**FEDERAL STATE BUDGET EDUCATIONAL INSTITUTION OF HIGHER EDUCATION**
**"ROSTOV STATE MEDICAL UNIVERSITY" OF THE MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION**

FACULTY_____therapeutic and prophylactic_____

Evaluation materials

in the discipline _Pediatric surgery_____

Speciality_____05/31/01 MEDICAL CASE_____

2023

**1. Scroll competencies, formed discipline (fully or partially)**

***professional (PC)***

| Code and name of professional competence |
|---|
| PC-6 - the ability to determine in patients the main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification diseases and health problems - X revision, adopted by the 43rd World Health Assembly, Geneva, 1989. |
| PC-8 - ability to determine tactics for managing patients with various nosological forms |
| PC – 11 - readiness to participate in providing emergency medical care to childrenin conditions requiring urgent medical attention interventions |

**2. Kinds estimated materials V compliance With formed competencies**

| Name competencies | Types of assessment materials | number of tasks **for 1 competency** |
|---|---|---|
| PC - 6 | Closed tasks | 25 with sample answers |
| | Open type tasks: Addition tasks Interview questions Situational tasks | 75 with sample answers |

Closed tasks

1. Instructions: choose one correct answer.
   A characteristic symptom for median neck cysts is:
   A) pain when swallowing;
   B) displacement of the cyst when swallowing;
   B) location above the jugular fossa; D)
   dense consistency;
   D) periodic disappearance. Sample
   answer: B

2. Instructions: choose one correct answer. Side
   neck cysts are characterized by:
   A) pain on palpation;
   B) thinning of the skin over the formation;
   B) location above the jugular vein;
   D) location along the inner edge of the sternocleidomastoid
   muscle; D) dense consistency.
   Sample answer: G

3. Instructions: choose one correct answer.
A lateral neck cyst should not be differentiated from:
A) lymphangioma;
B) periostitis of the lower jaw;
B) lymphadenitis;
D) phlebectasia of the jugular
vein; D) dermoid cyst.
Sample answer: B

4. Instructions: choose one correct answer.
The most characteristic symptom for an inguinal hernia is:
A) nausea and vomiting;
B) rise in temperature;
B) elastic protrusion in the groin area; D) abdominal
pain;
D) poor appetite. Sample
answer: B

5. Instructions: choose one correct answer.
Differential diagnosis of uncomplicated inguinal-scrotal hernia often has to be carried out:
A) with orchitis;
B) with dropsy of the testicular membranes;
B) with varicocele;
D) with torsion of Morgagni's hydatid;
D) with orchiepididymitis.
Sample answer: B

6. Instructions: choose one correct answer.
For acute emerging dropsy shells testicles most a characteristic symptom is:
A) the appearance of swelling in one half of the scrotum;
B) deterioration of general condition;
B) rise in temperature; D)
severe pain; D) hyperemia
of the scrotum. Sample
answer: A

7. Instructions: choose one correct answer.
The most characteristic sign of a cyst of the elements of the spermatic cord is:
A) swelling in the groin area; B)
hyperemia in the groin area;
B) elastic swelling in the groin area, which moves when you pull the testicle;
D) severe pain;
D) expansion of the external inguinal ring. Sample
answer: B

8. Instructions: choose one correct answer.
Of the listed symptoms, the least characteristic of an umbilical hernia are:

A) expansion of the umbilical ring;
B) can be easily adjusted at rest;
B) frequent infringement;
D) difficult to adjust at rest;
D) protrusion often appears when there is anxiety. Sample answer: B

9. Instructions: choose one correct answer.
For a hernia of the white line of the abdomen, the most characteristic is:
A) the presence of an aponeurotic defect in the midline; B) paroxysmal abdominal pain;
B) nausea and vomiting;
D) dyspeptic symptoms; D) hyperemia and swelling.
Sample answer: A

10. Instructions: choose one correct answer.
The most typical symptom of a femoral hernia in children is
A) pain in the groin area; B) nausea and vomiting;
B) chronic constipation;
D) elastic protrusion below the Pupart ligament; D) an unreasonable rise in temperature.
Sample answer: G

11. Instructions: choose one correct answer.
A characteristic symptom for a malformation of the superficial veins is
A) pain;
B) varicose veins;
B) soft tissue atrophy; D) sponge symptom;
D) phleboliths.
Sample answer:
B

12. Instructions: choose one correct answer.
Developmental defects of the deep veins are characterized by:
A) the presence of varicose veins; B) trophic disorders;
B) hypertrophy and thickening of the affected limb; D) atrophy of the affected organ;
D) the presence of phleboliths. Sample answer: B

13. Instructions: choose one correct answer.
The most characteristic of staphylococcal infection in children is:
A) high sensitivity to antibacterial drugs; B) rapid adaptation to medications;
B) low prevalence in the environment; D) erasure of clinical manifestations;
D) antibiotic resistance rarely develops. Sample answer: D

14. Instructions: choose one correct answer.

A 13-year-old child has an inflammatory infiltrate with a diameter of 1 cm in the neck area, with an area of purulent necrosis at the apex. Moderate condition. This picture corresponds to:
A) for boil; B) for
carbuncle;
B) for phlegmon;
D) for furunculosis;
D) for pseudofurunculosis. Sample
answer: A

15. Instructions: choose one correct answer.

A 7-year-old child has a bright red area of inflammation in the shin area with sharply defined scalloped boundaries. The skin is swollen and painful around the periphery. Tendency to spread. The most likely diagnosis is:
A) furuncle;
B) carbuncle;
B) phlegmon;
D) erysipelas;
D) abscess of subcutaneous tissue.
Sample answer: G

16. Instructions: choose one correct answer.

In a 5-month-old child with weakened hypotrophy, the appearance of multiple dome-shaped abscesses without purulent cores was noted in a short period of time. The most likely diagnosis is:
A) furunculosis;
B) pseudofurunculosis;
B) subcutaneous tissue abscess; D)
phlegmon;
D) erysipelas. Sample
answer: B

17. Instructions: choose one correct answer.

The child has redness and swelling of the periungual fold. Along the edge of the nail, pus is detected under the skin. Diagnosis:
A) paronychia;
B) cutaneous panaritium;
B) phlegmon
;D) abscess;
D) subcutaneous panaritium.
Sample answer: A

18. Instructions: choose one correct answer.

A 14-year-old child has throbbing pain in the area of the fingertip for 3 days. Locally: swelling, skin hyperemia. Movement in the joint is limited. Sharp pain on palpation. Hyperthermia. The clinical picture corresponds to:
A) paronychia;
B) cutaneous felon;
B) subcutaneous panaritium;
D) subungual felon; D) bone
panaritium.

Sample answer: B

19. Instructions: choose one correct answer.
A 14-year-old child has sharp pain in the hand area and severe swelling of the dorsum of the hand. Hyperemia of the skin in the affected area. Sharp pain on palpation. Hyperthermia. Diagnosis:
A) phlegmon of the hand;
B) cutaneous panaritium;
B) subcutaneous
panaritium; D) bone
panaritium;
D) tendon panaritium. Sample
answer: A

20. Instructions: choose one correct answer.
The child was admitted to the hospital for acute hematogenous osteomyelitis in serious condition. Despite intensive measures, the patient died within 24 hours. The indicated flow option can be classified as:
A) to the cliff; B)
to protracted;
B) to lightning; D) to
chronic;
D) to septicopyemic. Sample
answer: B

21. Instructions: choose one correct answer.
In a child who suffered acute hematogenous osteomyelitis, 10 months have passed. after discharge. Locally: fistula with purulent discharge. X-ray shows sequestration. The specified flow option refers to:
A) to the cliff; B)
to protracted;
B) to lightning; D) to
chronic;
D) to septicopyemic. Sample
answer: G

22. Instructions: choose one correct answer.
At measurement intraosseous pressure at suspicion on spicyhematogenous osteomyelitis the level taken as the norm is:
A) below 90 mm. water
column; B) 96-122 mm.
aq. Art.;
B) 122-140 mm. aq. st;.
D) 140-160 mm. aq. Art.;
D) 160-180mm. water
column Sample answer: B

