Ministry of Health of the Republic of Belarus

EDUCATIONAL INSTITUTION

GRODNO STATE MEDICAL UNIVERSITY

The first Department of Surgical Diseases

TASKS

OF CLINICAL SURGICAL SITUATIONS

FOR THE 4 TH YEAR STUDENTS OF

МEDICAL FACULTY

Grodno 2022

Task 1.

A 42-year-old patient was admitted with complaints of pain in the epigastric and umbilical regions, nausea, fever up to 370C. He got sick 2 hours ago.

What clinical and additional research methods are indicated for diagnosis?

Task 2.

Patient, 76 years old. Acute appendicitis was diagnosed. The patient has a history of myocardial infarction, varicose veins of the lower extremities in the stage of subcompensation.

Is he need the preoperative preparation? If so, what is it?

Task 3

A 68-year-old patient suffering from cardiovascular and pulmonary pathology was diagnosed with acute destructive appendicitis complicated by widespread peritonitis.

What is the timing of the operation? What is the type of anesthetic aid? What is the choice of operational approach.

Task 4

The patient, 48 years old, was in the surgical department with a diagnosis of "Appendicular infiltrate (mass)". After conservative treatment, the patient's general state has improved, the infiltrate is not palpable. Blood and urine tests are normal.

What are your recommendations to the patient at discharge?

Task 5

The patient, 76 years old, has been worried about difficult urination for the last 4 years. A year ago, he noticed a bulge in the right groin area, 4.0x5.0, which disappears in the prone position. The formation is painless, of a soft consistency. The size of the external opening of the inguinal canal is 3 cm.

What is the diagnosis? What is treatment tactic.

Task 6

Palpation of the hernial sac in a patient with inguinal hernia revealed that one wall is thickened, of a soft-elastic consistency.

What type of hernia can be assumed? What preoperative examination methods should be carried out to exclude complications during surgery?

Task 7

A 48-year-old patient was admitted with complaints of pain in the epigastrium, right hypochondrium, nausea. It is known from the anamnesis that a cholecystectomy was performed 6 months ago for the gastrointestinal tract. On examination, the skin and visible mucous membranes are icteric, the body temperature is 36.8. In the lungs, respiration is vesicular. PS 82 beats per minute, blood pressure 110/70 mmHg. The tongue is moist, overlaid with a white coating, the abdomen is soft and painful in the right hypochondrium. Symptoms of peritoneal irritation are not caused. There is a moderate dilatation of the common bile duct up to 12 mm in diameter, suspicion of a concretion in its lumen on ultrasound examination. Endoscopic retrograde pancreato-cholangiography (ERCP) was performed in order to clarify the pathology of the bile ducts. The main pancreatic duct is partially contrasted. The concrements (stones) is determined in the lumen of the common bile duct. Endoscopic papilosphincterotomy (EPST) with lithoextraction was performed. The patient had sharp, bloating pains, repeated vomiting in the postmanipulative evening. Blood amylase indices - 72g/l, urine- 240g/ l.

What kind of disease developed in the operated and what caused it? What are the anatomical prerequisites for the development of this complication during manipulations on the large duodenal papilla? What available instrumental methods can confirm the diagnosis and what are the treatment tactics?

Task 8

A 76-year-old patient was admitted with complaints of sharp, shingling pains in the upper half of the abdomen. The pain appeared suddenly after eating fatty foods. The pain is unbearable, bothered by repeated vomiting, which does not give relief, weakness, profuse sweating. The patient suffers for many years from, coronary heart disease and arterial hypertension. Body temperature 37.2. On examination, the condition is severe, the sclera are icteric, acrocyanosis, the skin is covered with cold sweat, the pulse is 125 beats per minute, arrhythmic, BP 140/90 ml.Hg. Vesicular respiration is over the lungs. The tongue is dry, overlaid with a white coating. The abdomen during palpation is moderately swollen, soft, hepatic dullness is preserved. Symptoms of peritoneal irritation are negative. Urine amylase 840 g/l. With ultrasound of the abdominal cavity: the gallbladder is enlarged, tense, the wall is 1-2 ml thick, small (stones) concretions in the lumen, extrahepatic bile ducts are expanded in the lumen small concretions. The pancreas is enlarged, the echogenicity is reduced, the contours are blurred.

