal
4. Left semicircumference of the anal canal
5. Anterior and posterior semicircumference

130. For making the diagnosis of an anal fissure it is enough to perform:

1. Digital examination of the rectum
2. Irrigoscopy
3. Rectomanoscopy
4. Colonoscopy
5. Anoscopy

131. The diagnosis of congenital megacolon (Hirschsprung's disease) is made by means of:

1. Investigation of feces for bacteria
2. X-ray examination
3. Biopsy of the large intestine

132. Toxic megacolon is a complication of:

1. Crohn's disease
2. Hirschsprung's
3. Gardner's syndrome
4. Peutz-Jeghers syndrome
5. Nonspecific ulcerous colitis

133. In continuous course of an ulcerous colitis it is possible to reveal everything from the above-mentioned signs, except for:

1. Shortened gut
2. Decrease of mucous surface brightness
3. Enlargement of the peritoneum lymphatic nodes
4. Correct answers are: 1 and 2

134. In treatment of nonspecific ulcerous colitis all the below-mentioned medicines are used, except for:

1. Antibiotics
2. Laxatives
3. Vitamins
4. Immune stimulants
5. Hormonal medicines

135. In treatment of an ulcerous colitis the following method is used:

1. Complete parenteral feeding
2. Total colectomy with ileostomy
3. Subtotal colectomy with ileostomy
4. All the above-mentioned treatments
5. Nothing (none of them)

136. With perforation of gut due to ulcerous colitis the following treatment is indicated:

1. Suture of perforation and ileostomy
2. Proximal colostomy

3. Total colectomy and ileostomy
4. Resection of the gut segment with perforation
5. Exteriorization of the loop with perforation from the peritoneum

137. Which of the below microorganisms induces pseudomembranous colitis associated with intake of antibiotics/

1. Staphylococcus
2. Streptococcus
3. Colon bacillus
4. Bactericides
5. Clostridia difficile

138. All the below factors influence the development of diverticulum, except for:

1. Chronic volvulus
2. Large amount of feces
3. Congenital predisposition
4. Age degeneration of tissues
5. Circular contractions of the intestines

139. Indicate all the below-mentioned methods used for differentiation of valvular incompetence of perforans veins in varicosis of the lower limbs.

1. Test of Barrow-Kuper-Scheinis
2. Antegrade ileocavagraphy
3. Ultrasound
4. Distal ascending phlebography
5. Determination of oxygen saturation of venous blood

Correct answers:

- a) 1, 2, 3
- b) 1, 3, 5
- c) 1, 4
- d) 1, 3, 4
- e) All the answers are correct.

140. Which of the below-mentioned clinical signs are typical of varicosis of the saphenas?

1. Sharp pains in the limb
2. Permanent edema of the entire limb
3. The presence of trophic disorder on the medial ankle
4. Foot edema and dull pains developing in the limb by the end of a day
5. The presence of dilated (varicose) superficial veins

Correct answers:

- a) All the answers are wrong.
- b) 1, 3, 4, 5
- c) 2, 3, 4
- d) 3, 4, 5
- e) 2, 3, 5

141. What information may you obtain by functional tests in varicosis of the lower limbs?

1. To reveal valvular incompetence of the superficial veins
2. To diagnose thrombophlebitis of the superficial veins

3. To define localization of the diseased perforans veins
4. To obtain data on the presence of an arteriovenous shunt of blood
5. To evaluate the patency of deep veins

Correct answers:

- a) 1, 3, 5
- b) 3, 4, 5
- c) 1, 4, 5
- d) 1, 2, 3, 5
- e) 1, 2, 4, 5

142. Complications of varicosis include all the below-mentioned, except for:

1. Gangrene of foot and crus
2. Thrombophlebitis of the superficial veins
3. Bleeding from the superficial varicose veins
4. Trophic ulcers of the crus
5. Acute thrombophlebitis of varicose veins with abscess formation

143. Major clinical manifestations of varicosis of the lower limbs include:

1. Foot edema and dull pains in the limbs developing by the end of the working day
2. Hyperemia of the dermal surfaces
3. Varicose dilation of the superficial veins
4. "Low" intermittent claudication (lameness)
5. Trophic alterations of skin on the medial surface of the crus

Correct answers:

- a) 1, 2, 3
- b) 1, 3, 5
- c) 2, 3, 4
- d) 3, 4, 5
- e) All the answers are correct.

144. You are examining the patient aged 45 years previously operated for varicosis of the right lower limb. In a year and half after operation varicose-dilated saphenas appeared again on the crus and then on the thigh. Which of the below methods may reveal the cause of this disease recurrence?

1. Ultrasound dopplerography
2. Revasography
3. Retrograde femoral phlebography
4. Ascending distal phlebography
5. Arteriography

Correct answers:

- a) 1, 2
- b) All the above-mentioned methods
- c) 1, 3, 4
- d) 2, 4
- e) 2, 3, 4, 5

145. Which approach for surgical prevention of pulmonary embolism is indicated in the presence of a floating thrombus in the infrarenal portion of the inferior vena cava?

1. Implantation of the cava-filter
2. Thrombectomy from the inferior vena cava
3. Plication of the inferior vena cava under the renal veins
4. Ligation of the inferior vena cava
5. Suture of the inferior vena cava with mechanic stitch
6. Resection of the inferior vena cava

146. Acute thrombosis of the deep veins of the crus is characterized by the following symptoms:

1. Edema of the entire lower limb
2. Moderate pains in musculus gastrocnemius
3. Small edema of the foot and the lower third of the crus
4. Positive Homans' symptom
5. Positive symptom of intermittent claudication (lameness)

Indicate the correct combination of the answers:

- a) 1, 2, 3
- b) 2, 3, 4
- c) 2, 4, 5
- d) 2 and 5
- e) 3, 5
- f) All the above-mentioned

147. The site of the primary thrombus formation in the system of the inferior vena cava may be:

1. Deep veins of the crus
2. Iliac-femoral venous segment
3. Superficial veins of the lower limbs
4. Internal iliac veins
5. Venous plexus of the small pelvis

Indicate the correct combinations of the answers:

- a) 1, 2, 4
- b) 1, 2, 3
- c) 2, 1, 4, 5
- d) All the answers are correct
- e) All the answers are wrong

148. The patient aged 60 years suffering from an ischemic heart disease and cardiac fibrillation suddenly developed pains in the right lower limb. On examination an apparent edema of the right lower limb is noted. The dermal surfaces of the limb are cyanotic with the enhancement of the subcutaneous venous pattern.

Palpation of the vascular bundle area on the femur is painful. Homans' symptom is positive. Pulsation on the foot arteries is distinct and evident.

Indicate the diagnosis.

1. Embolism of the right femoral artery
2. Acute iliac-femoral venous thrombosis
3. Intermuscular hematoma
4. Acute lymphostasis
5. Leriche's syndrome

149. At retrograde iliocavography a floating thrombus was revealed in the infrarenal portion of the inferior vena cava of the patient undergone

stomach resection for cancer. Which approach for surgical prevention of pulmonary embolism is more effective in this case?

1. Implantation of the cava-filter
2. Thrombectomy from the inferior vena cava
3. Ligation of the inferior vena cava
4. Plication of the inferior vena cava with a mechanic stitch
5. Thrombectomy from the inferior vena cava with the following its plication

150. Clinical signs of acute iliac-femoral venous thrombosis are:

1. Arching pains in the leg
2. "Intermittent claudication"
3. Cyanosis of dermal surfaces of the limb, enhancement of the skin venous pattern
4. Absence of pulse on the femoral artery
5. Edema of the lower limb up to the knee joint

151. The patient was performed emergency appendectomy for perforated appendicitis. Administer him medical measures directed at prevention of a postoperative acute thrombosis of the lower limb deep veins.

1. Complex of exercise therapy on the lower limb, respiratory gymnastics
2. Elastic dressing of the lower limb
3. Elevated position of the lower limbs
4. Early activation of the patient
5. Subcutaneous administration of clexane (klexan) or fraxyparin

Indicate the correct combination of the answers:

- a) 1, 2, 3
- b) 1, 3, 5
- c) 2, 3, 4
- d) 2, 3, 5
- e) 2, 4, 5
- f) All the answers are correct.

152. In the 1st stage of obliterating thrombangeitis the method of choice is:

1. Conservative treatment
2. Lumbar sympathectomy
3. Periarterial sympathectomy
4. Reconstructive vascular operation
5. Initial amputation

153. In a conservative treatment of obliterating thromboangitis of Stage 2 the following medical preparations are administered:

1. Reologically active substances
2. Corticosteroids
3. Vitamin B
4. Anti-agregants
5. Derivatives of prostaglandin

Indicate the correct combination of the answers:

- a) 1, 3, 4
- b) 1, 2, 3
- c) 1, 4, 5
- d) 4, 5
- e) 2, 4, 5

f) All the answers are correct.

154. On examination of the patient aged 70 years suffering from obliterating atherosclerosis of the lower limb vessels, local stenosis of about 75 % of the left external iliac artery was found out. Which of the below methods of treatment will be the most effective in this case?

1. Conservative treatment
2. Endovascular catheter angioplasty
3. Lateral autovenous plasty of the external iliac and superficial femoral artery
4. Left-sided iliofemoral shunting
5. Lumbar sympathectomy

155. One of the below-mentioned symptoms is not typical of limb acute ischemia (Stage 2-b) developed due to embolism of the femoral artery. Which of them?

1. Pain in the limb
2. Mottled skin (cutis marmorata)
3. Limb coldness
4. Absence of active movements in the limb joints
5. Muscular contracture

156. In case of popliteal and anterior tibial artery occlusion in the patient aged 38 years with obliterating thrombangitis and chronic insufficiency of Stage 2-b the operation of choice is:

1. Profundoplasty
2. Endarterectomy from the popliteal artery
3. Femoral-posterior tibial shunting
4. Transdermic intravascular dilatation by Gruntzig catheter
5. Initial amputation of extremities

157. In treatment of the patient with stenosis of the common iliac artery at the distance of 2 cm constricting the vessel by 2/3 (two thirds) of the lumen the method of choice is:

1. Bifurcation aortic-femoral shunting
2. Lumbar sympathectomy
3. Unilateral iliofemoral shunting
4. Arteriotomy with intimal thrombectomy
5. Transdermic endovascular dilatation (angioplasty) of the stenosis site.

158. The patient aged 34 years suffering from rheumatic mitral stenosis was admitted to a surgical hospital with the signs of right brachial artery embolism (acute arterial failure) over 6 hours from the onset of the disease. What tactics is the most effective?

1. Complex antithrombotic therapy
2. Thrombolytic therapy
3. Emergency embolectomy from the brachial artery.
4. Emergency mitral commissurotomy
5. Planned mitral commissurotomy

159. Insufficiency of the arterial circulation of the lower limb is characterized by:

1. Samuels' test

2. Hackenburg's cough symptom
3. Symptom of plantar ischemia
4. Trendelenberg's test
5. Test of Barrow-Scheinis

160. Which combination of the below instrumental methods is the most effective for the choice of treatment approach for the patient suffering from a severe chronic ischemia of the limbs with unclear genesis?

1. Sphygmography
2. Aortoarteriography
3. Thermography
4. Ultrasound dopplerography
5. Reovasography

161. In embolism of the femoral artery and developed contracture of the limbs in the ankle and knee joints the method of choice is:

1. Emergency embolectomy
2. Thrombolytic therapy
3. Anticoagulant therapy
4. Symptomatic therapy
5. Initial amputation of the limb.

162. The inferior wall of the groin canal is:

1. Transverse fascia
2. Inferior margin of the external oblique muscle of the abdomen
3. Jimbernat ligament
4. Inguinal ligament
5. Margin of the iliac bone

163. Inguinoscrotal hernia is differentiated from everything mentioned below, except for:

1. Varicocele
2. Tumor of the spermatic cord
3. Tumor of testis
4. Hydrocele
5. Aneurysms of v.saphema magna

164. Irreducibility of hernia is due to:

1. Adhesions between the organs penetrated into the hernial sac and the sac wall
2. Adhesions between the intestinal loops penetrated into the hernial sac
3. Scarring process between the hernial sac and tissues surrounding it
4. The absence of correlation between the organs penetrated into the hernial sac and the size of the hernial ring

165. In combination of the prostate adenoma and inguinal hernia requiring a surgical treatment the following measures are indicated:

1. Observation
2. Adenectomy
3. Conservative treatment
4. Herniotomy, then adenectomy
5. Application of bandage (surgical corset)

166. The major signs of a sliding hernia are:

1. Easy reducibility (reduction)
2. Congenital nature
3. One of the hernial sac wall is the abdominal organ partially covered with peritoneum
4. Penetration between the muscles and aponeurosis
5. All the above-mentioned signs

167. Which of the below organs participate more frequently in the formation of a sliding hernia?

1. Jejunum and ileum
2. Sigmoid and descending gut
3. Cecum and bladder
4. Omentum
5. Fatty appendices of the colon

168. What is Richter's strangulation?

1. Strangulation of the gut in the area of the duodenojejunal junction
2. Strangulation of the twisted sigmoid gut (bowel)
3. Strangulation of the stomach in the diaphragmatic hernia
4. Parietal (Richter's) hernia
5. Strangulation of Meckel's diverticulum

169. Indicate the signs of a strangulated hernia:

1. It is possible to define the sizes of the hernial ring
2. Sharp pains in the region of hernial protrusion (herniation)
3. Irreducibility of hernia
4. Dense consistency of hernial protrusion
5. A positive symptom of "cough push"

Indicate the correct combination of the answers:

- a) 1, 2, 3
- b) 2, 3, 5
- c) 2, 3, 4
- d) 1, 4, 5
- e) 1, 3

170. Spontaneous reduction of the hernial content occurred in the patient with a strangulated inguinal hernia during her transportation to the surgical department. What is your further action?