23. Instructions: choose one correct answer.
In a newborn child, percussion reveals dullness over the right half of the chest, lack of breathing on the right, and complete displacement of the mediastinal organs to the right. Bronchoscopy revealed absence of the right main bronchus. Most likely diagnosis:
A) pulmonary
hypoplasia; B)
pulmonary aplasia

B) lung agenesis;
D) atelectasis;
D) bullae.
Sample answer:
B

24. Instructions: choose one correct answer.
When examining the child, there was no breathing on the right side, dullness on percussion, and a shift of the mediastinum to the right. The radiograph shows a total darkening on the right with a displacement of the mediastinal organs to the painful side. Bronchoscopy revealed narrowed lobar bronchi. Most likely diagnosis:
A) bronchiectasis; B)
lung agenesis; B)
pulmonary aplasia;
D) pulmonary
hypoplasia; D)
atelectasis.
Sample answer: G

25. Instructions: choose one correct answer.
The condition of the newborn is serious. Dyspnea. Breathing on the left is weakened. Percussion on the right is a box sound. The radiograph on the right shows an increase in the transparency of the lung with a sharp depletion of the pattern. In the lower part on the right there is a triangular shadow adjacent to the shadow of the mediastinum. The mediastinum is shifted to the left with decreased transparency of the left lung. Diagnosis:
A) lung cyst;
B) lobar emphysema;
B) tension pneumothorax; D)
pulmonary hypoplasia;
D) lung agenesis.
Sample answer: B

Open type tasks. Addition

tasks:

1. Instructions: Insert one word.
Barrett's esophagus is_____esophageal mucosa;
Sample answer: metaplasia.

2. Instructions: Insert one word.
In congenital emphysema, the most often affected is_____left lobe;
Sample answer: top.

3. Instructions: Insert one word.
For a patient with_____ lung is characterized by a serious condition, shortness of breath, high fever. A chest x-ray reveals a cavity with a fluid level and a perifocal reaction in the projection of the lung.
Sample answer: abscess.

4. Instructions: Insert a few words.
Congenital solitary cysts lungs more often Total meet V
_____right lung.

Sample answer: upper lobe.

5. Instructions: Insert a few words.
   For a febrile child presenting with a thin-walled, round mass with a fluid level and no perifocal reaction on the chest x-ray, the most likely diagnosis is _____lungSample answer: festering cyst.

6. Instructions: Insert one word.
   _____is a malignant tumor of the mediastinum in children. Sample answer: sympathogonoma.

7. Instructions: Insert one word.
   Neurogenic tumors are localized in _____mediastinum.Sample answer: rear.

8. Instructions: Insert one word.
   Bronchogenic cysts of the mediastinum are most often localized in the upper part of the _____mediastinum;Sample answer: central.

9. Instructions: Insert one word.
   Teratodermoid tumor more often Total localized V _____mediastinum;
   Sample answer: front.

10. Instructions: Insert one word.
    The disease of gastroesophageal reflux is understood as a symptom complex resulting from aggressive exposure_____content.Sample answer: reflux.

Interview Questions:

11. What is the leading symptom in esophageal achalasia? Sample answer: esophageal vomiting.

12. What is the leading symptom in congenital short esophagus? Sample answer: dysphagia.

13. At what level of the esophagus are congenital stenoses most common? Sample answer: at the level of the lower third of the esophagus.

14. What types of diaphragmatic hernias are most common in older children? Sample answer: hiatal hernia.

15. WITH what disease should differentiate hernia esophagealaperture holes?
    Sample answer: with chalazia of the esophagus.

16. What disease most often leads to partial pneumothorax in young children?

Sample answer: bullous form of pulmonary destruction.

17. What congenital chest deformities are most often diagnosed in children?
Sample answer: funnel-shaped.

18. What dysplastic syndromes are most often diagnosed with pectus excavatum?
Sample answer: for Marfan and Ellers-Danlos syndromes.

19. What symptoms are characteristic of congenital pectus excavatum?
Standard answer: retraction of the sternum and adjacent areas of the ribs, shortness of breath with minor physical exertion, general weakness, interruptions in heart function, weight loss.

20. What symptoms are typical for right-sided hemothorax in children?
Standard answer: shortness of breath, pain in the chest, dullness of percussion sound over the right half of the chest, displacement of the borders of the heart to the left during percussion, weakening or absence of breathing on the right during auscultation.

21. Define the concept of “hidden penis”.
Sample answer: the penis is of normal age size, immersed in the surrounding tissues of the pubic region and scrotum.

22. What clinical manifestations are not typical for testicular hydatid torsion? Sample answer: severe intoxication and fever.

23. Name a variant of the non-existent form of testicular ectopia in cryptorchidism.
Sample answer: umbilical.

24. What main symptom, determined macroscopically, is most characteristic of the epithelial coccygeal tract?
Sample answer: a short stroke in the intergluteal fold, penetrating into the subcutaneous tissue.

25. What type of fistula is most common in rectal atresia in children?
Sample answer: rectovestibular fistula.

26. The most typical timing of the onset of constipation in Hirschsprung's disease in children is?
Sample answer: up to 6 months.

27. Differential diagnostics between loss straight guts Andprolapse of the head of intussusception in children allows:
Sample answer: digital examination of the rectum.

28. IN Which region most often localized painful symptom aturological patient?

Sample answer: in the lumbar region.

29. What disease can cause bilateral gross hematuria in children? Sample answer: acute glomerulonephritis.

30. What malformation of the kidneys and ureter in children is characterized by renal colic syndrome?
Sample answer: intermittent hydronephrosis.

31. The leading symptom of nephroptosis in children is:
Standard answer: pain.
32. Dysuria in children is most often observed:
Standard answer: with urolithiasis.

33. Swollen scrotum syndrome includes the following symptoms:
Sample answer: swelling, pain, significant accumulation of fluid in the scrotal cavity.

34. The urinary function of a 10-day-old newborn is characterized by: Standard answer: decreased urination.

35. The most characteristic symptom for a urethral stone is: Sample answer: hematuria.

36. Complete urinary incontinence is accompanied by: Sample answer: posterior urethral valves.

37. The symptom of constant drip urinary incontinence with preserved urination is characteristic of:
Sample answer: posterior urethral valve.

38. Increasing swelling in the lumbar region is characteristic of:
Standard answer: for nephroptosis.

39. The main symptoms of intraperitoneal rupture of the bladder in children are:
Sample answer: fracture of the pelvic bones, acute urinary retention.

40. The pathognomonic symptom of complete urethral rupture in children is
Standard answer: hematuria.

41. Inguinal ectopia of the testicle is characterized by: Standard answer: the testicle is not palpable.

42. Most widespread view congenital anomalies esophagus atnewborns are:
Sample answer: esophageal atresia with lower tracheo-esophageal swish.

43. Indicate a clinical symptom in a child with esophageal atresia that excludes the presence of a lower tracheoesophageal fistula:
Sample answer: sunken stomach.

44. A symptom uncharacteristic of an isolated tracheoesophageal fistula is:
Sample answer: foamy discharge from the mouth.

45. The leading clinical symptom of pyloric stenosis is: Standard answer: “fountain” vomiting.

46. Nature of vomiting in pyloric stenosis:
Standard answer: curdled milk.

47. Most reliable For spilled peritonitis symptom atnewborn is:
Sample answer: edema, hyperemia of the abdominal wall.

48. Respiratory failure in a newborn is most often caused by: Sample answer: lung disease.

49. For Wilms tumor, the most characteristic symptom is: Standard answer: palpable abdominal mass.

50. Among classic reasons manifestations hemorrhagic syndromemost common newborn:
Sample answer: growing cephalohematoma.

51. The most reliable clinical sign of congenital hip dislocation in an infant is:
Sample answer: limiting hip extension.

52. Sitkovsky's symptom in acute appendicitis is called: Standard answer: increased pain when positioned on the left side.

53. The most reliable signs of acute appendicitis in children are: Standard answer: muscle tension in the abdominal wall and local soreness.

54. The most reliable symptom of ovarian cyst torsion is:
Referenceanswer: detection at rectal research round,elastic formation.

55. During surgery for an inguinal hernia, a testicle was found in the contents of the hernial sac in a girl. In this clinical case, what defect can we talk about?
Sample answer: about testicular feminization syndrome.