What diagnosis can be made in this case? Define and justify therapeutic and diagnostic tactics? Specify the required volume of examination of patients?

Task 9

Patient S., 40 years old, notes unpleasant sensations, itching in the anal canal after the act of defecation, bleeding occurs periodically with the release of scarlet blood of a color not mixed with feces. А tumor-like formation of a soft-ellastic consistency with ulceration in the apex area and traces of hemorrhage at the "6 o'clock" of the watch face is determined during rectal examination.

Make a preliminary diagnosis? With what diseases is it necessary to make a differential diagnosis? What is the surgical tactic?

Task 10

Patient N., 19 years old, complains of intense, acute pain in the perineum, which increases with straining and the act of defecation, an increase in body temperature to 39.0, chills. When examining the anal area, there is hyperemia of the skin to the right of the anus, swelling of tissues at visualization and sharp soreness and fluctuation with palpation.

Make a preliminary diagnosis. Give the anatomical localization of this pathology. With what diseases is it necessary to make a differential diagnosis? What are the tactics of treating this patient?

Task 11

A patient, 40 years old, was admitted to the surgical department 2 days after the onset of the disease, complaining of pain in the right iliac region, above the womb, left iliac region. The pain started in the epigastrium and after a few hours migrated to the right iliac region. After 12 hours, the pain spread to all the lower abdomen. On examination, the general condition of the patient is severe, conscious, the skin is low humidity, the tongue is dry. Pulse 92 per minute, blood pressure 110/80 mmHg. The abdomen is moderately swollen, palpation in the lower parts is sharply painful, positive symptoms of peritoneal irritation are determined.

Make a preliminary diagnosis, and specify the preoperative preparation and surgical tactics.

Task 12

The patient, 30 years old, underwent surgery in the surgical department 8 days ago – laparoscopic appendectomy for gangrenous appendicitis, diffuse peritonitis. The postoperative period was satisfactory. Drains from the abdominal cavity were removed for 3 days. On the 5th day, dull pains appeared in the lower abdomen, the temperature rose to 38.5o C, bloating appeared, gases were leaving, there was a stool. In the mesogastrium, a voluminous formation is indistinctly palpated, of a soft-elastic consistency, sharply painful, measuring 8x6 cm. There are no symptoms of irritation of the peritoneum. Per rectum - without pathology. An interstitial abscess is suspected.

Additional examination methods necessary to clarify the diagnosis? Your treatment tactics.

Task 13

Patient I., 44 years old, was admitted to the emergency department with complaints of weakness, dizziness, palpitations, repeated vomiting of the "coffee grounds" type, black liquid stools. Considers himself ill for several hours when the above complaints first appeared. The patient has been suffering from gastric ulcer for 8 years. Objectively: general condition of moderate severity. The skin is pale. There is vesicular respiration in the lungs. The heart tones are muted. BP 90/65 mm Hg, Ps 120/min. The tongue is moist, overlaid with plaque. The abdomen is not swollen, with palpation it is moderately painful in the epigastrium. Symptoms of peritoneal irritation are negative. Conclusion of FGDS: gastric ulcer. Acute ulcer of the stomach angle 9mm in diameter, complicated by bleeding. In a clinical blood test - Hb-74 g/ l, Ht - 28%, erythrocytes - 2.5x1012 / L.

1. What is the preliminary diagnosis?

2. What research methods should be performed?

3. Determine the therapeutic tactics and the appropriate amount of surgery.

Task 14

Patient K. 58 years old was admitted to the emergency department with complaints of weakness, dizziness, palpitations, vomiting of the "coffee grounds" type, black liquid stools. He considers himself ill during the week when epigastric pain and heartburn appeared, the intensity of which increased. By the morning of the current day, after vomiting, the pain decreased, but black liquid stools appeared. The patient has been suffering from peptic ulcer disease of the duodenum for 7 years. Heredity is not burdened. Objectively: general condition is of moderate severity. The skin is pale. There is vesicular respiration in the lungs. The heart tones are muted. BP 100/65 mm Hg, Ps 110/min. The tongue is moist, overlaid with a white coating. The abdomen is not swollen, with palpation it is moderately painful in the epigastrium. Symptoms of peritoneal irritation are negative. With a finger examination of the rectum, liquid feces of tar-like color is on the glove. In clinical blood analysis - Hb - 85 g/l, Ht - 32%, erythrocytes - 2,5x1012/l