1. Emergency operation
2. Refusal in hospitalization, planned operation
3. Emergency laparoscopy
4. Dynamic follow-up of the patient
5. All the answers are wrong.

171. Strangulated femoral hernia must be differentiated from the following diseases:

1. Inguinal lymphadenitis
2. Femoral lymphadenitis
3. Cold tuberculous congestive abscess
4. Strangulated inguinal hernia

5. Thrombophlebitis of the varicose node in the ostium of the great saphenous vein of the femur

Indicate the best combination of the answers:

- a) 1, 2, 3
- b) 2, 3, 4
- c) 2, 4, 5
- d) 1, 2, 5
- e) All the answers are correct.

172. During operation for a strangulated hernia no content was revealed on opening the hernial sac. The sac wall was edematous and hyperemic. There was 40 ml of inflammatory exudates in it. Indicate the type of strangulation:

- 1. Parietal
- 2. Littre's hernia
- 3. False strangulation
- 4. Retrograde strangulation
- 5. Richter's hernia

173. On revision of the bowel loop after recovery of strangulation and the bowel reanimation it was established that the bowel was of pink color. Add two more obligatory signs of the bowel viability (vital capacity)

- 1. Absence of a strangulated groove
- 2. Presence of pulsation of the arteries of the bowel mesenteric margin
- 3. Absence of gas in the bowel lumen
- 4. Presence of bowel peristalsis
- 5. Absence of fibrin deposit on the serous coat of the bowel

Indicate the correct combination of the answers:

- a) 1, 2
- b) 2, 3
- c) 2, 4
- d) 4, 5
- e) 1, 5

174. Hernia of the peritoneal anterior wall differs from eventration by the following signs:

- 1. Presence of a congenital or acquired malformation (defect) in the muscular-aponeurotic structure of the peritoneal wall
- 2. Herniation (protrusion) only of the hernial sac from the hernial ring
- 3. Presence of the hernial ring, hernial sac and hernial content
- 4. Eventration occurs only in elderly people.
- 5. Hernial content is only bowel loops.

175. A major method of treatment for cardiospasm is:

- 1. Cardioplasty by Geller
- 2. Fundoplication by Nissen
- 3. Cardiodilatation
- 4. Different approaches of extramucous plasty
- 5. Bougieurage

176. Where is pharyngoesophageal diverticulum localized?

- 1. In the region of bifurcational trachea

2. Above the diaphragm
3. In the upper third of the esophagus
4. In the pharyngoesophageal junction
5. Above the cardia

177. To diagnose neoplasms of the mediastinum the following may be used:

1. Pneumothorax
2. Pneumoperitoneum
3. Retropneumoperitoneum
4. Bronchography
5. Pneumomediastinography

178. Which kind of bougieurage is preferable in the patient with twisted and multiple post- burning strictures (constrictions) of the esophagus:

1. "Blind" bougieurage through the mouth
2. Under esophagoscope control
3. Retrograde
4. By hollow roentgenopaque and bougies (probes) through a metal conductor (wire)
5. "Endless bougieurage" through gastrostoma

179. Which of the below investigations must be administered with suspicion to cancer of the esophagus?

1. Esophagometry
2. Esophagoscopy with biopsy
3. Roentgenological investigation of the esophagus and stomach
4. Elektrokymographic investigation of the esophagus and stomach
5. Computerized tomography

Correct answers:

- a) 1, 2, 4
- b) 2, 3
- c) 3, 4, 5
- d) 2, 5
- e) 3, 5

180. The patient aged 20 years took by mistake sodium hydroxide solution (caustic soda) about 3 months ago. At present rapidly progressing dysphagia has developed. X-ray examination revealed scarry stricture (constriction) of the medial third (1/3) of the esophagus. Its diameter does not exceed 2-3 mm. The following treatment is indicated:

1. Resection of the constricted portion of the esophagus
2. Bougieurage of the esophagus
3. Extirpation of the esophagus
4. Plasty of the esophagus (the small and large intestine, stomach)
5. Gastrostomy

181. Which of the below-mentioned methods of treatment for cardiospasm should be used in a stable and continuous course of the disease?

1. Medicamentous (therapeutic)
2. Hypnosuggestive
3. Cardiodilatation

4. Operative (surgical)
5. Endoprosthetics of the esophagus

182. The patient aged 58 years developed troublesome heartburn, regurgitation of the ingested food at the background of constant intensive retrosternal pains. The pains frequently irradiate to the interscapular space and left shoulder. On ECG there are mild changes of the myocardium. Which of the below-mentioned investigations do you prefer?

1. Phonocardiography
2. X-ray examination of the stomach
3. Laparoscopy
4. Investigation of acid-base balance
5. Ultrasound of the chest

183. Manifestation of a sliding hernia of the diaphragm esophageal opening is:

1. Dysphagia
2. Repeated vomiting
3. Repeated heartburn
4. Weight loss
5. Nothing (none of the above-mentioned manifestations)

184. Hernias of the diaphragm esophageal opening are manifested by:

1. Severe bleeding
2. Slight bleeding
3. Hypersecretion
4. Pains after meals
5. Asymptomatic course

185. Erosive-ulcerous esophagitis is a complication of:

1. Gastric cancer
2. Duodenal ulcerous disease
3. Cardiospasm
4. Sliding ulcer of the diaphragm esophageal opening
5. Chronic gastritis

186. On physical examination a sliding ulcer of the diaphragm esophageal opening was revealed in the patient aged 78 years. At pH-metry gastroesophageal reflux associated with clinical symptomatic was found out. Which of the below methods of treatment do you recommend for this patient?

1. Frequent intake of food by small portions
2. Elevated position of his head during sleep
3. Administration of antacids
4. Administration of medical preparations stimulating stomach secretion
5. Erect position of the body after meals

Correct answers:

- a) 1, 4, 5
- b) 2, 3, 4
- c) 3, 4, 5
- d) 1, 3, 4
- e) 1, 2, 3, 5

187. Which of the below methods of investigation is the least informative in diagnosis of the diaphragm esophageal opening hernia?

1. Ultrasound
2. Intraesophageal pH-metry
3. Esophagomanometry
4. Roentgenoscopy of the esophagus and stomach in Trendelenberg's position
5. Esophagogastroduodenoscopy

188. The patient aged 36 years noted the development of retrosternal pains which irradiated to the left chest and were associated with difficulty of passing food through the esophagus. On ECG there is the reduction of T-wave, mild diffuse changes in the myocardium, sinus rhythm. On X-ray examination the esophagus and gastric cardia are normal, the gas bladder of the stomach appears as "sandy clock", the part of it is located over the diaphragm level. What is your diagnosis?

1. Morgani's foramen hernia (anterior diaphragmatic [parasternal] hernia)
2. Bochdalek's hernia (congenital diaphragmatic hernia)
3. Paraesophageal hernia of the diaphragm esophageal opening
4. Sliding hernia of the diaphragm esophageal opening
5. Relaxation of the left cupola of the diaphragm

189. The patient aged 43 years is complaining of retrosternal pains and burning sensation which worsen after meals and in a supine position (lying). In erect position the pains and burning sensation decrease. Blood count shows a moderate hypochromic anemia. Which of the below diseases do you suggest?

1. Chronic gastritis
2. Duodenal ulcer
3. Hernia of diaphragm esophageal opening (orifice) with manifestations of reflux-esophagitis
4. Gastric cancer
5. Epiphrenic esophageal diverticulum

190. The major cause of the dumping syndrome is:

1. Stenosis of gastroenteroanastomosis
2. Rapid evacuation of food from the stomach
3. Excretion of biologically active substances (histamine, serotonin, kinin)
4. Reduction of the circulating plasma volume
5. Cardiospasm

Correct answers are:

- a) 1, 3, 4, 5
- b) 1, 2, 3, 4
- c) 2, 3, 4, 5
- d) 2, 3, 4

191. Indicate the methods for diagnosis of the dumping syndrome:

1. Ultrasound
2. Clinical examination
3. X-ray examination
4. NMRT (nuclear magnetic resonance tomography)

Correct answers are:

- a) 1, 3, 4
- b) 2, 3, 4
- c) 3, 4
- d) 2, 3
- e) 1, 2

192. The syndrome of the afferent loop develops after the following operations on the stomach:

- 1. Resection by Bilroth - I
- 2. SPV (selective proximal vagotomy)
- 3. Resection by Bilroth - II
- 4. Resection by Hofmeister-Finster

Correct answers are:

- a) 1, 2
- b) 3, 4
- c) 2, 3
- d) 2, 4

193. Major methods for diagnosis of the afferent loop syndrome are:

- 1. CT (computerized tomography)
- 2. R-logical examination
- 3. Ultrasound (USI)
- 4. Clinical examination

Correct answers are:

- a) 2, 4
- b) 1, 4
- c) 1, 3
- d) 2, 3

194. Major factors contributing to the development of diarrhea are as follows:

- 1. Reduction of HC 1 production
- 2. Reduction of pancreas function
- 3. Disorder of GIT (gastrointestinal tract) motility
- 4. Cardiospasm

Correct answers are:

- a) 1, 2, 3
- b) 1, 2, 4
- c) 2, 3, 4
- d) 1, 3, 4

195. Indicate the major causes of the development of peptic ulcer gastroenteroanastomas:

- 1. Economical stomach resection
- 2. Initial hyperparathyroidism
- 3. Chronic pancreatitis
- 4. Zollinger-Ellison syndrome

Correct answers are:

- a) 1, 2, 3
- b) 2, 3, 4
- c) 1, 2, 3, 4
- d) 1, 2, 4

196. Indicate the major causes of the development of postgastroresectional asthenia:

1. Considerable decrease of stomach size
2. Disorder of iron and vitamin B₁₂ resorption
3. Anacid (ous) condition
4. Respiratory failure (insufficiency)

Correct answers are:

- a) 1, 2, 3
- b) 2, 3, 4
- c) 1, 2, 3

197. Recurrence of ulcers after vagotomy results from:

1. Incomplete vagotomy
2. Inadequate drainage of the stomach
3. Disorder of duodenal patency
4. Cholestasis
5. Hyperparathyroidism

Correct answers are:

- a) 1, 3, 4, 5
- b) 1, 2, 3, 4
- c) 1, 2, 3, 5
- d) 2, 3, 4, 5

198. Indicate organic postgastroresectional disorders:

1. Peptic ulcer of the gastrointestinal anastomosis
2. Dumping syndrome
3. Gastrointestinal fistula

199. Typical complications of a primary pancreatitis are:

1. Choledocholithiasis
2. Cyst, fistulas, regional portal hypertension
3. Jaundice, constriction (stenosis) of the duodenum
4. Gastric bleeding
5. Colitis

Indicate the correct combination of the answers:

- a) 1, 3, 4
- b) 4, 5
- c) 2, 3
- d) 1, 4, 5
- e) 2, 4

200. At RPCG (retrograde pancreatocholangiography) a dilated major pancreatic duct in the form of "lake chain" was found out in the patient. Indicate the most effective type of operation.

1. Pancreas resection from the left to the right
2. Pancreas resection from the right to the left
3. Pancreatojejunostomy
4. Stomach resection
5. Duodenoenterostomy

201. The patient has been suffering from chronic pancreatitis for 45 years. Indicate the simplest approach for determination of pancreas calcinosis:

1. Explorative laparotomy
2. Laparoscopy
3. Irrigoscopy
4. Cholangiography
5. Plain roentgenography of the abdominal cavity

202. On ultrasound examination the pancreas cyst was revealed in the patient aged 45 years 6 months later after survived pancreatonecrosis. Indicate the proper operation:

1. External drainage
2. Cystoenteroanastomosis
3. Pancreatoduodenal resection with packing of the duct in the distal part of the pancreas.
4. Marsupialization
5. Cystogastroduodenostomy

203. On the 8th day after pancreas resection a pancreatic fistula developed (formed). Which of the below-mentioned methods can confirm this post-operative complication?

1. Endoscopic pancreatography
2. Laparoscopy
3. Fistulography
4. Telecholangioscopy

204. At operation for chronic pancreatitis the most complete information on pancreatic ducts is obtained by:

1. Punctual biopsy
2. Intraoperative pancreatography
3. Histological investigation of the gland parts
4. Cholangioscopy
5. Debitometry of bile ducts

205. Indicate a laboratory test for the investigation of intrasecretory function of the pancreas:

1. Blood insulin
2. Blood secretin
3. Blood pancreozymin
4. Blood enzymes (ferments)
5. Blood adrenaline

206. Indicate digestive hormones participating in regulation of the pancreatic juice secretion:

1. Kallikrein
2. Secretin, pancreozymin
3. Bradykinin
4. Tripcin
5. Adrenaline

207. The patient aged 63 years is complaining of constant dull pains in the epigastrium, poor appetite, weakness, weight loss, sub-febrile temperature. Before admission to hospital icteritiousness of scleras appeared. Which of the below-mentioned diagnostic methods do you prefer?