Situational tasks:

56. A 12-year-old patient was sent to the emergency department of a children's hospital with a diagnosis of left-sided traumatic orchitis. History: one day before admission to the hospital, during a physical education lesson, I was working out on the crossbar and felt a sharp pain in the scrotum; after 2 hours, hyperemia and swelling of the left half appeared. On examination, the testicle is enlarged, dense, sharply painful, slightly pulled towards the root of the scrotum. A puncture of the left half was performed

scrotum: a small amount of clear fluid is obtained. What diseases need differential diagnosis?
Sample answer: diagnosis should be made with hydatid torsion and testicular torsion.

57. A 3-year-old child is admitted to the hospital in serious condition with severe intoxication. The abdomen is swollen, soft, painless. History of chronic constipation. Stool retention for 7 days. What disease is most likely in the child?
Sample answer: Hirschsprung's disease
58. In a 6-year-old child, palpation revealed a tumor-like formation in the lower abdomen, moderate, mobile, painless, with a doughy consistency. History of chronic spurs. What is the most likely diagnosis?
Sample answer: coprostasis.

59. The child had intestinal bleeding with formed stools, which then became frequent and liquid. Pain appeared in the lower half of the abdomen. The temperature is subfebrile, with periodic rises to 38-39°C. The child's condition is moderate. What is the most likely form of ulcerative colitis?
Sample answer: subacute.

60. Over the course of six months, the child had twice the discharge of mucus, blood and pus from the rectum against the background of normal stool. In this case, minor paroxysmal pain in the abdomen was noted. The temperature is subfebrile. What disease should we think about in this case?
Sample answer: about the primary chronic form of ulcerative colitis.

61. A 6-year-old child reported the appearance of scarlet blood in the stool. Stomach ache. Chair up to 8-10 times. Irrigography revealed shortening and narrowing of the colon, rigidity of its wall, and pseudopolyposis. What diagnosis does the clinical picture allow?
Standard answer: nonspecific ulcerative colitis.

62. The most common cause of rectal bleeding in children is? Sample answer: anal fissure.

63. A 6-year-old child, operated on for rectal atresia, has periodic incontinence of liquid feces. What degree of anal sphincter insufficiency is determined?
Sample answer: first.

64. An 8-year-old child, operated on for Hirschsprung's disease using the Duhamel technique, has constant incontinence of liquid and dense feces. What is the degree of anal sphincter insufficiency?
Sample answer: third.

65. In a child, rectal prolapse is observed during defecation and moderate physical activity (strain). Reduction of the prolapsed intestine is required. In this case, the stage of loss should be assessed as?

Sample answer: decompensated.

66. The newborn does not have independent stool. Abdominal bloating is noted. Increased peristalsis is visible. In this case, what form of Hirschsprung's disease can be assumed?
    Sample answer: acute.

67. A 1 year old child has chronic constipation. The first stool retention was noted during the neonatal period. There has been no independent stool since 4 months. Parents constantly use cleansing enemas. In this case, what form of Hirschsprung's disease should be assumed?
    Sample answer: I'll adjust it.

68. A child 1 month old from birth has regurgitation after feeding, which becomes more frequent when crying or lying on his back; vomit sometimes contains mucus and streaks of blood. What disease are we talking about?
    Sample answer: chalazia, esophagitis.

69. A 1.5-month-old child has a pronounced symptom of regurgitation, does not gain weight well, often suffers from pneumonia, bronchitis, there is an admixture of mucus and blood in the vomit, anxiety during feeding, and a symptom of coughing in sleep. What disease are we talking about?
    Sample answer: hiatal hernia;

70. A 7-day-old child’s condition suddenly worsened: anxiety, repeated vomiting of bile, then disappearance of stool, blood in the stool, pain on palpation of the abdomen, a pained expression on the face. What disease are we talking about?
    Sample answer: intestinal volvulus.

71. The child, discharged from the maternity hospital on the 5th day of life, began vomiting with bile in the evening, had scanty stools, and after a few hours completely disappeared. The child is restless, kicks his legs, refuses to eat, has pained eyes, marbling skin. On examination, the abdomen is slightly swollen in the epigastric region, painful on palpation. Most likely diagnosis?
    Sample answer: Ladd syndrome.

72. In a premature newborn 2 days of life, who had suffered severe asphyxia and resuscitation, the condition suddenly became extremely serious, severe bloating of the abdomen, bluish discoloration of the lower half of the body, and regurgitation appeared. Most likely diagnosis?
    Sample answer: gastric perforation, tension pneumoperitoneum.

73. In a newborn, immediately after birth, respiratory failure increases, and it is noted that the child turns pink when crying. In this case, the most likely:
    Sample answer: choanal atresia.

74. The child is 8 months old. one-time vomiting. Paroxysmal pain in the abdomen. Upon palpation, a round-shaped formation is determined in the right iliac region. Rectal examination revealed heavy bleeding. The duration of the disease is 10 hours. Most likely diagnosis:
Sample answer: intussusception.

75. A 13-year-old child has vomiting with blood and tarry stools. History of hunger and night pain in the epigastric region. The abdomen is soft and painless. Most likely diagnosis:
Sample answer: peptic ulcer of the stomach or duodenum.

| Name competencies | Types of assessment materials | number of tasks **for 1 competency** |
|---|---|---|
| PC - 8 | Closed tasks | 25 with sample answers |
| | Open type tasks: Addition tasks Interview questions Situational tasks | 75 with sample answers |

1. Instructions: choose one correct answer.
The best results for correction of costomuscular defects of the chest were obtained using:
A) Alloplastic methods
B) Osteoplastic methods
C) Myoplastic methods

Standard answer: A

2. Instructions: choose one correct answer.
Methods of surgical closure of a costomuscular defect of the chest:
A) dysplastic, hyperplastic
B) Osteoplastic, myoplastic
C) osteolytic, osteoblastic Answer

standard: B

3. Instructions: choose one correct answer.
The most effective method of treating pectus excavatum is:
A) Combined
B) Conservative
C) SurgicalSample

answer: C

4. Instructions: choose one correct answer.
The most effective method of treating keeled chest deformity:
A) Conservative (massage, exercise therapy, swimming)
B) Using external pressure orthoses
C) SurgicalSample

answer: C

5. Instructions: choose one correct answer.
   Optimal age for surgical correction of pectus excavatum:
   A) 35 years
   B) 4 – 8 years
   C) Age doesn't matter
   D) After 18

years Standard answer:
B

6. Instructions: choose one correct answer.
   Indications for surgical correction of pectus excavatum:
   A) Cardio-respiratory disorders
   B) Cosmetic
   C) Orthopedic
   D) All options

Standard answer: D

7. Instructions: choose one correct answer.
   The main methods of treating spongy and compact osteoma are:
   A) surgical removal of the tumor using the extended resection type
   B) marginal resection within healthy tissue
   C) wait-and-see tactics
   D) surgical treatment is not indicated
   E) surgery is performed only in case of rapid growth of osteoma.