1. Formulate a preliminary diagnosis.

2. Name the research methods that need to be performed by this patient.

3. Determine the treatment tactics for this patient. What are the indications for surgery?

Task 15

A 49-year-old patient went to the doctor complaining of a constant feeling of heaviness in the epigastrium, dull pains and belching with a "rotten egg", copious vomiting of food eaten the day before. After vomiting comes relief. He started losing weight. He has been suffering from peptic ulcer of the duodenum for 12 years. Objectively: the skin is dry, it’s skin turgor is reduced. In the lungs, respiration is vesicular. The heart tones are muted. Pulse is 98 beats / min, blood pressure is 100/60 mmHg. The tongue is dry, overlaid with a white coating. The abdomen is soft, painless, the splashing noise in the epigastrium is detected.

1. Make a preliminary diagnosis.

2. With what diseases should differential diagnosis be carried out?

3. What research methods should confirm the diagnosis?

4. Determine the treating tactics and specify the most appropriate variant of surgery.

Task 16

An 18-year-old patient was delivered by ambulance with complaints of weakness, dizziness, shortness of breath, vomiting of the "coffee grounds" type. Considers himself ill for several hours when these complaints appeared. Notes that for 2 weeks there were pains in the epigastrium, which passed after eating. He was treated for gastritis. Objectively: the skin is pale. In the lungs, respiration is vesicular. The heart tones are muted. Blood pressure 90/60 mmHg, pulse 110 beats/min. The tongue is dry, overlaid with a white coating. The abdomen is not swollen, soft on palpation. With a finger examination of the rectum, the sphincter is in tone, tar-colored feces on the glove. With fibrogastroduodenoscopy, an ulcer of the posterior wall of the bulb of the duodenum up to 1 cm in diameter, from its bottom - jet arterial bleeding. The bleeding could not be stopped endoscopically. In the clinical blood analysis- erythrocytes - 2,8x10 \*12 / l, Hb- 85 g/l, Ht- 30%.

1. Formulate a diagnosis.

2. What research methods should the patient perform?

3. Determine the therapeutic tactics.

4. Justify the appropriate variant of the operation.

Task 17

A patient, 82 years old, was admitted to the hospital with complaints of sharp pains in the right hypochondrium, vomiting, which does not bring relief. From anamnesis: suffers from cholelithiasis with frequent attacks for 6 years. Previous clinical attacks were stopped conservatively. The patient was not operated on as planned due to severe concomitant diseases of the cardiovascular system and lungs. The risk of surgical intervention of the IV degree. Currently, the clinic of destructive cholecystitis of local unlimited peritonitis is growing.

What are the surgical tactics? What is the type of anesthesia.

Task 18

The patient, 42 years old, was admitted to the hospital with complaints of sharp attacks of pain that occurred two days ago. Ictericity of the sclera and then jaundice of the skin appeared after cupping of attack. From anamnesis: 7 years ago he underwent a planned operation laparoscopic cholecystectomy for gallstone disease.

What examination methods are necessary to clarify the diagnosis? What are the tactics of the surgeon in case of the detection of choledocholithiasis.

Task 19

A 56-year-old patient was diagnosed with a sigma tumor with perforation during an operation for acute intestinal obstruction. There are no distant metastases.

What are the surgeon's tactics?

Task 20

During the operation for acute intestinal obstruction, a complete obturation of the cecum by a tumor was found. The tumor is immobile. The patient's condition is serious.

What are surgeon's tactics?

Task 21

An 18-year-old patient was admitted to the vascular surgery department of the clinic with complaints about the presence of a pulsating formation occupying the middle and lower third of the thigh. From anamnesis it is established that in everyday life two weeks ago he received a knife wound in the middle third of the thigh. The doctor on duty, after applying for medical help due to the absence of intense external bleeding, performed primary surgical treatment and suturing of the skin wound. During examination: the diameter of the femur at the border of medial\3 and upper\3 on the side of the lesion increased to + 4 cm compared with the contralateral. The tissues of the femur are tense, their synchronous pulsation with cardiac activity is noted. Pulsation of the arteries of the lower extremities in all detection zones is preserved. The skin wound of the thigh healed by primary tension, the stitches were removed. During angiographic examination in the area of the knife wound, there is an extravasation of contrast from the lumen of the superficial femoral artery with its spread in the intermuscular space and rapid filling of the adjacent femoral vein.