1. Splenoportography
2. Retrograde pancreatocholangiography
3. Laparoscopy
4. Thermography
5. Laparocentesis

208. The patient was hospitalized with complaints of epigastric pains, nausea, vomiting. Within 6 months he had lost 15 kg. The X-ray examination of the stomach revealed its edging (pressing back) anteriorly. What is your diagnosis?

1. Stenosis of the pylorus
2. Tumor of the pancreas
3. Ulcerous gastric disease
4. Cancer of the stomach
5. Tumor of the large intestine

209. Indicate the causes not leading to the development of a portal hypertension:

1. Thrombosis of the inferior vena cava at the level of the hepatic veins
2. Stenosis, phlebothrombosis of the portal vein
3. Thrombosis of the inferior vena cava at the level of bifurcation

210. Which of the below-mentioned diseases does not lead to the block of the portal blood flow?

1. Endophlebitis of the hepatic veins (Chiari's disease)
2. Thrombosis of the inferior vena cava at the level of the hepatic veins (Budd-Chiari syndrome)
3. Hepatic cirrhosis
4. Thrombosis of the portal vein

211. Which of the below-mentioned diseases does not lead to the block of the portal blood flow?

1. Phleboscclerosis, thrombosis of the portal vein and its branches
2. Biliary cirrhosis of the liver
3. Thrombosis of the inferior vena cava at the level of hepatic veins (Budd-Chiari syndrome)
4. Endophlebitis of hepatic veins (Chiari's disease)

212. In treatment of hepatic cirrhosis you do not use:

1. Operations directed at formation of new pathways for blood outflow from the portal system
2. Operations directed at enhancement of hepatic regeneration
3. Operations directed at cessation of connection (communication) of the stomach and the esophageal veins
4. Vagotomy with operation draining the stomach

213. Normal pressure in the system of the portal vein is:

1. 50 – 100 mm of water

2. 120 – 180 mm of water
3. 200 – 400 mm of water
4. 150 – 200 mm Hg

214. The most possible cause of gastrointestinal bleeding in a portal hypertension is:

1. Erosive gastritis
2. Acute gastric ulcer
3. Chronic duodenal ulcer
4. Varicose veins of the lower third (1/3) of the esophagus

215. Patients with sharply marked disturbances of a hepatic function should not be administered:

1. Carsil
2. Essencialle
3. Tetracycline
4. Reopolyglucyn

216. The clinical picture of the syndrome of an intrahepatic portal block does not include:

1. General weakness
2. Pains in the region of the liver and spleen
3. Sharp weight loss
4. Enlargement of the liver size
5. Manifestations of “acute abdomen”

217. Budd-Chiari syndrome is characterized by:

1. Thrombotic occlusion of the inferior vena cava at the level of its entering the hepatic veins (hepatic venous return)
2. Endophlebitis of the hepatic veins

218. An intermittent jaundice is induced by:

1. Wedged stone in the terminal portion of the choledoch
2. Choledoch tumor
3. Stone (calculus) of the cystic duct
4. Valvular stone of the cholodoch
5. Cholodoch structure

219. Courvoisier’s symptom is not observed in cancer of:

1. Pancreas head
2. Choledoch supraduodenal portion
3. Retroduodenal portion of the common bile duct
4. Major duodenal papilla
5. Gallbladder

220. Which combination of the below clinical symptoms corresponds to Courvoisier’s syndrome?

1. Enlarged painless gall bladder in combination with jaundice
2. Enlargement of the liver, ascitis, dilatation of the anterior abdominal wall veins
3. Jaundice, palpated painful gall bladder, local peritoneal manifestations

4. Absence of defecation (stools), cramp-like pains, occurrence of a palpated mass in the abdominal cavity
5. Apparent jaundice, enlarged tuberos liver, cachexia

221. The patient aged 28 years was admitted to hospital with jaundice which he had noticed 4 days ago. A painful syndrome was not evident. In his anamnesis (past medical history) he noted two episodes of jaundice. Laboratory investigation showed bilirubinemia because of indirect fraction. Ultrasound examination did not reveal any abnormalities. Activity of transaminases and alkaline phosphatase is not marked. What diagnosis should be suggested?

1. Obstructive jaundice due to choledocholithiasis
2. Hepatic cirrhosis
3. Infectious hepatitis
4. Gilbert's syndrome
5. Hemochromatosis

222. The patient aged 62 years was transformed from the infectious hospital with the diagnosis of an obstructive jaundice. The complex of laboratory and instrumental investigations found out that the cause of jaundice was three-dimensional alterations of the pancreas, their character being not completely clear. Which of the below laboratory methods is the most informative for a differential diagnosis of chronic pancreatitis and cancer of the pancreas?

1. ESR values
2. Level of alkaline phosphatase activity
3. Activity of pancreatic enzymes
4. Indices of tumor marker CH-19-9
5. Results of coprogram investigation

223. The patient aged 42 years was operated on for a suggested diagnosis of choledocholithiasis, obstructive jaundice. At operation no abnormalities of the biliary ducts and gall bladder were found out. The enlarged liver of a red-brown color was noted. The diagnosis of hepatitis was made. Which of the below medical measures are beneficial?

1. External drainage of the bile ducts
2. Cholecystomy
3. Sympathectomy of the hepatic artery
4. Nothing to do, wound closure (suture)
5. Cholecystoectomy, drainage of the abdominal cavity

224. The patient aged 55 years suffering from chronic calculous cholecystitis developed vomiting and nausea at the background of severe pains exacerbation in the right hypochondrium. Over a few hours jaundice of the scleras appeared, the level of blood amylase was 256 units. Which of the below complications should be suggested?

1. Perforation of the gall bladder
2. Obstruction of the cystic duct by calculus
3. Clinical picture is due to the development of acute papillitis.
4. Clinical picture is due to the presence of parapapillary diverticulum.
5. Clinical picture is due to strangulation of papilla by a calculus.

225. Infarction of the spleen results from:

1. Embolism of the spleen vessels
2. Thrombosis of the spleen vessels
3. Hepatic cirrhosis

226. Development of spleen infarction is accompanied by:

1. Development of pains in the left hypochondrium
2. Elevation of body temperature up to 39° C
3. Peritonitis

227. Cysts of the spleen are divided into:

1. Non-parasitogenic
2. Parasitogenic
3. Mixed

228. Formation of congenital cysts of the spleen is associated with:

1. Disorder of the embryonic development
2. Neogenesis

229. Spleen cysts are located:

1. Subcapsularly
2. Intrasplenically
3. In the circumference of the spleen

230. Parasitogenic cysts of the spleen occur due to:

1. Echinococcosis
2. Aeveococcosis
3. Ascariidosis

231. Treatment of parasitogenic cysts of the spleen suggests:

1. Surgical treatment
2. Conservative treatment

232. Takayasu's syndrome is not characterized by:

1. Disturbance of a sexual function with disappearance of an ability to erection and ejaculation
2. Absence of pulse on the lower limbs
3. Abdominal pains after meals
4. Weakness and fatigability of the lower limbs
5. Cladictio intermetens (intermittent claudication)
6. All the above-mentioned signs

233. The elective injury of vessels in nonspecific aortoarteriitis includes:

1. Vessels of the aortic arch
2. Vessels of the abdominal aorta
3. Hepatic arteries
4. Coronary arteries
5. All the above-mentioned vessels

234. The methods of roentgenological (x-ray) examination of the aorta and its branches with puncture of the arterial bed and introduction of contrast water soluble medium into it are as follows:

1. By Seldinger
2. By Zenserling
3. By dos Santos
4. By Bürger
5. By Winiwarter

235. Clinical forms of nonspecific aortoarteriitis are as follows:

1. Syndrome of a vasorenal hypertension
2. Abstinence syndrome
3. Auto-allergic syndrome
4. Syndrome of general inflammatory responses
5. Abduction syndrome
6. Anemic syndrome

236. Crucial ischemia of the lower limbs is characterized by:

1. Intermittent claudication at the distance of more than 500 m.
2. Pains at rest
3. Intermittent claudication at the distance of more than 1000 m.
4. Coldness of the lower limbs
5. Stage III of chronic arterial failure (insufficiency) according to Fountain-Pokrovsky

237. The other names for nonspecific aortoarteriitis are:

1. Takayasu's disease
2. Leriche's syndrome
3. Disease of the absence of arm pulse
4. "Lactic" leg
5. Greguar's disease

238. Arterial reconstructive operative interventions include:

1. Prosthetics of aortic bifurcation.
2. Diets' operation (lumbar sympathectomy)
3. Femoral-popliteal autovenous shunting
4. Periarterial sympathectomy (Oppel's operation)
5. Open endarterectomy

239. Which of the below symptoms are not typical of Leriche's syndrome?

1. Disturbance of a sexual function
2. Enlargement of the thigh and crus in volume
3. Disorder of spermatogenesis and spermatohistogenesis
4. Weakness and fatigability of the lower limbs
5. Atrophy of the lower limb muscles
6. Dark blue patchy (spotted) plantar surfaces

240. Which of the below investigations must you perform to decide if a repeated operation is possible in case of reocclusion development in the patients survived a reconstructive operation on the aorta and its branches a year ago?

1. Dopplerography and duplex scanning
2. Oscillography
3. Reovasography
4. Aortoarteriography

5. Thermography
6. Capillaroscopy

241. In a reconstructive surgical treatment of Leriche's syndrome possible methods are:

1. Lumbar sympatectomy
2. Bifurcation aortofemoral prosthetics
3. Periarterial sympathectomy
4. Bifurcation aortofemoral shunting (bypass)
5. Endarterectomy
6. Thrombectomy by Fogarty catheter

242. Indicate the major clinical symptoms of the post-thrombotic disease of the lower limbs:

1. Edema of the limbs
2. Absence of femoral artery pulsation
3. Trophic disorders of the crus skin
4. Varicosis of the superficial veins
5. Intermittent claudication

Indicate the correct combination of the answers:

- 1) 1, 2 and 3
- 2) 1, 3, 4
- 3) 1, 4 and 5
- 4) 2, 4 and 5

243. Post-thrombophlebitic disease usually involves:

1. Capillary system
2. Communicans veins
3. Deep veins of the lower limbs
4. Arterial vessels
5. Arteriovenous fistulas
6. All the above-mentioned

244. Post-thrombophlebitic disease mostly affects and is more marked after thrombophlebitis of:

1. Popliteal-tibial segment
2. Femoral-tibial segment
3. Iliac-femoral segment
4. Iliocaval segment
5. Inferior vena cava

245. A typical symptomatic complex in a post-thrombophlebitic disease does not include:

1. Formation of pigmented nevuses on the lower limbs
2. Coldness and pallor (paleness) of the lower limb tissues
3. Papillomatosis of the lower limb skin
4. Absence of pulse on the lower limbs
5. Valgus deformation of joints
6. All the above-mentioned symptoms

246. The most common forms of a post-thrombophlebitic disease include:

1. Edematous-painful

2. Varicose-ulcerative
3. Trophic
4. Dystrophic
5. 1 and 3 are correct
6. All the above-mentioned forms are correct.

247. Which of the below investigations must you use to make the diagnosis of Klippel-Trenaunay syndrome?

1. Measurement of the limb volume
2. Phlebtonometry
3. Ultrasound scanning
4. Phlebography
5. All the above-mentioned investigations

UNIT 3. TESTS IN ONCOLOGY

1. Patients of clinical group III are subject to prophylactic medical examination:

1. For the period of 3 years
2. For the period of 5 years
3. For the whole life
4. For the period of 10 years
5. For the period of 1 year

2. Clinical group IV includes:

1. Cancer patients who are subject to specialized or curative treatment directed to the eradication of malignancy
2. Almost healthy individuals following the curative treatment
3. Patients with suspected malignancy
4. Patients with the common form of malignancy, who are not subject to curative treatment irrespective of the treatment provided
5. Patients with pre-malignant diseases

Correct answers:

- a) All answers are correct
- b) Answer 2 is correct
- c) Answer 4 is correct

3. Clinical protocol (ф. 027 – 2/y - 03) on the advanced malignancy identification is filled out:

1. When stage IV of the diseases is identified in a patient
2. When stage III of visual localization is identified
3. If the advancement occurred through the fault of a doctor
4. If the patient refuses radical treatment
5. When cancer stage III or IV of any localization is identified

Correct answers:

- a) 1, 2
- b) 1, 2, 3
- c) 3, 4
- d) All answers are correct

4. Chemotherapy is indicated in:

1. Presence of malignancy susceptible to cytostatics
2. Absence of conditions for curative resection
3. Presence of distal metastases
4. Presence of contraindications for radiation therapy
5. Presence of contraindications for surgical treatment

Correct answers:

- a) 1, 2, 3, 5
- b) 2, 4, 5
- c) All answers are correct

5. Contraindications for chemotherapy of oncological diseases are the following:

1. Cachexia with disseminated tumour process
2. Heart failure
3. Renal failure

4. Hepatic failure

5. Allergy

Correct answers:

a) 1, 2, 3, 5

b) 2, 3, 4, 5

c) All answers are correct

d) 1, 2, 3, 4

6. Common complications of chemotherapy are:

1. Leucopenia

2. Thrombocytopenia

3. Dyspepsia

4. Intoxication psychoses

5. Toxic hepatitis

Correct answers:

a) 1, 2, 4, 5

b) 2, 3, 5

c) All answers are correct

d) 1, 2, 3, 4

7. Active non-specified immunotherapy in cancer patients is used:

1. For immunorehabilitation

2. For immunoprophylaxis of recurrences and metastases

3. In advanced stages of cancer

4. In combination with radiation therapy

5. In combination with chemotherapy

Correct answers:

a) 1, 2, 4, 5

b) 2, 3, 4, 5

c) All answers are correct

d) 1, 2, 3, 4

8. Infection development in cancer patients is contributed by:

1. Immunosuppression

2. Emaciation

3. Hypovitaminosis

4. Radiation therapy

5. Chemotherapy

Correct answers:

a) 1, 2, 4, 5

b) 2, 3, 4, 5

c) All answers are correct

d) 1, 2, 3, 4

9. In non-Hodgkin's lymphoma the lymphoid tissue can be affected:

1. In any organ

2. In the skin only

3. In lymphatic nodes only

4. In the mediastinum mostly

5. In the spleen mostly

Correct answers:

a) 1

- b) 2, 3
- c) 4
- d) 4, 5
- e) All answers are correct

10. Surgical treatment of non-Hodgkin's lymphoma is used:

- 1. In diffuse form
- 2. In nodular form
- 3. In isolated affection of the gastro-intestinal tract
- 4. If local character of the process is verified by all diagnostic methods
- 5. Surgical treatment is not used

Correct answers:

- a) 1, 2, 3
- b) 1, 2
- c) 3, 4
- d) 5
- e) 1, 2, 3, 4

11. To the melanoma developing nevuses are referred:

- 1. Intradermal
- 2. Mixed
- 3. Border-line
- 4. Blue
- 5. Correct answers are 1, 2 and 3

12. Etiopathogenetic risk factors for thyroid cancer are:

- 1. Ionizing radiation
- 2. Smoking
- 3. Nodular goiter
- 4. Overweight
- 5. Correct answers are 1 and 3

13. Characteristic features of the follicular thyroid cancer are:

- 1. The growth progress is relatively slow
- 2. It often affects regional lymphatic nodes
- 3. It tends to the hematogenic metastases formation

Correct answers:

- a) All answers are correct
- b) 1 and 3

14. Characteristic features of papillary thyroid cancer are:

- 1. It is the most common thyroid cancer
- 2. The growth progress is relatively slow
- 3. The growth metastasizes mostly to the regional nodes

Correct answers:

- a) All answers are correct
- b) 2 and 3

15. Characteristic features of non-differentiated thyroid cancer are:

- 1. Peracute infiltrating growth
- 2. Early metastases formation
- 3. All cases are related to stage IV cancer

Correct answers:

- a) All answers are correct
- b) 1 and 2

16. Characteristic features of medullar thyroid cancer are:

- 1. The growth develops from C-cells of thyroid gland
- 2. The marker is high concentration of calcitonine in the tumour and blood
- 3. Presence of diarrhea

Correct answers:

- a) All answers are correct
- b) 1 and 2

17. Symptoms of metastasizing thyroid cancer to the adjacent organs and tissues are:

- 1. Hoarseness
- 2. Disphagia
- 3. Shortness of breath

Correct answers:

- a) All answers are correct
- b) 1 and 3

18. The highest resolution for thyroid nodular growth visualization has:

- 1. Computerized tomography
- 2. Nuclear magnetic resonance
- 3. Ultrasound investigation
- 4. Thyroid scintigraphy
- 5. Cervical roentgenography

19. Fascial – circular dissection of paracervix in thyroid cancer is performed:

- 1. As a prophylactic measure in all forms of thyroid cancer
- 2. In non-differentiated forms of thyroid cancer
- 3. In mobile metastases to the neck lymphatic nodes
- 4. In regional lymphatic node glomerated with the nodding muscle
- 5. In immobile regional metastases

20. The worst prognosis in thyroid cancer is in:

- 1. Stage II
- 2. Stage III
- 3. Follicular cancer
- 4. Papillary cancer
- 5. Non-differentiated cancer

21. The existing ways of early differentiation of breast cancer are:

- 1. Regular self-examination
- 2. Compulsory breast examination at out-patient prophylactic inspections
- 3. Chest roentgenography

Correct answers:

- a) All answers are correct
- b) 1 and 2

22. In medical practice mastopathy is divided into:

1. Diffuse
2. Localized
3. Galactocele (hypolactia)

Correct answers:

- a) All answers are correct
- b) 1 and 2

23. Diffuse mastopathy can be:

1. Cystic
2. Fibrotic
3. Fibrocystic

Correct answers:

- a) All answers are correct
- b) 1 and 2

24. Skin symptoms in breast cancer are due to:

1. Growth invasion through the skin
2. Growth invasion to subcutaneous tissue
3. Infiltration of Cooper ligaments with cancer cells

Correct answers:

- a) All answers are correct
- b) 1 and 3

25. Pedzhet cancer is localized:

1. In the nipple area
2. In the areole area
3. In the lower quadrant

Correct answers:

- a) 1 and 2
- b) All answers are correct

26. Mastitis-like cancer is characterized by:

1. No correlation to pregnancy and breastfeeding
2. Slight manifestation of inflammation signs
3. Elevated ESR, not related to leucocytosis pancreato-duodenal resection
4. Dense, non painful lymphatic nodes
5. All are correct

27. Which cells is lung cancer derived from:

1. Epithelium, lining the alveolus
2. Cover epithelium of the bronchus
3. Glandular epithelium of the bronchial wall
4. Muscular tissue of the bronchial wall
5. Cells of lung tissue stroma

Correct answers:

- a) 1, 2, 3
- b) 1
- c) 1, 2, 3, 4
- d) All answers are correct
- e) 2, 3

28. Central lung cancer develops from the epithelium:

1. Of the main bronchus
2. Of the lobar bronchus
3. Of the segmentary bronchus
4. Of the subsegmental bronchus
5. Of the intermediate bronchus

Correct answers:

- a) All answers are correct
- b) 1, 2, 3
- c) 1, 2, 3, 4
- d) 1, 2, 3, 5
- e) 3, 4, 5

29. Peripheral lung cancer develops from the epithelium:

1. Of the main bronchus
2. Of the lobar bronchus
3. Of the segmentary bronchus
4. Of the subsegmental bronchus
5. Of the intermediate bronchus

Correct answers:

- a) All answers are correct
- b) 3, 5
- c) 4
- d) 1, 2, 3
- e) 1, 2, 3, 5

30. The most common symptoms of central lung cancer are:

1. Shortness of breath
2. Cough
3. Hemoptysis

Correct answers:

- a) All answers are correct
- b) 1 and 3

31. Which symptom in endobronchial lung cancer usually occurs first:

1. Hemoptysis
2. Cough
3. Shortness of breath
4. Chest pains
5. Pneumonitis

32. Pancoast cancer is characterized by:

1. Invasion and compression with the tumour of the cervical plexus
2. Compression of the sympathetic nerve trunk
3. Invasion to the vertebrae

Correct answers:

- a) All answers are correct
- b) 1 and 2

33. Mediastinal lung cancer is characterized by:

1. The most marked primary growth in the lungs
2. Increasing breathlessness
3. Syndrome of the superior vena cava

4. Hoarseness

5. Hemoptysis

Correct answers:

a) All answers are correct

b) 1, 2, 3, 4

c) 1, 2, 3, 5

d) 1, 3, 4

e) 2, 3, 4, 5

34. Diagnostic methods of lung cancer are:

1. Tomography

2. Bronchoscopy

3. Computerized tomography

4. Nuclear magnetic resonance

5. Angiopulmonography

Correct answers:

a) 1, 2, 3

b) 1, 2, 3, 4

c) 1, 2, 5

d) All answers are correct

e) 1, 2, 4

35. Lung cancer should be differentiated from:

1. Prolonged pneumonia

2. Lung tuberculosis

3. Benign tumour

4. Metastases from other organs to the lungs

5. All the listed above

36. Indications for the radiation therapy of lung cancer are:

1. Contraindications for surgery in operable cancer

2. Lung cancer of stage III- IV

3. Lung cancer of stage I-II

Correct answers:

a) All answers are correct

b) 1 and 2

37. Chemotherapy is the most effective in the following lung cancer form:

1. Glandular

2. Flat cell

3. Small cell

4. Large cell

5. All answers are wrong

38. Esophageal cancer develops most often:

1. In the upper chest portion

2. In the middle chest portion

3. In the lower chest portion

4. In the abdominal portion

5. In all portions it has equal incidence

39. Roentgenological signs of esophageal cancer are:

1. Atypical relief of the mucosa
2. Irregularity of the contour
3. Defect of filling
4. Disturbance of peristalsis
5. All answers are wrong

40. The most common histological form of esophageal cancer is considered:

1. Non-differentiated
2. Adenocarcinoma
3. Colloidal
4. Flat cell
5. Basal cell

41. Gastric cancer develops:

1. In normal acidity of the gastric juice
2. In elevated acidity of the gastric juice
3. In lower acidity of the gastric juice
4. In decrease of the previously lower acidity of the gastric juice
5. Gastric acidity is of no value

42. Malignancy of gastric ulcer is suspected if the following signs are present:

1. Recurrent chronic ulcer resistant to conservative treatment in middle-aged and elderly patients
2. Ulcer defect sizes are of more than 2 cm in diameter
3. Long-term ulcer defect and its increasing at simultaneous remission of characteristic ulcer pains
4. Decrease in gastric acidity, loss of body weight without any reason, weakness
5. All the listed above signs are correct

43. Malignancy of gastric ulcer develops more often:

1. In the distal portion of the stomach
2. In the proximal portion of the stomach
3. In the body of the stomach
4. At the large curvature of the stomach
5. At the small curvature of the stomach

44. Histologically gastric cancer is presented more often as:

1. Flat cell cancer
2. Glandular
3. Mixed glandular-flat cell cancer
4. Low-differentiated cancer
5. Adenocanthoma

45. Clinical manifestations of the cancer in the distal portion of the stomach are:

1. Nausea
2. Foul-smelling eructation
3. Sense of filling and spreading in the epigastrium
4. Vomiting with the previously eaten food

5. All the listed above answers are correct

46. Cancer of the cardiac portion of the stomach is revealed by the following symptoms:

1. Disphagia
2. Salivation
3. Vomiting with small amounts of food
4. Hiccups
5. All the listed above answers are correct

47. Prolonged asymptomatic period is characteristic for:

1. Cancer of the cardiac portion of the stomach
2. Cancer of the body of the stomach
3. Cancer of the antral portion of the stomach
4. Cancer of the bottom of the stomach
5. Cancer of the pyloric portion of the stomach

48. Virchow's metastasis is the manifestation of:

1. Hematogenic metastasizing
2. Implantation metastasizing
3. Orthograde lymphogenic metastasizing
4. Retrograde lymphogenic metastasizing
5. Regional lymphogenic metastasizing

49. Krukenberg's metastasis is the manifestation of:

1. Hematogenic metastasizing
2. Implantation metastasizing
3. Orthograde lymphogenic metastasizing
4. Retrograde lymphogenic metastasizing

50. Schnitzler metastasis is the manifestation of:

1. Hematogenic metastasizing
2. Implantation metastasizing
3. Orthograde lymphogenic metastasizing
4. Retrograde lymphogenic metastasizing
5. Regionallymphogenic metastasizing

51. Umbilical metastasis is the manifestation of:

1. Hematogenic metastasizing
2. Implantation metastasizing
3. Orthograde lymphogenic metastasizing
4. Retrograde lymphogenic metastasizing
5. Regional lymphogenic metastasizing
6. Correct answers are 2 and 4

52. The main histological form of colon cancer is:

1. Flat cell form
2. Adenocarcinoma
3. Non-differentiated form
4. Colloidal form
5. Carcinoid

53. Toxic anemia form is characteristic for the colon cancer:

1. In the transverse colon
2. In the left portion
3. In the right portion
4. In the rectum
5. In the sigmoid

54. In the ampullary portion of the rectum cancer is more often presented as:

1. Fusiform cell cancer
2. Light-coloured cell cancer
3. Adenocarcinoma
4. Flat cell cancer
5. Oat cell cancellation

55. In tumour localization 8-12 cm from the anus the following surgery is indicated:

1. Transabdominal resection of the rectum
2. Abdominal-perineal. extirpation of the rectum
3. Abdominal-anal resection of the rectum

Correct answers:

- a) 2 and 3
- b) 1 and 3

56. In tumour localization 6-7 cm from the anus the following surgery is indicated:

1. Hartman's operation
2. Abdominal-anal resection of the rectum
3. Abdominal-perineal. extirpation of the rectum
4. Mikulicz's operation
5. Transabdominal resection of the rectum

57. For the diagnostics of the liver cancer at the pre-hospital stage it is possible to use:

1. Assessment of Abelev-Tatarinov reaction
2. Ultrasound investigation of the liver
3. Scintigraphy of the liver

Correct answers:

- a) 2 and 3
- b) All answers are correct

58. The group of increased risk for the development of cancer of the liver includes:

1. Carriers of virus hepatitis B antigen
2. Patients with cirrhosis of the liver
3. Patients with opisthorchosis
4. Alcoholics
5. All answers are correct

59. Radical surgery in cancer of the body and tail of the pancreas is:

1. Pancreatoduodenal resection
2. Resection of the body and tail of the pancreas with spleen removal

3. Pancreatectomy

Correct answers:

- a) All answers are correct
- b) 1 and 2

60. Radical surgery in cancer of the head of the pancreas is:

- 1. Pancreatectomy
- 2. Pancreatoduodenal resection
- 3. Duodenectomy

Correct answers:

- a) All answers are correct
- b) 1 and 2

UNIT 4. TRAUMATOLOGY

1. Indicate the characteristic signs of traumatic dislocation:

1. Joint edema
2. Joint hyperemia
3. Separation of articular ends of bones
4. The “symptom” of flexible fixation

2. Valgus deformity of the knee joint is the lower leg deviation from the normal limb axis

1. To the outside
2. To the inside
3. To the back

3. Varus deformity of the knee joint is the lower leg deviation from the normal limb axis

1. To the outside
2. To the inside
3. To the back

4. Recurvation of the knee joint is the lower leg deviation from the normal limb axis

1. To the outside
2. To the back
3. To the front
4. To the inside

5. Indicate reliable signs of a fracture:

1. Abnormal mobility
2. Crepitation of fragments
3. Tenderness on palpation
4. Ecchymosis
5. Lymphoedema
6. Tenderness on axial loading in the site of injury
7. Bone fragments are visible
8. X-ray evidence

6. Indicate the methods of osteosynthesis:

1. External fixation
2. Internal fixation
3. Lateral fixation
4. Medial fixation
5. Extrafocal fixation
6. Stable functional osteosynthesis

7. Indicate the most common early complications of tubular bones fractures:

1. Traumatic shock
2. Fat embolism
3. Osteomyelitis
4. Subcutaneous emphysema
5. Thromboembolism

6. Bleeding
7. Injury of neurovascular fascicle

8. Indicate the late complications of fractures:

1. False joints
2. Joint contracture
3. Arthritis
4. Traumatic osteomyelitis
5. Chronic bronchitis
6. Pulmonary emphysema

9. Indicate the types of bone grafts:

1. Autologous
2. Allogenic
3. Exogenous
4. Endogenous
5. Xenogenous
6. Borphoplastic

10. Indicate the types of false joints:

1. Atrophic
2. Ischemic
3. Degenerative
4. Hypertrophic
5. Hypotrophic

11. Indicate the complications of clavicle fracture:

1. Injury of jugular vein
2. Injury of subclavian vessels
3. Injury of carotid artery
4. Skin perforation by fragments
5. Injury of brachial plexus

12. Indicate the clinical signs of clavicle fracture:

1. Shortening of shoulder girdle
2. Deformity at the site of fracture
3. Ptosis
4. Myosis
5. Local tenderness

13. Indicate the position of the upper extremity at the time of injury in abduction fracture of the surgical neck of the humerus:

1. Abduction
2. Adduction
3. Flexion

14. Indicate the most common complication of the middle and lower thirds fractures of humerus:

1. Injury of brachial artery
2. Injury of ulnar nerve
3. Injury of radial nerve
4. Injury of biceps muscle of arm

15. Indicate the dysfunctions in radial nerve injury:

1. Extension of the first finger becomes impossible
2. Opposition of the first finger becomes impossible
3. Extension of hand is absent
4. Spreading the fingers apart is impossible
5. Loss of sensation in the first finger

16. What kind of anesthesia is optimal in reduction of shoulder dislocation?

1. Conduction anesthesia
2. Face mask anesthesia
3. Local anesthesia
4. Intravenous anesthesia with myorelaxants

17. Indicate the types of transcondylar fractures of humerus:

1. Abduction fracture
2. Bending fracture
3. Adduction fracture
4. Extension fracture

18. In what direction is the distal fragment displaced in extension transcondylar fracture?

1. To the front
2. To the back
3. To the outside

19. In what direction is the distal fragment displaced in bending transcondylar fracture?

1. To the front
2. To the back
3. To the outside

20. What is the trauma mechanism in the Monteggia fracture dislocation?

1. Landing on hand
2. Fall on elbow
3. Direct force applied to ulnar shaft
4. Direct force applied to radial shaft

21. One of the signs of the fracture dislocation of the forearm (Galeazzi lesion) is:

1. Angular deformity of the forearm to the back
2. Angular deformity of the forearm to the palm
3. Radial clubhand

22. Indicate the typical trauma mechanism of fractures of humeral forearm at the "typical site":

1. Fall on the palm of hand
2. Blow to the wrist
3. Fall on the elbow

23. Indicate the typical displacement of the distal fragment in Colles' fracture:

1. To the back
2. To the palm of the hand
3. To the radial bone
4. To the elbow

24. Indicate the typical displacement of the distal fragment in Smith's fracture:

1. To the back
2. To the palm of the hand
3. To the radial bone
4. To the elbow

25. Indicate the correct levels of immobilization in fractures of distal metacarpophysis of radial bone:

1. From the upper third of the forearm to the tips of the fingers
2. From the lower third of the forearm to the metacarpophalangeal articulations
3. From the upper third of the forearm to the metacarpophalangeal articulations

26. In what position of the hand is plaster splint applied following reposition of Colles' fracture:

1. In the mid-physiological position
2. In extension
3. In flexion
4. In ulnar deviation
5. In radial deviation

27. In what position of the hand is plaster splint applied following reposition of Smith's fracture:

1. In the mid-physiological position
2. In extension
3. In flexion
4. In ulnar deviation
5. In radial deviation

28. Indicate the signs of navicular bone fracture:

1. Tenderness on palpation in the region of anatomical snuffbox
2. Tenderness on palpation of styloid process of radius
3. Tenderness on axial loading on the first finger in abduction
4. Tenderness on palpation of styloid process of ulna
5. Bayonet deformity of the carpal joint
6. Diminution of the muscle strength of hand

29. Indicate the typical displacement of fragments in diaphyseal fractures of metacarpal bones:

1. Dorsal angulation
2. Ulnar angulation
3. Hand angulation

30. The sign of the recent complete lesion of the tendons of fingers is:

1. Restriction of passive movements of finger joints
2. Loss of active movements of finger joints
3. Hypermobility of finger joints

31. The lesion of the profundus tendon of the finger is characterized by:

1. Loss of active flexion of the middle phalanx
2. Loss of active flexion of the distal phalanx
3. Loss of active flexion of the finger

32. The lesion of the sublimit and profundus tendon is characterized by:

1. Loss of active flexion of the distal phalanx
2. Loss of active flexion of the middle and distal phalanx
3. Loss of active flexion of the whole finger

33. In pelvic fractures the following position is used for immobilization purposes:

1. Trendelenburg's position
2. Volkovich's position
3. Ortner's position

34. Indicate the specific symptoms of pelvic fractures:

1. Silin's symptom
2. Gabay's symptom
3. Lozinski's symptom
4. Steinmann's symptom
5. Horner's symptom

35. Indicate the vertebra which has no body:

1. The first cervical vertebra
2. The second lumbar vertebra
3. The third sacral vertebra

36. Indicate the cause of pseudoabdominal syndrome in spine fractures:

1. Compression of spinal cord
2. Irritation of marrow membranes
3. Irritation of the roots of spinal cord
4. Injury of the inner organs of the abdomen

37. Indicate which fractures of the femoral bone are medial:

1. Capital
2. Subcapital
3. Transcervical
4. Transcondilar
5. Supracondilar
6. Baso-cervical

38. Indicate how the neck-shaft angle changes in medial varus fractures of the femoral neck:

1. Decreases
2. Increases
3. Remains without change

39. Indicate the position of the proximal fragment in fracture of the femur in its upper third?

1. Flexion
2. Abduction
3. External rotation
4. Extension
5. Adduction

40. What methods of treatment may be used in diaphyseal fractures of the femoral bone as independent ones?

1. Immobilization with dorsal plaster splint
2. Skeletal traction
3. External osteosynthesis
4. External fixation device for osteosynthesis (extra-focal compression-distraction osteosynthesis)

41. Indicate the types of traumatic dislocation of hip:

1. Anterior
2. Posterior
3. Internal
4. External

42. Indicate the most common methods of repositioning of the recent traumatic dislocation of hip:

1. Kocher's method
2. Dzhanelidze's method
3. Mau's method
4. Svinuchov's method

43. Indicate the most efficient way of patient management following repositioning of hip dislocation in adults:

1. Dorsal plaster splint
2. Body cast
3. Prolonged skeletal traction
4. Application of external fixation device

44. What two most commonly met events result in the injury of the meniscus of knee joint?

1. Jump from height
2. Blow to the lower leg or knee joint
3. Rotation of the knee joint with the fixed foot
4. Sudden bending or extension of the knee joint

45. Indicate the symptoms characteristic of the injury of the meniscus of knee joint:

1. Blockade symptom
2. Turner's symptom
3. Staircase sign
4. Lozinski's symptom
5. Gabay's symptom

46. The injury of what anatomical structures is characterized by the drawer sign?

1. Rupture of patella ligament
2. Rupture of medial meniscus
3. Rupture of cruciate ligaments

47. Indicate which of the below diagnostic means permit to detect meniscus injuries more accurately:

1. X-ray study
2. Double-contrast roentgenography
3. Arthroscopy
4. Arthrography
5. MRI

48. What symptom is the most typical of the rupture of the internal lateral ligament of the knee joint?

1. Drawer sign
2. Genu varum
3. Genu valgum $>10^\circ$

49. Indicate methods of conservative treatment of lower leg fractures:

1. Skeletal traction
2. Compression-distraction osteosynthesis
3. Plaster fixation
4. Osteoplastic repair

50. When both bones of the lower leg are broken cylinder plaster cast is applied:

1. From the ankle to the middle third of the thigh
2. From the tips of fingers to the knee joint
3. From the tips of fingers to the middle third of the thigh
4. From the middle of the foot to the lower third of the thigh

51. Indicate the type of plaster cast you will apply to the patient in undisplaced fracture of lateral malleolus:

1. Cylinder plaster cast
2. Plaster cast for gonitis
3. U- plaster cast
4. Fenestrated plaster cast

52. In what position should the foot be kept following repositioning of medial malleolus fracture or in deltoid ligament tear?

1. Extension
2. Flexion
3. Supination
4. Prone position

53. Indicate the signs characteristic of dysplasia of the hip joint:

1. Hypoplasia of acetabulum
2. Hyperplasia of acetabulum
3. Hypoplasia of the femoral head
4. Posterior tilt of the upper end of the femur

5. Delayed ossification of the femoral head

54. Indicate the positions of the foot representing the elements of congenital clubfoot:

1. Foot flexion
2. Foot supination
3. Forefoot adduction
4. Outward tilt of the forefoot
5. Foot dorsal flexion
6. Pronation of foot

55. Indicate the changes of sternocleidomastoid muscle in congenital myogenic torticollis revealed during the first weeks of life:

1. Shortening of the muscle
2. Induration and thickening of the muscle in its middle and lower parts
3. Lengthening of the muscle

56. At what age should conservative treatment of congenital myogenic torticollis be started?

1. At 1 week
2. At 1 month
3. After falling-off of the umbilical cord
4. After the child can hold his head up

57. Indicate the methods of conservative treatment of congenital myogenic torticollis:

1. Corrigent gymnastics
2. Corrective redressment
3. Correcting osteotomy
4. Massage
5. Corrective fixation

58. Indicate the absolute indication for surgical treatment of congenital myogenic torticollis:

1. Increasing face asymmetry
2. Hydrocephalus
3. Down's syndrome

59. Indicate Putti's triad associated with the congenital hip dislocation:

1. Slanted acetabular roof
2. Late emergence of the femoral head focus of ossification
3. Upward and inward displacement of femur
4. Upward and outward displacement of femur

60. Indicate the methods of treatment of the congenital hip dislocation:

1. Functional methods
2. Immobilization methods
3. Stimulation methods
4. Relaxation methods
5. Surgical methods

61. The major source of bone tissue regeneration in diaphyseal fractures in children is:

1. Hematoma between the bone fragments
2. Endosteum
3. Peristeum
4. Bone marrow

62. Indicate the lesions which may simulate acute abdomen:

1. Fractures of pelvic bones
2. Fractures of the spine
3. Fractures of ribs
4. Contusion of lumbar region

63. What fractures are not associated with break in the pelvic ring:

1. Butterfly fracture
2. Fracture of pubic bone and ischial bone on the opposite side
3. Malgaigne's fracture
4. Symphyseal rupture

64. Joint ankylosis is characterized by:

1. To-and-fro movements
2. Restricted movements
3. Rotational movements
4. Complete immobility

65. Indicate the causes of Volkmann's contracture:

1. Injury of median nerve at the elbow level
2. Phlebothrombosis of the upper extremity
3. Ischemic disturbances due to arterial lesions
4. Continuous plaster cast immobilization in forearm fractures

66. In what cases is surgical treatment of bone fractures invariably indicated?

1. In soft tissue interposition
2. At an old age
3. In oblique and spiral fractures
4. At a young age
5. In neurovascular lesions

67. In what clavicular fractures is surgical treatment invariably indicated?

1. In green-stick fracture
2. In fractures complicated by neurovascular injury
3. In oblique fractures
4. In comminuted fractures

68. Indicate the zones of gunshot wound:

1. Zone of primary necrosis
2. Zone of swelling
3. Zone of inflammation
4. Zone of molecular contusion
5. Zone of wound tract

69. How are wounds classified as regards to their cavity?

1. Blunt wounds
2. Gunshot wounds
3. Open wounds
4. Penetrating wounds
5. Nonpenetrating wounds

70. With the help of which individual means of protection is aseptic dressing applied at the field of battle?

1. Chemical aid packet
2. First aid dressing kit
3. Individual medical kit

71. What does initial surgical debridement imply?

1. Wound closure
2. Excision of granulation tissues
3. Debridement of the suppurative focus
4. The first surgical intervention following the injury which is aimed at creating favourable conditions for wound healing and prevention of wound infection