Answer standard: B

8. Instructions: choose one correct answer. For
   osteoid osteoma:
   A) Conservative therapy is indicated
   B) X-ray therapy is indicated
   C) segmental bone resection with alloplasty of the defect is indicated
   D) it is enough to remove the socket without removing the sclerotic bone in the area of periostitis
   E) it is necessary to remove sclerotic hyperostotic bone tissue with a nest of osteoid osteoma

Sample answer: D

9. Instructions: choose one correct answer. For giant
   cell tumors, the following is indicated:
   A) chemotherapy
   B) radiation therapy followed by surgery
   C) marginal resection surgery with alloplasty
   D) surgery of segmental (periarticular resection) or resection of the articular end with plastic surgery of the articular end or replacement with an endoprosthesis

Sample answer: D

10. Instructions: choose one correct answer.
    When choosing the level of lower limb amputation, it is advisable to consider the following points:
    A) tumor localization

B) morphological structure of the tumor
C) obtaining the most functional stump for prosthetics
D) The correct answers are A) and B)
E) all answers are
correct Answer standard: E

11. Instructions: choose one correct answer.
Pathogenetic treatment of aseptic osteonecrosis is:
A) long-term unloading of the joint closest to the lesion
B) repeated courses of calcitonin
C) anti-inflammatory therapy
D) drugs affecting venous circulation Standard answer: A

12. Instructions: choose one correct answer.
Treatment for Perthes disease includes all of the following except:
A) Soft tissue or skeletal traction
B) Exercise therapy
C) Massage
D) Antibiotic therapy
E) Surgical treatment
Standard answer: D

13. Instructions: choose one correct answer.
Surgical interventions performed for spastic paresis include all of the following, except:
A) lengthening of tendons to eliminate fixed contractures
B) shortening tendons to stabilize joints
C) tendon transposition to improve function
D) corrective osteotomies
Answer standard: B

14. Instructions: choose one correct answer.
Conservative methods for correcting orthopedic manifestations of cerebral palsy include all of the following, except:
A) lengthening of tendons to eliminate fixed contractures
B) complex physiotherapeutic treatment
C) exercise therapy classes, including using proprietary methods
D) hippotherap
ySample answer: A

15. Instructions: choose one correct answer.
In the treatment of orthopedic manifestations of cerebral palsy, all of the following drugs are used, except:
A) orthopedic shoes
B) splints and orthoses
C) preventive shoes
D) device
sSample answer: C

16. Instructions: choose one correct answer.

In the treatment of orthopedic manifestations of cerebral palsy, all of the following methods are used, except:
A) kinesio taping
B) micropolarization
C) acupuncture
D) manual therapy
Standard answer: B

17. Instructions: choose one correct answer.
Non-surgical methods of treating the consequences of polio include all of the following except:
A) antibiotic therapy
B) physiotherapeutic and functional treatment
C) drug treatment
D) orthopedic treatment
Standard answer: A

18. Instructions: choose one correct answer.
Orthopedic correction of the consequences of polio includes all of the following, except:
A) prevention of the development of contractures in the paralytic stage
B) use of splints, orthoses
C) use of devices
D) use of corsets
Standard answer: A

19. Instructions: choose one correct answer.
Conservative treatment of clubfoot should begin:
A) in the delivery room
B) at the age of 7-10 days
C) at the age of 1-3 months.
D) over the age of one year
Standard answer: B

20. Instructions: choose one correct answer.
The “gold standard” for treating clubfoot is currently the following method:
A) Kaita
B) Vilensky
C) Zatsepin
D) Ponset
iSample answer: D

21. Instructions: choose one correct answer.
The advantages of the Ponseti method are all of the following except:
A) functionality
B) economic efficiency - reducing the patient's time in hospital
C) low percentage of complications and relapses
D) economic efficiency - low material cost for parents Answer standard: D

22. Instructions: choose one correct answer.

All of the following elements are amenable to conservative correction for clubfoot, except:
A) equinus
B) Kavusa
C) posterior supination
D) adduction of the anterior
section Answer standard: A

23. Instructions: choose one correct answer.
The most serious complication after applying a circular plaster cast may be:
A) compression of the limb by a bandage with the development of vascular disorders
B) spontaneous removal of the bandage
C) contamination of the dressing with urine and feces
D) mechanical damage to the bandage
Answer standard: A

24. Instructions: choose one correct answer.
Foot deformities must be completely corrected:
A) by the age of 1 month.
B) by age 1 year
C) By age 3
D) by the time independent walking begins
Standard answer: D

25. Instructions: choose one correct answer.
The formation of extensive scars after surgical interventions for clubfoot in young children is due to:
A) excessive collagen synthesis in children with clubfoot under 3-4 years of age
B) technical errors when performing surgical interventions
C) incorrect selection of suture material
D) insufficient or excessive immobilization after surgery
Sample answer: A

Open type tasks. Addition

tasks:

1. Instructions: Insert one word.
The principle of conservative treatment of flat feet is the imposition of staged _____

bandages.Sample answer:

gypsum

2. Instructions: Insert one word.
The indication for surgical treatment of flat feet is ineffectiveness _____treatment over the age of 7-10 years in combination with pain syndrome.

Sample answer: conservative

3. Instructions: Insert one word.
   Complex_____Treatment of grade 1-2 scoliosis includes exercise therapy, swimming, team sports, exercise therapy, kinesiotaping, and corset therapy.

   Sample answer: conservative

4. Instructions: insert the interval in numbers.
   Optimal conditions for closing an ileostomy in a 3-month-old child operated on for intussusception with a smooth postoperative course
   amounts to_____ days.

   Standard answer: 5-7

5. Instructions: Insert one word.
   In the initial period_____intestinal treatment should begin with straightening with air through the rectum.

   Sample answer: intussusception

6. Instructions: Insert one word.
   The criterion for the effectiveness of conservative therapy for intussusception is _____ stool and gas, disappearance of pain.

   Sample answer: departure (appearance)

7. Instructions: insert the number.
   The indication for emergency surgical treatment for intussusception is a disease duration of more than_____hours.

   Sample answer: 24

8. Instructions: Insert one word.
   _____ to pneumatic disinvagination is peritonitis. Sample answer:

   Contraindicated

9. Instructions: Insert one word.
   Pneumatic disinvagination is performed in the operating room under_____ anesthesia.

   Sample answer: inhalation (general)

10. Instructions: Insert one word.
    Performance criteria_____ Disinvagination is a symptom of "pop".

    Sample answer: conservative

Interview questions:

11. What should you first think about when red blood cells and hemoglobin levels decrease in a 14-year-old child with a fracture of the middle third of the femur? Your actions.

    Sample answer: It is necessary to think about post-traumatic bleeding, a growing hematoma. It is necessary to start treatment with hemostatic agents (dicinone, aminocaproic acid), carry out blood transfusion, and determine indications for drainage of the hematoma.

12. Emergency care for acute burn injury.

    Sample answer: It is necessary to stop the effect of the traumatic factor, apply aseptic dressings to the burned surfaces, cool them, give painkillers and transport them to the hospital as soon as possible.

13. Principles of correction of burn shock.

    Sample answer: It is necessary to start intravenous administration of glucose-saline solutions. For oliguria, diuretics (furosemide) are used. For severe psychomotor agitation, antipsychotics (droperidol) are used. When blood pressure is reduced, corticosteroid hormones (prednisolone - 60-180 mg) and inotropic drugs such as dopamine are used, and aminophylline is used to improve blood flow. To improve microcirculation, inhibitors of proteolytic enzymes (trasylol, contrical) are used.

14. Describe a closed method of treating burn wounds.
    Sample answer: for the treatment of burns of I - IIIA degrees, dressings with various medicinal substances are used (ointment - levomekol, levosin, wet-drying dressings with antiseptics - aqueous chlorhexilin, miramistin). Treatment of burns IIIB and IV is necrolytic therapy using proteolytic enzymes.

15. Describe local treatment of necrotizing cellulitis of newborns.

    Sample answer: The dressings are changed every 6 hours until regression of the lesion (reduction in area) is established. During each procedure, all incisions are spread across their axis, toilet, bandages with
    magnesium sulfate, dimexide. When the pathological process spreads beyond the outer incisions, further opening of the phlegmon is performed. With a large open wound surface, it is possible to use proteolytic agents.
    enzymes (trypsin) to cleanse the wound.

16. Principles of drug treatment of the toxic (adynamic) form of acute hematogenous osteomyelitis, in which department is the treatment carried out?

    Sample answer: In the intensive care unit or intensive care unittherapy carry outantishock treatment - start IV drip administration of glucose-salt

solutions. For oliguria, diuretics (furosemide) are used. For severe psychomotor agitation, antipsychotics (droperidol) and sodium hydroxybutyrate are used. Corticosteroid hormones are used. Antibiotics are administered intravenously or intramuscularly: lincomycin, ceftriaxone, tienam. If an anaerobic infection is suspected, metronidazole is additionally prescribed.

17. Drug treatment of neonatal peritonitis.

Sample answer: start intravenous fluid administration; Total parenteral nutrition should be started on the first day. Combinations of protected broad-spectrum penicillins (amoxiclav), cephalosporins of the 3rd generation and older (ceftazidime) or ciprofloxacin and metronidazole (Metrogyl). for DIC syndrome, a transfusion of fresh frozen plasma 10-15 ml/kg, vitamin K (Vicasol) is performed. Pain syndrome is treated with narcotic analgesics. Use sedatives (diazepam).