What angiosurgical complication takes place in this case? With the help of what minimally invasive endovascular intervention is its elimination possible?

Task 22

A 93-year-old patient was taken to the emergency room with intense pain in the right lower limb. The pain occurred a day before admission, very soon after that the patient noted cold and numbness of the foot and lower leg on the right. The patient has been having difficulty moving around the flat for the last year due to a severe comorbid heart status. Often suffers from shortness of breath with unexpressed physical exertion. The pulse is arrhythmic up to 110 beats per 1 minute. Blood pressure 100/60 mm Hg. The right shin has a marble color, the distal parts of the feet are pale bluish in color. Active movements in the ankle-foot joint are sharply limited, all types of sensitivity are reduced. Pulsation in the groin on the right and at all levels of the limb on the left is preserved somewhat weakened on the tibial arteries. There is no pulse on the popliteal artery and the arteries of the foot on the right.

What pathological status has the patient developed? What are the treatment tactics in this clinical case?

Task 23

A 33-year-old patient applied for an appointment with an angiosurgeon. For 8 years, she noted the appearance of a serpentine expansion of subcutaneous venous vessels along the medial surface of the lower leg. There is no edema, trophic disorders on the limbs. Formulate a diagnosis using elements of the International Classification – CEAP. What instrumental investigation is shown to formalize a complete diagnosis and the choice of treatment tactics?

Task 24

What treatment is indicated for a 19-year-old patient who has been noting the appearance of single local tributary phleboectasias and intradermal telangiectasias for 2 years. With ultrasound of the venous system, there are no pathological refluxes along the trunks of subcutaneous venous trunks and perforators.

Task 25

The patient, 46 years old, has been suffering from varicose veins of the subcutaneous veins of the lower extremities for a number of years. 3 days ago, soreness developed in the area (projection) of his varicose vein on the posterior - medial surface of the lower leg. The soreness gradually increased. He began to have difficulty walking. Body temperature rose to 37.80C. A sharp hyperemia is determined when examined the projection of the damaged subcutaneous vein. The vein is thickened, locally clear-cut palpated in the form of a sharply painful cord. The skin in the circumference of the vein is somewhat hyperemic and infiltrated. There is no swelling of the feet and lower leg.

What is your diagnosis?

Task 26

The patient, 53 years old, was admitted to the hospital with complaints of severe pain in the right shin of a bursting nature; swelling of the foot and lower leg; convulsive contractions of the calf muscles; an increase in body temperature to 38.50C. She has been ill for the last 3 days. At first there were convulsive contractions of the calf muscles. Pain in the leg appeared on the 2nd day, and a day later edema developed. On examination, the skin of the right foot and lower leg is hyperemic, tense, glossy. The circumference of the right shin is 5 cm larger than the left. Movement in the joints of the lower limb is possible, but extremely painful. Palpation of the limb determines the soreness along the vascular bundle, especially in the popliteal fossa. Compression of the calf muscles by the hand causes sharp soreness.

What diagnosis will you make? What method of instrumental research should be used to confirm it?

Task 27

A 42-year-old patient has been treated in a therapeutic hospital for 1.5 months for an acute abscess of the upper lobe of the left lung. Conservative complex treatment is carried out. However, the patient's condition does not improve: he is feverish, worried about coughing with periodic separation of a large amount of purulent, fetid sputum.

What mistakes were made in the treatment of the patient? What should be done with the patient at the present time?

Task 28

The patient is 21 years old, notes a cough with purulent sputum, frequent rises in body temperature after the slightest hypothermia, often swelling under the eyes. The general condition of the patient is satisfactory. Pasty of the face and shins is noted. During a comprehensive laboratory and instrumental examination, a diagnosis of bronchiectatic disease with isolated sac bronchiectasis of the lower lobe of the right lung was made.

What complication of bronchiectatic disease do you assume in this case? What is the patient's treatment plan?