72. Indicate which of the below manipulations is a stage of initial surgical debridement?

1. Fasciotomy
2. Application of aseptic dressing
3. Application of deep suture to the wound
4. Avivement

73. Indicate the odor characteristic of the wound contaminated by yprite:

1. Odor of crane's-bill
2. Odor of burning rubber
3. Odor of mustard

74. Are primary sutures applied to the wound contaminated by poisonous substance:

1. Yes
2. No
3. After exposure to lewisite

75. Which of the signs is the most typical of suppurative wound?

1. Increasing pain in the wound
2. Soft tissue infiltration
3. Purulent discharge
4. Bleeding
5. Absence of the extremity peripheral pulse

76. Which signs are typical of the wound complicated by anaerobic infection?

1. Profuse purulent discharge
2. Tissue invagination
3. Decrease in elasticity and strength of muscles

4. Increased muscle contractility

77. Indicate one of early signs of tetanus:

1. Locked jaw
2. Clonic convulsions
3. Elevation of body temperature up to 40°C

78. What types of surgical intervention are employed in anaerobic infection?

1. Amputation
2. Great vessel plasty
3. Osteosynthesis
4. Secondary surgical d-bridement
5. Initial surgical d-bridement

79. What methods of treatment are the most effective for accelerated healing of granulating wound?

1. Salve dressing
2. Secondary suture
3. Delayed suture

80. Which of the below is the most effective in tetanus prophylaxis?

1. Application of tourniquet
2. Administration of antitetanic serum
3. Planned active-passive immunization

81. Indicate the amputation level in anaerobic infection:

1. Amputation through the wound
2. 10-12cm above the wound
3. Segmental amputation

82. Indicate which signs are the most typical of acute blood loss:

1. Facial flushing
2. Elevation of body temperature
3. Pulse diminution
4. Accelerated pulse
5. Elevation of arterial pressure
6. Fall of arterial pressure

83. Indicate the reliable sign of great arterial vessel lesion in wounds of limb:

1. Swelling
2. Crepitation
3. Limb deformity
4. Absence of peripheral pulses
5. Passive venous congestion

84. Indicate the method to temporary stop external bleeding while providing predoctor care:

1. Clipping of the vessel in the wound
2. Retroclusion
3. Application of arresting bleeding Esmarch's tourniquet

4. Ligation of the vessel

85. Is it possible to stop arterial bleeding by application of tourniquet to a two-bone segment of the limb?

1. Yes
2. No

86. Indicate the maximal duration of tourniquet application to the limb in warm season:

1. 1 hour
2. 1,5 hours
3. 2 hours
4. 3 hours
5. 4 hours

87. Indicate the maximal duration of tourniquet application to the limb in cold season:

1. 0.5 hours
2. 1 hour
3. 1,5 hours
4. 2 hours
5. 2,5 hours

88. Indicate the types of limb ischemia:

1. Subcompensated
2. Compensated
3. Reversible
4. Non-compensated
5. Irreversible

89. Indicate the methods of blood transfusion in the field:

1. Intraosseous transfusion
2. Intravenous transfusion
3. Transfusion into cavities
4. Subcutaneous transfusion

90. Indicate which of the symptoms is typical of the erectile phase of traumatic shock:

1. Unconscious state
2. A victim is conscious
3. Lethargy
4. Agitation

91. Indicate which of the symptoms is typical of the torpid phase of shock:

1. Elevation of body temperature
2. Acceleration, weakening of the strength and tension of the pulse
3. Polyuria
4. Elevated arterial pressure

92. Indicate which period of compression syndrome is characterized by acute renal failure:

1. Initial period
2. Intermediate period
3. Late period

93. Which block is produced as first aid for prophylaxis and therapy of traumatic shock?

1. Spermatic cord block
2. Block of round ligament of liver
3. Block of the **cross section of limb**
4. Stellate ganglion block (sympathetic block)

94. What emergency measure should be taken after the trapped limb has been freed?

1. Warming of the limb
2. Providing warm drinks
3. Tight strapping of the limb and transport immobilization
4. Giving moistened oxygen

95. Absolute contraindications to initial surgical debridement of head injuries is:

1. Impaired consciousness
2. State of agony
3. Acute meningitis
4. Concomitant and combined injuries

96. The indications for emergency surgical intervention in spine injuries at the stage of providing qualified medical care are:

1. State of agony
2. Concomitant injuries of parenchymatous organs
3. Cerebral compression associated with continuous bleeding
4. Profuse liquorrhea

97. Indicate the reliable signs of penetrating head wounds:

1. External bleeding
2. Sopor
3. Liquorrhea
4. Cerebral detritus in the wound

98. What are the indications for emergency surgical intervention in closed craniocerebral injury?

1. Presence of wound on the scalp
2. Bad overall condition of the wound
3. Worsening of symptoms of cerebral compression

99. Indicate the types of pneumothorax:

1. Subacute
2. Open
3. Closed
4. Chronic
5. Valvular
6. Spontaneous

100. The most reliable sign of penetrating pharynx wounds is:

1. Pains on breathing
2. Disturbance of phonation
3. Presence of food and saliva in the wound
4. Coughing

101. Indicate the intercostal space where puncture must be taken in valvular pneumothorax:

1. II
2. III
3. IV
4. V
5. IX

102. Along which costal margin must the needle be inserted in puncture of the pleural cavity?

1. Along the inferior margin
2. Along the superior margin

103. Indicate the most reliable sign of the wound of the lung:

1. Hemothorax
2. External bleeding
3. Haemoptysis
4. Cutaneous emphysema
5. Paradoxical respiration
6. Pneumothorax
7. Retraction of the wounded side of the chest

104. Indicate the suitable position of the patient wounded in the chest during transportation:

1. Prone position
2. Sitting position
3. Supine position
4. Semisitting position

105. Indicate in what abdominal injuries bleeding is most common:

1. Injury of the liver
2. Injury of the caecum
3. Injury of the spleen
4. Injury of the stomach
5. Injury of the mesentery

106. Indicate the most reliable signs of the penetrating wound of the abdomen:

1. Abdominal distention
2. Prolapse of intestinal loops into the wound
3. Spilling of the contents of hollow organs in the wound
4. Bleeding from the wound

107. Indicate the position of the patient with pelvic wound during transportation:

1. Prone position

2. Volkovich's position
3. Elevated trunk position

108. Which of the below signs is the most typical of gunshot fracture:

1. Bone fragments in the wound
2. Swelling
3. Direction of the wound tract
4. Tenderness on palpation
5. Bleeding from the wound
6. Impaired function of limbs

109. Will you apply Diterichs' splint to immobilize fractured lower leg?

1. Yes
2. No

110. Penetrating wound of the joint is:

1. Soft tissue injuries above the joint
2. Injury to fascia
3. Injury to fibrous capsule
4. Injury to synovial membrane

111. Indicate what two types burns are subdivided into:

1. Peripheral burns
2. Superficial burns
3. Shallow burns
4. Full-thickness [deep] burns
5. Total burns

112. Indicate the period of burn disease:

1. The period of early complications
2. The period of reduction of early complications
3. The period of burn shock
4. The period of late complications

113. Indicate the signs of flash burns:

1. Solitary lesions
2. Numerous lesions
3. Lesions of the skin covered by the garments
4. Open skin lesions
5. Rare lesions of face skin
6. Frequent injury of eyes
7. Frequent combined lesions

114. Can one extinguish burning napalm with water?

1. Yes
2. No

115. Frostbites of what localization are the most common in military operations:

1. Thigh frostbite
2. Shoulder frostbite
3. Frostbites of hands and feet

116. Indicate the factors contributing to frostbites:

1. Wide shoes
2. Wearing of military gauntlets
3. High humidity
4. Wide air permeable garments
5. Tight shoes

117. Indicate when the depth of frostbite can be accurately determined:

1. On the second day
2. After 3-5 days
3. After 6-8 days
4. After 10-12 days
5. After 2-3 weeks

118. Indicate the phases of freezing:

1. Areflex phase
2. Adynamic phase
3. Functional phase
4. Stuporous phase
5. Critical phase
6. Comatose phase

UNIT 5. TESTS IN UROLOGY

1. The most common localization of prostate cancer metastases is:

1. Pelvic bones
2. Lungs
3. Liver
4. Regional lymphatic nodes
5. Skull bones

2. The method to confirm prostate cancer is:

1. Excretory urography
2. Prostate biopsy
3. Urethroscopy
4. Ultrasound investigation
5. Uroflowmetry

3. For the differential diagnostics of the secretory and excretory anuria forms the following methods are used:

1. Ultrasound investigation of the urinary system
2. Radioisotope renography
3. Excretory urography
4. Renal angiography
5. Lymphography

4. In renal neoplasm the most typical form of hematuria is:

1. Initial
2. Terminal
3. Total
4. Microhematuria

5. Renal colic is caused by:

1. Renal tuberculosis
2. Ureteral stone
3. Chronic pyelonephritis
4. Pelvic kidney dystopia
5. Rupture of the bladder

6. Osteoblastic metastases in pelvic bones are characteristic for:

1. Cancer of renal parenchyma
2. Cancer of renal pelvis
3. Cancer of the bladder
4. Prostate cancer
5. Testis cancer

7. In survey urogram analysis it is NOT possible to interpret:

1. State of visible part of the bone system
2. Ureter contour
3. Lumbar muscles contour
4. Form, sizes and location of kidneys

8. Hydronephrosis can be caused by:

1. Urethral stricture

2. Prostate sclerosis
3. Dendriform kidney stone
4. Ureteral stricture

9. Acute urine retention can be caused by:

1. Stone in urethra
2. Renal cyst
3. Hydronephrosis
4. Chronic pyelonephritis
5. Benign prostate hyperplasia

10. Phimosis – it is:

1. Foresian inflammation
2. Inflammation of the penis head
3. Entrapment of the penis head
4. Impossibility to expose penis head
5. Inflammation of penis cavernous bodies

11. Catherization of the bladder is used to:

1. Aid in renal colic
2. Aid in anuria
3. Aid in acute urine retention
4. Diagnose urethra rupture
5. Specify macrohematuria source

12. Survey urography is use to:

1. Specify renal functions
2. Specify bladder functions
3. Assess ureters functions
4. Reveal shadows of suspected concrements in kidneys and urine pathways view
5. Diagnose kidney cancer

13. Which X-ray contrast medium is NOT used in excretory urography:

1. Verographin
2. Urotrast
3. Iodolipol
4. Ultravist
5. Omnipac

14. Cystography is used to diagnose:

1. Kidney rupture
2. Ureter stone
3. Bladder rupture
4. Urethra rupture
5. Cancer of the bladder

15. Methods of ureter stones diagnosis are:

1. Urethroscopy
2. Cystoscopy
3. Renoradiography
4. Laparoscopy

5. Uroflowmetry

16. Medication for renal colic includes:

1. Spasmolitics
2. Analgesics
3. Neuroleptics
4. Antihistamines
5. Spasmolytic+analgesic+nitroleptic

17. Methods for the treatment of ureter stones are:

1. Ureterolithotomy
2. Stone extraction with Dormia extractor
3. Endoscopic contact ureterolithotripsy
4. Extracorporeal Shock Wave Litotripsy
5. Laparoscopic ureterolithotomy

18. Symptoms of kidney cancer are the following:

1. Macrohematuria
2. Vomiting
3. Pains in the loin
4. Palpated neoplasm under the ribs
5. Scrotal hydrocele

19. Methods of diagnostics of bladder cancer:

1. Ultrasound investigation of the bladder
2. Cystoscopy
3. X-ray computer tomography of the pelvis
4. Urethroscopy
5. Cystography

20. Methods of determination of the depth of neoplasm invasion to the bladder wall:

1. Cystoscopy
2. Transdermal ultrasound investigation of the bladder
3. X-ray computer tomography
4. Bimanual palpation of the bladder under narcosis with microelements
5. Biopsy of the neoplasm by transurethral resection method

21. Methods to identify bladder cancer metastases in the pelvic lymphatic nodes:

1. Abdominal palpation
2. Excretory urography
3. Magnetic resonance tomography of the pelvis
4. Pelvic lymphadenectomy
5. Cystotomy

22. Prophylactic medical examination of individuals following organ preserving treatment for bladder cancer must include:

1. Regular blood analyses
2. Excretory urography
3. Cystoscopy
4. Computer tomography of the pelvis

5. Cytological investigation of bladder lavage

23. Symptoms of benign hyperplasia of the prostate are:

1. Increased night urination
2. Chronic urine retention
3. Weakening of urine stream
4. Macrohematuria
5. Renal insufficiency

24. Signs of benign prostate hyperplasia of stage II are:

1. Paradoxical urine retention
2. Acute urine retention
3. Chronic urine retention
4. Acute epididymitis
5. Uremia

25. Methods of curative surgical treatment of benign hyperplasia of the prostate:

1. Cystostomy
2. Transurethral resection of benign hyperplasia
3. Prostatectomy
4. Adenectomy
5. Vasoresection

26. Medication of benign prostate hyperplasia:

1. Antibiotics
2. Antiandrogens
3. 5 α -reductase inhibitors
4. α -blockers
5. Estrogens

27. Curative treatment of prostatic cancer T 1-2 is:

1. Curative prostatectomy
2. Radiation therapy
3. Hormones therapy
4. Transurethral resection of prostate
5. Chemotherapy