18. Name the chemicals and drugs used to stop bleeding.

Sample answer: As external methods, a 3-5% solution of hydrogen peroxide, adrenaline solution, hemostatic sponge, etc. are used. Internal agents consist of two groups: those that cause vascular contraction (ergot preparations, adrenaline, norepinephrine, mesaton, etc.) and those that increase coagulability blood (vicasol, calcium chloride, aminocaproic acid, hemophobin, dicinone (etamsylate).

19. The doctor's procedure for performing blood transfusions.

Sample answer:
1. Determine indications and contraindications for blood transfusion.
2. Collect blood transfusion and obstetric history (were there any blood transfusions, was there any conflict, find out the number of births for women, whether the child was born with hemolytic jaundice, etc.).
3. Determine the group and Rhesus affiliation of the recipient.
4. Determine the suitability of the selected donor blood (the date of its collection, the tightness of the packaging, the integrity of the label, whether there is hemolysis, etc.).
5. Determine the group affiliation of the donor blood, regardless of the data on the bottle label (the group of the donor blood and the recipient must match).
6. Conduct an individual compatibility test.
7. Conduct a Rh compatibility test with a 33% polyglucin solution.
8. Carry out a biological compatibility test by transfusing 10 ml of donor blood three times in a stream with a three-minute break.
9. Transfuse donor blood (drip!).
10. Leave 10-15 ml of blood in the bottle and store the bottle for at least 2 days.

11. Make an entry in the medical history about the results of compatibility tests and blood transfusions, label number, date of procurement, donor's last name.
12. Perform a urine test after a blood transfusion.
13. Monitor the patient's condition for 3 hours after blood transfusion.

20. Drug treatment of burn disease.

Sample answer: 1) prescribing analgesics, administering antihistamines, prescribing fentanyl; 2) improvement of microcirculation (administration of aminophylline); 3) prednisolone; 4) oxygen inhalation; 5) normalization of kidney function with furosemide; 6) early prescription of broad-spectrum antibiotics (amoxiclav, cefotaxime); 7) infusion-transfusion treatment: administration of blood plasma preparations, water-salt solutions.

21. Emergency prevention of tetanus.

Sample answer: different for vaccinated and unvaccinated people. Vaccinated people are injected with 0.5 ml of toxoid once, unvaccinated people are given 1 ml of toxoid and 3000 AE of antitetanus serum or 450-600 AE of antitetanus γ-globulin, after 1 month - 0.5 ml of toxoid and to create lasting immunity after a year - another 0.5 ml of toxoid.

22. Treatment of lung abscess.

Sample answer: Sanitation bronchoscopy. Ambroxol is used to improve sputum discharge. Drainage is used in cases where other methods cannot achieve complete emptying of the abscess.

23. Treatment of chemical burns of the esophagus.

Sample answer:
Urgent hospitalization, parenteral administration of painkillers (to combat shock), insertion of a gastric tube, generously lubricated with oil, to remove gastric contents and gastric lavage to neutralize the caustic substance are required. Detoxification therapy is necessary. Broad-spectrum antibiotics are prescribed parenterally

24. Surgical prevention of esophageal stenosis.

Sample answer: After acute inflammatory phenomena have subsided in 2nd-3rd degree burns, in order to early prevent the development of stenosis, bougienage of the esophagus begins, which continues for several weeks.

25. Treatment of achalasia cardia.

Sample answer: Conservative treatment of achalasia cardia, which usually has a temporary effect, is used in the initial stages of the disease. It includes a diet (mushy, chemically gentle food with sufficient amounts of proteins and vitamins), local anesthetics, antispasmodics, anticholinergics, vitamins, sedatives, and physiotherapy.
In cases of developing disease with a clear clinical picture in children over 14 years of age, cardiodilation or surgical treatment is used.

26. Treatment of chalasia cardia.

Sample answer: Proton pump inhibitors are used (omeprazole, lansoprazole, rabeprazole) in regular or double dosage, antacids (Almagel, phosphalugel, Maalox, Gelusil-lac, etc.) are usually prescribed after 1.5-2 hours after meals and at night. Prokinetics - domperidone, cerucal.
Indications for surgical treatment: complications of reflux esophagitis (esophageal strictures, repeated bleeding, Barrett's esophagus), ineffectiveness of drug therapy

27. Treatment of gastric ulcer.

Sample answer: anti-Helicobacter therapy, including proton pump inhibitors (omeprazole, etc.) and antibiotics (clarithromycin, tetracycline, metronidazole, etc.).
Radical operations (with some degree of convention) include gastric resection. Palliative operations include: suturing of a perforated ulcer.

28. Conservative treatment of Mallory-Weiss syndrome (bleeding in the lower third of the esophagus).

Sample answer: various crystalloids, colloids are used, in case of severe blood loss, blood transfusion may be used. To stop bleeding, a Blackmore probe is used. To stop bleeding, it is possible to use sodium ethamsylate, calcium chloride, and aminocaproic acid.

29. Treatment of adhesive obstruction.

Sample answer: In case of adhesive intestinal obstruction, adhesions are dissected; in case of necrosis, intestinal resection is performed. In case of multiple adhesions and cicatricial stenoses of the intestine, an intestinal bypass anastomosis can be performed.

30. Treatment of hydatid cysts.

Sample answer: the cyst is removed along with the germinal and chitinous membranes after preliminary puncture of the cyst cavity, aspiration of its contents and

subsequent treatment of the cavity with antiparasitic agents. This technique avoids rupture of the cyst during excretion and thereby prevents the dissemination of parasite embryos.

31. Principles of treatment of peritonitis.

Sample answer: Taking into account the content of electrolytes in the blood and the acid-base state, crystalloid solutions are first administered intravenously to quickly replenish the deficit of bcc, then colloidal solutions to retain fluid in the vascular system. Before surgery, 1 hour before revision of the abdominal cavity, it is necessary to administer broad-spectrum antibiotics. To detoxify the body, hemodilution with forced diuresis is used.

32. Treatment of hemophilia in children.

Sample answer: treatment includes replacement therapy - intravenous infusions of VIII (cryoprecipetate) and IX blood coagulation factors, with significant
for hemarthrosis, joint punctures are performed.

33. What is the conservative treatment of cryptorchidism in children?

Sample answer: Conservative treatment of cryptorchidism is prescribed strictly together with an endocrinologist. Human chorionic gonadotropin (hCG) or gonadotropin releasing hormone (GnRH) is used as conservative therapy, but the effectiveness of this therapy does not exceed 15% and depends on the altitude
location of the testicle in the inguinal canal.

34. What is the treatment method for incomplete umbilical fistula?

Standard answer: incomplete umbilical fistula always begins with such conservative measures as daily baths with a weak solution of potassium permanganate, treatment of the fistula with a solution of hydrogen peroxide and 3% tincture of iodine, bandages with antiseptics. In case of ineffective conservative treatment, surgery is indicated starting from 6 months of age.

35. Conservative treatment of vesicoureteral reflux.

Sample answer: the essence of conservative therapy is the eradication of urinary tract infections and the elimination of functional disorders of the bladder and the prevention of death of the renal parenchyma. Antimicrobial therapy should be long-term (6–12 months) and based on culture results
urine. To increase the effectiveness of treatment of cystitis in older children, intravesical instillations are used: solcoseryl; hydrocortisone;
chlorhexidine; furacillin.

36. What are the tactics of conservative treatment for Grisel's torticollis?

Sample answer: antibiotic therapy (ceftriaxone intramuscularly), anti-inflammatory (diclofenac intramuscularly) and hyposensitizing agents (loratadine), wearing a Shants-type collar.

37. What is the tactic when detecting a subcapsular hematoma of the right lobe of the liver in a newborn?

Sample answer: conservative therapy with hemostatic agents (dicinon, aminocaproic acid, calcium gluconate, vitamin K), ultrasound in dynamics

38. Cephalohematoma, treatment tactics.

Sample answer: If the size of the formation is small, hemostatic agents (dicinone, aminocaproic acid) and calcium preparations are prescribed (calcium gluconate), as well as vitamin K for 5-7 days. For a large (over 8 cm) cephalohematoma in a newborn, a pediatric surgeon punctures it and aspirates liquid blood. After the puncture
apply a pressure bandage

39. What conservative treatment in a hospital is necessary for a fracture of the pelvic bones in children?

Sample answer: Infusion therapy for pelvic fractures should begin during the transportation stage or immediately upon arrival at the hospital, often
blood transfusion is required. For oliguria, furosemide is used. Corticosteroid hormones and inotropic drugs such as dopamine are used, and aminophylline is used to improve blood flow. Antibiotics are administered intramuscularly: lincomycin, ceftriaxone. Analgesics are prescribed - both NSAIDs and NSAIDs.

40. What are the methods for early rehabilitation of patients in the postoperative period?

Sample answer: Use of ganglion blockers (pentamine), anticholinesterase drugs (prozerin), cerucal, serotonin adipate - to stimulate peristalsis. Early activation of the patient - sitting, standing with support 6 hours after surgery, the next day - full mobilization. Early nutrition - adapted mixtures - 5-8 hours after surgery, quick transition to normal nutrition.

41. What criteria for the effectiveness of conservative disinvagination do you know?

Standard answer: a sharp decrease in pressure on the tonometer, a “pop” symptom, the passage of gases, the disappearance of the palpable head of the intussusception.

42. What study makes it possible to reliably make a diagnosis of acute hematogenous osteomyelitis in the early stages, before its appearance? X-ray signs?

Standard answer: bone puncture or osteoperforation operation and measurement of intraosseous pressure for 1-2 minutes

43. Principles for the beginning of treatment of burns of the esophagus.

Sample answer: They start by giving the child plenty of water and inducing vomiting, or washing the stomach through a tube. Moreover, the earlier and more abundantly the gastric lavage is performed, the lower the risk of developing poisoning or severe burns of the esophagus. Potassium permanganate crystals should be removed with a swab moistened with a solution of ascorbic acid.

44. What is the conservative method of treating intussusception?

    Sample answer: oxygen insufflation into the colon through a gas outlet tube with manometric control. Permissible pressure is no more than 150 mm Hg. This method is effective for all forms of intussusception, except small intestinal.

45. What are the indications for surgical treatment of intussusception?
    Sample answer: onset of disease over 24 hours; child's age over 1 year; repeated visit to a medical institution; ineffectiveness of conservative straightening of intussusception.

46. Treatment of mastitis in newborns at different stages.
    Standard answer: in the infiltration stage: antibiotic therapy, compresses (semi-alcohol and ointment), UHF; in the abscess formation stage: emergency
    surgical treatment (incisions are made in the area of inflammation and along the border with healthy skin in a radial direction)

47. Treatment of acute paraproctitis.
    Sample answer: The abscess is opened and the internal opening at the base of the crypt is eliminated. It is imperative to inspect the cavity to evacuate pus from pockets and leaks and drain it. Antibiotic therapy (amoxicillin + clavulanic acid or ampicillin + sulbactam).

48. Treatment tactics for purulent mastitis.
    Sample answer: At the infiltration stage, treatment is aimed at resolving the infiltrate: semi-alcohol compresses, physiotherapy. In the abscess formation stage, radial incisions are made. A bandage with a hypertonic solution is applied, after 2-3 hours it is changed to an ointment bandage. Antibiotic therapy, detoxification, immunocorrective therapy.

49. First aid for freezing
    Sample answer: warming; hot drink; drug treatment (infusion therapy, analgesics, antihistamines, cardiac drugs); treatment with antiseptic solutions and application of heat-insulating bandages (in order to prevent secondary ischemia, it is advisable to apply sterile bags)

50. Local treatment for frostbite of 3rd and 4th degree
    Sample answer: blisters and non-viable tissues are removed, bandages are applied with antiseptic solutions, proteolytic
    enzymes. Change dressings at intervals of 1-2 days (as they get wet). After cleansing, the wounds are switched to ointment dressings. After formation
    surgical treatment is performed on the demarcation line

51. Surgical tactics for strangulated inguinal hernia

Sample answer: a strangulated inguinal hernia is an indication for emergency surgery. For the purpose of preoperative preparation, analgesics and 0.1% atropine solution are administered.

Situational tasks:

52. Patient R., 5 years old, came to the clinic with complaints of constant pain in the left half of the chest with irradiation to the scapula, headaches, shortness of breath, general weakness. I got sick a year ago. On chest radiographs in superomedial part of the left pulmonary field in the projection of the posterior segment an intense homogeneous, rounded shadow with a clear lower outer contour is revealed - dimensions 6x7 cm, which with its medial edge merges with the shadow of the II - III thoracic vertebrae.

    What is the presumptive diagnosis? Tactics?

    Sample answer: The X-ray picture is characteristic of neurogenic mediastinal tumors. A computed tomography scan is necessary. In the absence of absolute contraindications, the patient must be operated on to remove the tumor.

53. A 15-year-old patient was admitted with complaints of nausea, weakness, and moderate abdominal pain. According to the patient, 4 days ago in the evening epigastric pain and nausea appeared. The patient associates the appearance of the above pain with the consumption of poor-quality products and therefore was treated on one's own. By morning the pain subsided somewhat and began to be localized in the right iliac region. The patient continued self-medication. However, due to deterioration of health, nausea, bloating, increased body temperature, the patient sought medical help. On physical examination: the face is pointed, pulse 90 per minute, body temperature –39.8 degrees. The abdomen is soft, moderately painful in all parts, weakly positive Shchetkin-Blumberg symptom. In sloping places there is dullness. Ultrasound determines free fluid in the abdomen.

    What is your presumptive diagnosis?

    Sample answer: taking into account the history of the disease (onset of the disease - pain in the epigastrium and then in the right iliac region - Kocher's symptom), the clinical picture of the inflammatory process in the abdominal cavity can be suspected of peritonitis in the patient, probably due to destructive appendicitis.

54. Patient B., 14 years old, is being treated in the surgical department. 5 days ago she underwent an operation - appendectomy - for gangrenous appendicitis, typhlitis, and local peritonitis. The abdominal cavity was sutured tightly, although the stump of the appendix could not be reliably immersed due to symptoms of typhlitis. After the operation, the body temperature was low-grade, and in recent years For 2 days it began to increase, in the evening to 38-39.5. Pain in the lower abdomen and tenesmus appeared. There is no nausea, vomiting, appetite is somewhat reduced. When studying per

rectum is determined by: gaping of the anus, overhang and soreness of the anterior wall rectum. When examining per vaginal: overhang of the posterior vaginal vault, sharp pain when the uterus is displaced.

Make a preliminary diagnosis. What do you see as the most likely cause of the disease?

Sample answer: abscess of the pouch of Douglas (limited peritonitis).
In this case, the occurrence of complications can be associated with a defect in the surgical technique, with inflammation of the dome of the cecum and
Due to the unreliable immersion of the appendix stump, the surgeon had to drain the abdominal cavity.

55. X-ray revealed a focus of primary chronic osteomyelitis of the upper third of the tibia. No complaints. Blood test is within normal limits. What diagnostic measure needs to be carried out?

Sample answer: diagnostic puncture followed by sending the puncture for culture and histological examination.

56. During the operation, an abscess-infiltrate of appendicular origin was discovered. The duration of the disease is 6 days. In the infiltrative process
the dome of the cecum is involved. Isolation of the appendix is difficult, but its base is free of adhesions. What are the next tactics?

Sample answer: appendectomy retrograde method, drainage of the abscess

57. During the operation, catarrhal changes were discovered in the appendix with severe symptoms of peritoneal irritation and tension in the muscles of the anterior abdominal wall before surgery. Name the further tactics of the operating surgeon.

Sample answer: revision of the abdominal cavity - search for a possible source of inflammation in the Meckel's diverticulum, uterine appendages, gall bladder, etc. , determination of the amount and nature of exudate - followed by appendectomy.

58. The child has a painful infiltrate along the postoperative wound. What needs to be done?

Sample answer: necessary remove one suture and inspect the wound for the presence of focal inflammation and discharge of pus and the possible formation of a fistula into the abdominal cavity and the development of peritonitis.