28. Symptoms of closed traumatic renal impairment are:

1. Hyperthermia
2. Macrohematuria
3. Disuric disturbances
4. Pains in the loin
5. Nocturia

29. Indications for surgical treatment of closed renal trauma are:

1. Hematuria
2. Pains in the loin
3. Increasing perinephric hematoma
4. Signs of ongoing internal bleeding
5. Acute urine retention

UNIT 6. TESTS IN CHILDREN'S SURGERY

- 1. Which of the listed kidney anomalies is related to anomalies of structure:**
 1. Kidney polycystosis
 2. Horseshoe-shaped kidney
 3. Doubling of the upper urinary pathways
 4. L-shaped kidney

- 2. Which method can be used to reveal active bladder-ureteral reflux:**
 1. Cystoscopy
 2. Miccional cystourethrography
 3. Uroflowmetry
 4. Cystometry

- 3. Which process is associated with increasing swelling in the lumbar area:**
 1. Doubling
 2. Hydronephrosis
 3. Nephroptosis
 4. Kidney rupture

- 4. Which of the listed methods of investigation is the most valid in hydronephrosis identification:**
 1. Excretory urography
 2. Retrograde ureteropyelography
 3. Angiography
 4. Radioisotopical methods

- 5. The cause of bleeding from Meckel' diverticulum is:**
 1. Diverticular torsion
 2. Mucosa ulceration together with vessel erosion
 3. Thrombosis of diverticular vessels
 4. Invagination of diverticulum

- 6. Which symptoms are characteristic of gastric bleeding in children:**
 1. Vomiting with red blood
 2. Coffee-grounds vomiting
 3. Bloody foaming discharge from the mouth and nose
 4. Stools with red blood

- 7. Treatment tactics of peritonitis in children implies:**
 1. Performance of emergency laparotomy
 2. Preoperational preparation for 2-6 hours with subsequent laparotomy
 3. Conservative treatment within 12 hours with indication for operation depending from treatment outcomes
 4. Emergency operation with subsequent conservative treatment

- 8. To reveal objective local symptoms of acute appendicitis in children under 3 years of age the following methods are used:**
 1. Inspection during natural or induced sleep
 2. Child's fixation
 3. Electromyography

4. Computerized tomography

9. Symptoms of congenital pylorostenosis are manifested at the age of:

1. Just after birth
2. 2 – 4 weeks of life
3. 2 – 3 months of life
4. 1 year and older

10. Valid clinical symptom of invagination is:

1. Episodes of restlessness
2. Vomiting and swelling abdominal swelling
3. Blood in stools and vomiting
4. Palpation of invaginitis and blood in stools

11. Chronic constipation in children is the symptom of:

1. Aplasia of abdominal muscles
2. Hirschsprung's disease
3. Dyskinesia of the alimentary tract
4. Fermentopathy

12. Where is primary inflammatory process in necrotic phlegmona localized:

1. In the skin
2. In the subcutaneous fat
3. In the mucosa
4. In the skin lymphatic nodes

13. The child has undergone operation for necrotic phlegmona of the chest. S=15%. Which is the main measure in the post operative period:

1. Bandaging every other day
2. Bandaging every 6-8 hours during the first day
3. Draining position
4. Hourly control of hemodynamics

14. Mark the characteristic localization of necrotic phlegmona:

1. Lumbar-sacral area
2. Chest
3. Anterior abdominal wall
4. Palm frontal area and sole surface of feet

15. The child aged 2 years, who suffers from constipations, shows acute tenderness during defecation. The last portions of feces contain blood. Your suspected diagnosis is:

1. Polyp of the rectum
2. Fissure of the rectal mucosa
3. Meckel's diverticulum
4. Duodenal ulcer

16. The child at the age of 8 months has acute cramp-like abdominal pains, vomiting, stools retention. The rectal inspection shows dark blood. Your suspected diagnosis is:

1. Intestinal invagination

2. Rectal polyp
3. Meckel's diverticulum
4. Duodenal ulcer

17. The child aged 7 months has intestinal invagination. Period of onset is 30 hours. Your tactics is:

1. Elected operation
2. Ciphon enema
3. Abdominal palpation and conservative invagination straightening under narcosis
4. Emergency operation

18. Identify the most characteristic terms of constipation development in children with rectosigmoidal form of Hirschsprung's disease:

1. Before 6 months of age
2. After 1 year of age
3. After 3 years of age
4. Following the intestinal infection

19. Constipation in young children can be caused by the following causes EXCEPT for:

5. Hirschsprung's disease
6. Psychogenic constipation
7. Hypothyroidism
8. Salmonella infection

20. Choose the operative method in a newborn with acute Hirschsprung's disease when conservative therapy is ineffective:

1. Colostomy
2. Svenson operation
3. Soave operation
4. Enterostoma

21. Identify the most optimal age of patient with subacute form of Hirschsprung's disease for surgical treatment:

1. 3 - 5 months
2. 1 year
3. After 3 years of age
4. After 7 years of age

22. Appendicular peritonitis of 6 days period. Marked intestinal paresis. Deficit of circulating blood volume - 35%. Your tactics is:

1. Emergency operation
2. Pre-operative treatment for 3 - 4 hours
3. Pre-operative treatment for 6 - 7 hours
4. Pre-operative treatment until complete compensation of circulating blood volume

23. During the operation for phlegmonous appendicitis a changed Meckel's diverticulum is found. Your tactics concerning diverticulum:

1. Diverticulum eradication, abdominal washing
2. Intestinal resection

3. Diverticulum is not eradicated
4. Diverticulum eradication, safety drainage

24. During the operation for acute appendicitis a catarrhally changed projection is found. Your tactics is:

1. Appendectomy
2. Appendectomy, abdominal revision
3. Abdominal revision, appendectomy
4. Abdominal revision, appendectomy by invaginational method

25. The child aged 18 months has umbilical hernia (sizes of hernia orifice are 1x1 cm). Your tactics:

1. Adhesive plaster bandage
2. Surgery
3. Massage of the anterior abdominal wall
4. Dynamics supervision

26. Which is the most common case of rectal bleeding in children:

1. Leucosis
2. Anal fissure
3. Ulcerous colitis
4. Polyps

27. Mark the age for surgery for inguinal hernia:

1. 6 months
2. 1 year
3. Following the diagnosis
4. 3 years

28. Indicate the method of treatment for decompensated form of congenital lobular emphysema:

1. Pleural puncture
2. Thoracocentesis
3. Radical operation – eradication of the affected lobe
4. Conservative therapy

29. Which portions of the alimentary tract are affected more often in Hirschsprung's disease:

1. Pyloric portion of the stomach
2. All the gastro-intestinal tract
3. Ileum
4. Distal portions of the large intestine

30. Which diagnostic methods are the most informative in congenital; pylorostenosis:

1. Stomach testing with a probe
2. Fibrogastroscopy
3. Roentgenography with barium meal
4. Ultrasound investigation of the pylorus

UNIT 7. TESTS IN ANESTHESIOLOGY AND CRITICAL CARE MEDICINE

1. To the natural catecholamines are referred:

1. Adrenaline
2. Noradrenaline
3. Dopamine
4. Isoproterenol

2. Normal neuromuscular conduction is provided by the following component, EXCEPT for:

1. Acetylcholine
2. Acetylcholinesterase
3. Pseudocholinesterase
4. Receptor substance

3. Which of the indices plays the most important part in respiratory regulation during anesthesia:

1. Partial pressure of carbon dioxide in arterial blood
2. Partial pressure of oxygen in arterial blood
3. Arteriovenous difference in oxygen
4. Partial pressure of oxygen in venous blood
5. Partial pressure of carbon dioxide in venous blood

4. Carbon dioxide passes through the alveolar membrane easier than oxygen due to:

1. Higher density
2. Higher solubility in plasma
3. Lower temperature in the lungs than in other tissues
4. Lower viscosity
5. Higher diffusion coefficient

5. The most important criterion for respiration efficiency is:

1. Volume of respiration
2. Respiratory minute volume
3. Respiratory rate
4. Dead space volume
5. Pressure of oxygen and carbon dioxide in arterial blood

6. Which phenomena can be seen in hyperventilation:

1. Sudden increase of arterial pressure
2. Sudden fall of arterial pressure
3. Spasm of peripheral vessels
4. Enlargement of peripheral vessels

7. In which of the following cases the determination of blood volume is beneficial:

1. Preoperative hypovolemia
2. Undifferentiated postoperative bleeding
3. Hypotension during operation in sufficient blood compensation
4. Hypertension during massive infusion
5. In all cases listed above

8. Potassium concentration in the serum:

1. Increases in alkalosis
2. Decreases in acidosis
3. Increases in acidosis and decreases in alkalosis
4. Decreases in acidosis and increases in alkalosis
5. Does not change

9. Brain edema often develops:

1. Following cardiopulmonary resuscitation
2. In brain trauma
3. In hypoalbuminemia
4. In neuroinfection
5. In all conditions listed above

10. In intracranial hypertension the following things are contraindicated:

1. Opiates as premedication
2. Deep anesthesia with phthorothanum
3. Urea intramuscularly
4. Regulated hypotension during the course of operation

11. To the laboratory data indicating the necessity of artificial lung ventilation are related:

1. Partial pressure of carbon dioxide in arterial blood 70 mm Hg
2. Partial pressure of oxygen in arterial blood 100 mm Hg
3. Partial pressure of oxygen in arterial blood 60 mm Hg
4. Partial pressure of carbon dioxide in arterial blood 42 mm Hg

12. Respiratory suppression in postoperative period can be due to:

1. Depressive effect of anesthetics and narcotic analgesics
2. Residual action of myorelaxants
3. Anoxic brain affection
4. Intercostals muscles palsy in high-grade spinal and epidural anesthesia

13. Transfusion reaction during blood transfusion under narcosis is manifested by:

1. Shortness of breath
2. Hives
3. Substernal pains development
4. Blood stains in urine
5. Hypotension

14. Emergency anesthesia is characterized by the following features:

1. Severity of initial state of the patient
2. Short time for examination and preparation
3. Limited possibilities for diagnostics of impaired homeostasis
4. High risk for aspiration
5. All answers are correct

15. In emergency anesthesia the main problem is:

1. Marked intoxication
2. Marked impairment of homeostasis

3. Acute cardiac insufficiency
4. Full stomach
5. Acute respiratory failure

16. In acute blood loss for the narcosis are preferable:

1. Na-thiopental
2. Phthorothanum
3. Sombrevinum
4. Ketamin
5. Oxybutirat Na

17. One of the main drawbacks of mask anesthesia is:

1. High aerodynamic resistance
2. Enlargement of dead space
3. Absence of isolation of airways
4. Necessity for tongue retraction prevention
5. Poor narcosis control

18. The advantage of intravenous total anesthesia is in the following:

1. It does not require complicated devices
2. There is no marked stage of excitement
3. The effect is very rapid
4. No risk of anesthetic inflammation in the operating room
5. It provides good narcosis control

19. Arterial hypertension during the adequate anesthesia can be due to:

1. Inadequately deep anesthesia
2. Manipulations in the reflexogenic zones
3. Blood loss
4. Introduction of saline solutions
5. Impairment of gas exchange

20. Aspiration of stomach content can lead to:

1. Cyanosis and shortness of breath
2. Asphyxia
3. Pneumonitis
4. Atelectasis of the lung
5. All answers are correct

21. Treatment of oliguria in hemorrhagic shock includes:

1. Compensation of circulating blood volume
2. Intravenous Mannit
3. Intravenous furocemid
4. Intravenous euphilin
5. Immediate hemodialysis

22. Intensive therapy without surgical treatment is ineffective in:

1. Cranial trauma with symptoms of brain compression
2. Impairment of internal organs with bleeding
3. Penetrating wounds of the chest with pneumohemothorax
4. Atonic uterine bleeding
5. All answers are correct

23. In external cardiac massage the combination of drugs is used:

1. Atropine, mesaton, sodium hydrocarbonate
2. Adrenalin, atropine, sodium hydrocarbonate, calcium chloride
3. Strophantine, calcium chloride, noradrenalin
4. Euphilin, potassium chloride, sodium hydrocarbonate
5. Calcium chloride, lidocaine, dopamine

24. In external cardiac massage the palms should be located at:

1. Upper third of the chest
2. Borderline of the upper and middle third of the chest
3. Borderline of the middle and lower third of the chest
4. Level of the xiphisternum
5. Level of middle of the midclavicular line on the right

25. The severity of post resuscitation period is due to:

1. Length of dying period
2. Length of death period
3. Depth and length of sustained hypoxia
4. Character of the main disease
5. Age and sex of the patient

26. The most permanent syndrome seen at transfusion of incompatible blood is:

1. Anaphylaxia
2. Acute intravascular hemolysis
3. Decrease of arterial pressure
4. Hyperthermia
5. Edema of the brain

27. Intensive therapy in lung edema includes all the listed below EXCEPT for:

1. Sanation of tracheobronchial tree and foam suppression
2. Oxygen therapy, artificial lung ventilation
3. Diuretics and hormones
4. Intravenous respiration analeptics
5. Ganglioblockers

28. The patient has multiple rib fractures, acute respiratory insufficiency. Following tracheal intubation and artificial lung ventilation the patient deteriorated, hypoxia increased, arterial pressure decreased to 80 mm Hg, cardiac sound are dull. The state worsened most likely due to:

1. Thoracic aortic rupture
2. Inadequate position of intubation tube
3. Aspiration of stomach content
4. Tense pneumothorax
5. Severe contusion of the lungs and heart

29. Infection-toxic shock can develop in:

1. Peritonitis
2. Pneumonia
3. Meningitis

4. Infectious endocarditis
5. All answers are correct

30. Intensive therapy in acute pancreatitis includes all the listed measures except for:

1. Shock treatment an hypovolemia
2. Correction of acid-alkali balance impairment and water and electrolyte balance
3. Pain syndrome control
4. Treatment of respiration disturbances
5. Local hyperthermia of the stomach

Past II. Answers for test

Unit 1. Tests in general surgery

| | | | | |
|-----------|-------------------|-----------|-----------|-----------|
| 1. 5 | 2. 4,5 | 3. 5 | 4. 2 | 5. 5 |
| 6. 3 | 7. 3 | 8. 4 | 9. 4 | 10. 1,2 |
| 11. 4 | 12. 3 | 13. 1,4 | 14. 3,4,5 | 15. 3,4,5 |
| 16. 3,4,5 | 17. 3,4,5 | 18. 1 | 19. 3 | 20. 1 |
| 21. 2 | 22. 1 | 23. 2 | 24. 2 | 25. 5 |
| 26. 4 | 27. 2 | 28. 5 | 29. 4 | 30. 4 |
| 31. 3 | 32. 4 | 33. 1 | 34. 1 | 35. 2 |
| 36. 3 | 37. 2 | 38. 1 | 39. 4 | 40. 3 |
| 41. 2 | 42. 1 | 43. 3 | 44. 4 | 45. 2 |
| 46. 1 | 47. 1 | 48. 3 | 49. 4 | 50. 3 |
| 51. 2 | 52. 3 | 53. 3 | 54. 1 | 55. 2 |
| 56. 5 | 57. 2 | 58. 1,2,4 | 59. 4 | 60. 3 |
| 61. 4 | 62. 5 | 63. 2 | 64. 1 | 65. 3 |
| 66. 4 | 67. 1,2,3,4,5,6,7 | 68. 4 | 69. 4 | 70. 4 |
| 71. 4 | 72. 4 | 73. 2 | 74. 5 | 75. 2 |
| 76. 2,4 | 77. 1,2,3 | 78. 2 | 79. 3 | 80. 2,3 |

Unit 2. Tests in speciality surgery

| | | | | | | | | | | | | | |
|------|-------|------|-----|------|-----|------|-----|------|-----|------|-----|------|-------|
| 1. | d | 2. | d | 3. | c | 4. | d | 5. | a | 6. | c | 7. | c |
| 8. | b | 9. | d | 10. | b | 11. | b | 12. | e | 13. | c | 14. | c |
| 15. | b | 16. | 4 | 17. | 5 | 18. | 3 | 19. | 4 | 20. | 3 | 21. | 1 |
| 22. | 1 | 23. | 1 | 24. | 1 | 25. | 4 | 26. | 5 | 27. | c | 28. | d |
| 29. | 3 | 30. | 2 | 31. | d | 32. | 3 | 33. | 1 | 34. | 1 | 35. | 1 |
| 36. | 4 | 37. | 3 | 38. | e | 39. | 2 | 40. | 5 | 41. | 3 | 42. | 2 |
| 43. | 2 | 44. | d | 45. | 2 | 46. | 1 | 47. | c | 48. | 3 | 49. | c |
| 50. | 4 | 51. | 1 | 52. | e | 53. | b | 54. | 3 | 55. | d | 56. | b |
| 57. | e | 58. | d | 59. | d | 60. | 5 | 61. | b | 62. | d | 63. | a |
| 64. | 4 | 65. | 4 | 66. | 5 | 67. | 1 | 68. | 3 | 69. | d | 70. | 5 |
| 71. | 2 | 72. | 3 | 73. | 3 | 74. | e | 75. | 1 | 76. | e | 77. | 2 |
| 78. | b | 79. | d | 80. | b | 81. | d | 82. | 3 | 83. | 3 | 84. | 5 |
| 85. | b | 86. | 4 | 87. | 2 | 88. | a | 89. | a | 90. | c | 91. | 4 |
| 92. | c | 93. | 1 | 94. | 1 | 95. | d | 96. | 1 | 97. | 5 | 98. | b |
| 99. | c | 100. | 2 | 101. | 2 | 102. | 1 | 103. | 2 | 104. | d | 105. | 4 |
| 106. | 2 | 107. | e | 108. | b | 109. | c | 110. | b | 111. | 4 | 112. | 2 |
| 113. | 2 | 114. | 4 | 115. | 2 | 116. | 3 | 117. | 2 | 118. | 1 | 119. | 4 |
| 120. | 5 | 121. | 5 | 122. | 3 | 123. | 4 | 124. | e | 125. | d | 126. | 3 |
| 127. | 2 | 128. | 3 | 129. | 1 | 130. | 5 | 131. | 3 | 132. | 5 | 133. | 3 |
| 134. | 2 | 135. | 4 | 136. | 1 | 137. | 5 | 138. | 2 | 139. | d | 140. | d |
| 141. | a | 142. | 1 | 143. | b | 144. | c | 145. | 1 | 146. | b | 147. | d |
| 148. | 2 | 149. | 1 | 150. | 1 | 151. | f | 152. | 1 | 153. | f | 154. | 2 |
| 155. | 5 | 156. | 3 | 157. | 5 | 158. | 3 | 159. | 3 | 160. | 2,4 | 161. | 5 |
| 162. | 4 | 163. | 5 | 164. | 1 | 165. | 2 | 166. | 3 | 167. | 3 | 168. | 4 |
| 169. | c | 170. | 4 | 171. | e | 172. | 3 | 173. | c | 174. | 3 | 175. | 3 |
| 176. | 4 | 177. | 5 | 178. | 5 | 179. | b | 180. | 2 | 181. | 3 | 182. | 2 |
| 183. | 3 | 184. | 4 | 185. | 4 | 186. | e | 187. | 3 | 188. | 3 | 189. | 3 |
| 190. | d | 191. | d | 192. | b | 193. | a | 194. | a | 195. | d | 196. | c |
| 197. | c | 198. | 3 | 199. | c | 200. | 3 | 201. | 5 | 202. | 2 | 203. | 3 |
| 204. | 2 | 205. | 1 | 206. | 2 | 207. | 2 | 208. | 2 | 209. | 3 | 210. | 1,2,3 |
| 211. | 2,3,4 | 212. | 4 | 213. | 2 | 214. | 4 | 215. | 3 | 216. | 5 | 217. | 1 |
| 218. | 4 | 219. | 4 | 220. | 1 | 221. | 2 | 222. | 4 | 223. | 4 | 224. | 5 |
| 225. | 1,2 | 226. | 1,2 | 227. | 1,2 | 228. | 1 | 229. | 1,2 | 230. | 1 | 231. | 1 |
| 232. | 6 | 233. | 5 | 234. | 1,3 | 235. | 1,4 | 236. | 2,5 | 237. | 1,3 | 238. | 1,3 |
| 239. | 2,6 | 240. | 1,4 | 241. | 2,4 | 242. | 2 | 243. | 2,3 | 244. | 3 | 245. | 6 |
| 246. | 1,2 | 247. | 5 | | | | | | | | | | |

Unit 3. Tests in oncology

| | | | | | | | | | | | |
|-----|-----|-----|---|-----|---|-----|---|-----|---|-----|---|
| 1. | 1,3 | 2. | c | 3. | a | 4. | c | 5. | d | 6. | c |
| 7. | c | 8. | c | 9. | a | 10. | c | 11. | 3 | 12. | 5 |
| 13. | b | 14. | a | 15. | a | 16. | a | 17. | a | 18. | 3 |
| 19. | 3 | 20. | 5 | 21. | b | 22. | b | 23. | a | 24. | a |
| 25. | a | 26. | 5 | 27. | e | 28. | d | 29. | c | 30. | a |
| 31. | 2 | 32. | a | 33. | b | 34. | d | 35. | 5 | 36. | b |
| 37. | 3 | 38. | 2 | 39. | 5 | 40. | 3 | 41. | 4 | 42. | 5 |
| 43. | 4 | 44. | 2 | 45. | 5 | 46. | 5 | 47. | 4 | 48. | 3 |
| 49. | 4 | 50. | 2 | 51. | 6 | 52. | 2 | 53. | 3 | 54. | 3 |
| 55. | b | 56. | 3 | 57. | b | 58. | 5 | 59. | b | 60. | b |

Unit 4. Tests in traumatology

| | | | | |
|------------|--------------|--------------|-------------|------------|
| 1. 3,4 | 2. 1 | 3. 2 | 4. 3 | 5. 1,2,7,8 |
| 6. 1,2,5,6 | 7. 1,2,5,6,7 | 8. 1,2,3,4 | 9. 1,2,5,6 | 10. 1,4,5 |
| 11. 2,4,5 | 12. 1,2,5 | 13. 1 | 14. 3 | 15. 1,3,5 |
| 16. 4 | 17. 2,4 | 18. 2 | 19. 1 | 20. 3 |
| 21. 3 | 22. 1 | 23. 1,3 | 24. 2,3 | 25. 3 |
| 26. 3,4 | 27. 2,4 | 28. 1 | 29. 3 | 30. 2 |
| 31. 2 | 32. 2 | 33. 2 | 34. 2,3 | 35. 1 |
| 36. 3 | 37. 1,2,3,6 | 38. 1 | 39. 1,2,3 | 40. 2,3,4 |
| 41. 1,2 | 42. 1,2 | 43. 3 | 44. 3,4 | 45. 1,2,3 |
| 46. 3 | 47. 3,5 | 48. 3 | 49. 1,3 | 50. 3 |
| 51. 3 | 52. 3 | 53. 1,3,5 | 54. 1,2,3 | 55. 1,2 |
| 56. 3 | 57. 1,4,5 | 58. 1 | 59. 1,2,4 | 60. 1,2,5 |
| 61. 3 | 62. 2 | 63. 2 | 64. 4 | 65. 3 |
| 66. 1 | 67. 2 | 68. 1,4,5 | 69. 4,5 | 70. 2 |
| 71. 4 | 72. 4 | 73. 2,3 | 74. 2 | 75. 3 |
| 76. 2,3 | 77. 1 | 78. 1,4 | 79. 2 | 80. 3 |
| 81. 3 | 82. 4,6 | 83. 4 | 84. 3 | 85. 1 |
| 86. 3 | 87. 2 | 88. 1,2,5 | 89. 2 | 90. 4 |
| 91. 2 | 92. 2 | 93. 3 | 94. 3 | 95. 2 |
| 96. 2,3,4 | 97. 3,4 | 98. 3 | 99. 2,3,5,6 | 100. 3 |
| 101. 1 | 102. 2 | 103. 3 | 104. 4 | 105. 1,3,5 |
| 106. 2,3 | 107. 2 | 108. 1 | 109. 2 | 110. 4 |
| 111. 2,4 | 112. 3 | 113. 2,4,6,7 | 114. 2 | 115. 3 |
| 116. 3,5 | 117. 2 | 118. 2,4 | | |

Unit 5. Tests in urology

| | | | | |
|---------|---------------|---------|-------------|-----------|
| 1. 1,4 | 2. 2 | 3. 1 | 4. 3 | 5. 1,2 |
| 6. 4 | 7. 2 | 8. 3,4 | 9. 1,5 | 10. 4 |
| 11. 3 | 12. 4 | 13. 3 | 14. 3,5 | 15. 1 |
| 16. 5 | 17. 1,2,3,4,5 | 18. 3,5 | 19. 1,2,3,5 | 20. 3,4,5 |
| 21. 3,4 | 22. 3,5 | 23. 1,3 | 24. 3 | 25. 2,4 |
| 26. 3,4 | 27. 1,2 | 28. 2,4 | 29. 3,4 | |

Unit 6. Tests in children's surgery

| | | | | |
|--------|-------|-------|-------|-----------|
| 1. 1 | 2. 2 | 3. 4 | 4. 1 | 5. 2 |
| 6. 1,2 | 7. 2 | 8. 1 | 9. 2 | 10. 4 |
| 11. 2 | 12. 2 | 13. 2 | 14. 1 | 15. 2 |
| 16. 1 | 17. 4 | 18. 1 | 19. d | 20. 1 |
| 21. 2 | 22. 2 | 23. 4 | 24. 4 | 25. 3,4 |
| 26. 4 | 27. 3 | 28. 3 | 29. 4 | 30. 2,3,4 |

Unit 7. Tests in children's surgery anesthesiology and critical medicine

| | | | | |
|----------|-------------|-------------|-------|---------|
| 1. 1,2,3 | 2. 3 | 3. 1 | 4. 5 | 5. 5 |
| 6. 2,3 | 7. 5 | 8. 3 | 9. 5 | 10. 1,3 |
| 11. 3 | 12. 1,2,3,4 | 13. 2,4,5 | 14. 5 | 15. 4 |
| 16. 4 | 17. 4 | 18. 1,2,3,4 | 19. 3 | 20. 5 |
| 21. 1 | 22. 5 | 23. 2 | 24. 3 | 25. 3 |

| | | | | |
|-------|-------|-------|-------|-------|
| 26. 2 | 27. 4 | 28. 4 | 29. 5 | 30. 5 |
|-------|-------|-------|-------|-------|

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ПО ХИРУРГИИ

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