59. How should the operation be completed if a cold appendiceal infiltrate is detected?

Sample answer: suturing the wound, antibiotics and physiotherapy after surgery

60. On the second day after surgery for acute gangrenous appendicitis, the patient’s condition sharply worsened: vomiting, tachycardia, pallor, decreased hemoglobin, and blood pressure to 110/70 mm Hg. Art. Name
presumptive diagnosis, tactics of the surgeon?

Sample answer: presumably intra-abdominal bleeding, urgent relaparotomy in the right iliac region, search and elimination of the source of bleeding.

61. Two weeks of conservative treatment of “cold” appendiceal infiltrate have passed; the infiltrate is not palpable. What is the tactics of the surgeon?

    Sample answer: discharge under the supervision of a pediatric surgeon at a clinic

62. A 3-year-old child has a serious condition due to severe syndrome “Intrathoracic tension”: cyanosis of the nasolabial triangle, shallow breathing with shortness of breath up to 60–80 breaths per minute. There is a marked decrease in respiratory excursions on the affected side. Percussion in the middle and upper tympanitis is determined in the hemithorax sections, and shortening of the tone in the lower sections. Breathing is significantly weakened. An R-gram of the chest reveals: a significant amount of air and fluid in the pleural cavity, collapsing the lung and displacing the mediastinum in the opposite direction.
    In this case, the liquid level is clearly differentiated against the background of air. What is your diagnosis and treatment tactics?

    Sample answer: tension (valvular) pyopneumothorax, necessary drainage of the pleural cavity, administration of antibiotics, detoxification therapy.

63. The child was diagnosed with intussusception. The duration of the disease is more than 24 hours. The picture of intestinal obstruction is pronounced. What are the further doctor's actions?

    Sample answer: emergency hospitalization for surgical treatment is indicated: carrying out a median laparotomy and revision of the intestine, performing disinvagination and determining the viability of the disinvaginated intestine, according to indications -
    stoma removal.

64. When preparing a patient for a planned surgical operation for an inguinal hernia on the right, the patient independently shaved the right groin area on the eve of the operation and treated the shaved area with a 5% alcohol solution of iodine. TO what undesirable consequences this could lead to. What was the correct course of action?
    Sample answer: Treatment with a 5% iodine solution can cause a chemical burn, which will complicate the wound process after surgery. In addition, the shaving area is clearly insufficient; the entire abdominal wall below the navel must be shaved. After shaving, the skin is treated with 70% alcohol or another licensed skin antiseptic.

65. For a patient after an inguinal hernia repair, the wound was drained with a strip glove rubber and an adhesive bandage was applied. The next day, during dressing, it was discovered that the bandage was quite abundantly wet with serous-sucrose discharge, the skin along the suture line is moderately swollen and hyperemic, and in places of fixation to the skin adhesive plaster - brightly hyperemic with small erosions. Assess the current

postoperative period. Your suggestions for applying a bandage after dressing.

Sample answer: There is a reaction to the adhesive plaster in the form of acute dermatitis. There are no signs of complications from the surgical wound. Moderate swelling and hyperemia of the wound edges correspond to the inflammation phase of the uncomplicated course of the wound process. It is necessary to change the type used adhesive plaster on a hypoallergenic one, stick it on unaffected areas of the skin. It is advisable to tan existing erosions with a 5% solution of potassium permanganate.

66. When determining the blood group using coliklones of different series, the laboratory twice received the answer “The blood group does not match.” How to determine the blood type of such a situation? What to do if a patient requires an emergency red blood cell transfusion?

Sample answer: If it is not possible to determine the blood group using standard methods, then blood samples should be sent to a specialized serological laboratory, where, in addition to antigen typing, an individual selection of transfusion media can be carried out.

67. When determining the Rh factor using the Anti-D Super cyclicone, a negative result was obtained, confirmed in a clinical laboratory. At the same time, the patient claims that he has repeatedly donated blood as a donor. At the blood transfusion station he was informed that his Rh factor was positive. What can be wrong? What data should you trust?

Sample answer: Rh negative patient, i.e. a recipient is considered a person who does not have surface antigen D detected on his red blood cells. A Rh-negative donor is considered a person who does not have antigens C, D, E detected. Persons with the absence of antigen D but the presence of antigens C and (or) E are considered Rh-positive as donors, and negative as recipients. Apparently, the patient in question is one of them. It is necessary to trust the data of the clinical laboratory and order Rh-negative for transfusion
transfusion media.

68. A 15-year-old patient was admitted to the surgical department on an emergency basis for treatment of a bullous form of erysipelas of the left leg.
State at admission: average
severity, pulse 84/min, blood pressure 150/80 mm Hg, t 38.2ºC. The doctor on duty prescribed ampicillin intramuscularly at a dose of 6 grams per day. The patient had not been previously treated with antibiotics. After the first injection of the drug, the patient immediately felt unwell. Already in the treatment room I felt palpitations, nausea, dizziness, and a feeling of lack of air. The nurse in the treatment room gave the patient ammonia to sniff and
called the doctor on duty. Pulse 96 per minute, respiratory rate 26 per minute, blood pressure 80/50 mmHg. What complication developed in the patient? What is the pathogenesis of acute cardiovascular failure? How to provide emergency assistance?

Sample answer: A clear connection between the deterioration of the condition and the administration of a beta-lactam antibiotic suggests the development of anaphylactic shock. The main goal of emergency care for anaphylactic shock is to stabilize vital functions. In order to stabilize central hemodynamics
the use of adrenaline and prednisolone is necessary. Next, the patient must be transferred to the intensive care unit or ICU.

69. Parents with a 4.5-year-old boy came to see a local pediatrician. It was established that the child accidentally knocked over a mug of boiling water on himself 1 hour ago. The child was born from the second pregnancy, the first term birth, with a weight of 3200 g. He grows and develops according to his age. Vaccinated according to age.
Objectively: the condition is of moderate severity, some excitement is noted, the child is moaning. Visible mucous membranes are clean. Respiration rate - 40 per minute. Auscultation - vesicular breathing in the lungs. Pulse - 140 V
minute, satisfactory filling and tension. Heart - clear, rhythmic tones. Blood pressure - 80/55 mm Hg. Art. The abdomen is soft and painless. Local status: on the anterior surface of the abdomen, thighs, legs, skin damage is noted in the form of individual foci of edema, hyperemia with the presence of epidermal blisters filled with serous fluid, some of which have opened.
Questions:
1. Make a preliminary diagnosis.
2. What are your further tactics for providing emergency care?

Standard answer: 1. Thermal burn of the skin of the second degree, up to 27% of the body surface (according to the rule of nines).
2. Hospitalization in the thermal trauma department, hemodynamic monitoring, infusion therapy, pain relief; broad-spectrum antibiotic; locally - dressings with aqueous solutions of antiseptics or ointment dressings.
Antibacterial, detoxification therapy, daily dressings until the burn surface is completely epithelialized.

70. On the 4th day after surgery, the child presented with early adhesive intestinal obstruction. What activities need to be carried out first?

Sample answer: a survey radiograph of the abdominal organs, a contrast radiograph with barium, and conservative measures are required - parenteral administration of proserin, cerucal, cleansing enema, gastric lavage.

71. List the indications for performing bowel resection for intussusception.

Sample answer: determination of signs of intestinal non-viability after
warming of the intestine - absence of vascular pulsation, peristalsis, dark color of the intestine, when trying to straighten, tears in the intestinal wall appear,
necrosis of the implanted parts of the intestine is determined

72. An 11-year-old girl came in with scoliosis. X-rays were taken and
Scoliosis with an arc of 22° was detected, which was regarded as grade 2 scoliosis. The deformity was detected for the first time. What treatment should be prescribed?

Sample answer: complex of conservative treatment and dynamic observation

73. An 11-year-old girl presented with dysplastic S-shaped unfixed thoracolumbar scoliosis, curve 32°. Over the past year, the curvature has increased by 10 degrees. What treatment is indicated?

    Sample answer: surgical fixation of the spine with a metal structure

74. The child was diagnosed with intussusception. The duration of the disease is more than 24 hours. The picture of intestinal obstruction is pronounced. What will be the tactics treatment?

    Sample answer: Median laparotomy, surgical disinvagination by extrusion, determination of the viability of the disinvaginated intestine and, if indicated, the application of an ileostomy.

75. A child undergoing surgery for advanced intussusception was found to have necrosis of the distal ileum and questionable viability of the overlying ileum over 50 cm. What is the surgeon's tactics?

    Sample answer: resection of an obviously necrotic part of the intestine, ileostomy, planned relaparotomy after 12 hours

| Name competencies | Types of assessment materials | number of tasks **for 1 competency** |
|---|---|---|
| PC - 11 | Closed tasks | 25 with sample answers |
| | Open type tasks: Addition tasks Interview questions Situational tasks | 84 with sample answers |

Closed tasks

1. Instructions: choose one correct answer.
   At what age is acute appendicitis most common? a) chest
   b) nursery
   c) junior school d)
   middle school

Sample answer: in

2. Instructions: choose one correct answer.
   Which department should a child under 3 years of age with "acute abdominal pain syndrome" be hospitalized in?
   a) somatic b)
   surgical c)
   infectious

Sample answer: b

3. Instructions: choose one correct answer.
   What disease is differentiated between acute appendicitis in school-age girls?
   a) torsion of ovarian cyst
   b) congenital pyloric stenosis c)
   abdominal pain
   d) rectal polyp Standard

answer: a

4. Instructions: choose one correct answer.
   What symptom is revealed when examining a child with a suspicion of acute appendicitis in a state of sleep?
   a) Rovsing's sign
   b) Voskresensky's symptom
   c) symptom "return of the hand"
   d) tension in the muscles of the anterior abdominal wall

Answer standard: d

5. Instructions: choose one correct answer.
   Point out the most reliable symptom of acute appendicitis in children? a)
   discrepancy between pulse and temperature
   b) hyperthermia
   c) tachycardia
   d) abdominal muscle tension

Standard answer: d

6. Instructions: choose one correct answer.
   What disease is acute appendicitis differentiated from in preschool children?
   a) partial atresia of the duodenum b)
   coprostasis
   c) pleumonia
   d) pyloric stenosis

Sample answer: b

7. Instructions: choose one correct answer.
   On duty, an appendicular "cold" infiltrate with symptoms of low intestinal obstruction was detected, radiologically - barium retention over
   obstacle. Name the tactics of the surgeon on duty:
   a) urgent surgery and separation of the infiltrate
   b) turning off the infiltrate
   c) transnasal intubation of the gastrointestinal tract d) antibiotics,
   physiotherapy and observation
   e) transanal intestinal probing Standard answer: b

8. Instructions: choose one correct answer.
   In a patient with a "cold" appendiceal infiltrate against the background conservative therapy resulted in abdominal pain and peritoneal symptoms,
   body temperature increased to 38.7 C. Name the tactics of the attending surgeon:

a) operation
b) increasing doses of antibiotics c) changing antibiotics
d) cold on the stomach and observation e) laparoscopy
Sample answer: a

9. Instructions: choose one correct answer. Specify the cause of peritonitis in children:
a) perforation of Meckel's diverticulum
b) complete umbilical fistula
c) non-fusion of the urachus
Standard answer: a

10. Instructions: choose one correct answer.
At what age does diplococcal peritonitis often occur in children? a) up to 5 years
b) 5 - 9 years
c) 10 - 14 years
d) over 14 years old
Answer standard: b

11. Instructions: choose one correct answer. Specify the symptom of peritonitis:
a) intoxication
b) abdominal muscle tension c) headache
e) bradycardia
Standard answer: b

12. Instructions: choose one correct answer.
What types of esophageal burns are most common in children? a) thermal burns
b) alkali burns c) acid burns
Sample answer: in

13. Instructions: choose one correct answer.
What determines the degree of damage and length of a burn to the esophagus? a) on the amount of substance
b) on the type of substance c) concentration
d) duration of exposure e) age of the child
Sample answer: b

14. Instructions: choose one correct answer.
What substances cause the deepest damage to the esophageal mucosa?
a) thermal burns b) alkali burns
c) acid burns

Sample answer: b

15. Instructions: choose one correct answer.
    What is the depth of damage for a mild burn? a) necrosis
    of only the superficial layers of the epithelium
    b) necrosis of the epithelial layer
    c) necrosis of the mucous membrane and muscle layer

Standard answer: a

16. Instructions: choose one correct answer.
    Indicate the main clinical symptom of a burn of the esophagus on the first day of the disease:
    a) child's anxiety b)
    drooling
    c) fever d) dysphagia
    e) complete obstruction of the esophagus. Answer

standard: b

17. Instructions: choose one correct answer.
    Indicate the method of treatment of the decompensated form of congenital lobar emphysema:
    a) pleural puncture b)
    thoracentesis
    c) radical surgery - removal of the affected lobe d)
    conservative therapy

Sample answer: in

18. Instructions: choose one correct answer.
    Point out the radiological sign of pulmonary atelectasis: a)
    displacement of the mediastinum towards the lesion
    b) displacement of the mediastinum to the healthy
    side c) low position of the dome of the diaphragm
    d) darkening of the sinus on the affected side.

Standard answer: a

19. Instructions: choose one correct answer.
    Point out the method of topical diagnosis of mediastinal tumors in children: a)
    pneumomediostinography
    b) splenoportography c)
    puncture biopsy d)
    Ultrasound

Sample answer: a

20. Instructions: choose one correct answer.
    Select a malformation of the head that causes respiratory failure: a) coloboma
    b) Pierre-Robin syndrome c)
    aortic atresia
    d) cerebral hernia

Standard answer: b

21. Instructions: choose one correct answer.
What is the name of a lung malformation that consists in the absence of all structural units of the lung: bronchi, vessels, parenchyma?
a) lung cyst
b) emphysema c) pneumothorax
d) lung agenesis

Standard answer: d

22. Instructions: choose one correct answer.
In a child with severe respiratory failure, it is impossible to pass a catheter through the nose to suction out mucus. What is the most likely reason?
a) macroglossia
b) Pierre-Robin syndrome c) choanal atresia
d) tracheoesophageal fistula

Sample answer: c

23. Instructions: choose one correct answer. Your tactics for Pierre-Robin syndrome:
a) suturing the tongue and fixing it to the child's clothing b) wedge resection of the tongue
c) treatment in a horizontal position on the stomach with the head fixed on a special frame

Sample answer: in

24. Instructions: choose one correct answer.
Congenital atelectasis can be caused by all reasons except: a) aspiration of amniotic fluid
b) congenital surfactan deficiency
c) long anhydrous period of labor d) traumatic brain injury

Sample answer: in

25. Instructions: choose several correct answers
What causes cyanosis in newborns when they are restless? a) tracheoesophageal fistula
b) funnel chest c) double aortic arch
d) diaphragmatic hernia

Standard answer: a, c, d

Open type tasks: Addition tasks.

1. Instructions: Insert a few words.
Traumatic shock is an acutely developing, life-threatening condition that occurs as a result of_____
Sample answer: severe injury.

2. Instructions: Insert a few words.
"golden hour" is counted from the moment_____, and not from the moment assistance begins.
Sample answer: injury

3. Instructions: Insert a few words.
Temporary stop of bleeding can be performed by_____, clamping of an arterial vessel proximal to the site of bleeding, application of a pressure bandage, application of a tourniquet. Sample answer: finger pressure in the area of bleeding

4. Instructions: Insert a few words.
Pain, excessive salivation and inability to swallow food are the most common symptoms _____esophagus.
Sample answer: foreign body

5. Instructions: Insert one word.
A contrast foreign body can be detected by _____
Sample answer: radiography

6. Instructions: Insert one word.
The success of the procedure for removing a foreign body from the esophagus depends on knowledge_____child and the technique of this intervention.
Sample answer: anatomy

7. Instructions: Insert a number interval.
In childhood, burns of the esophagus occur as a result of ingesting concentrated solutions of acids and alkalis. Children aged _____ years.
Sample answer: 1 – 3

8. Instructions: Insert a few words.
Burns from boiling water or potassium permanganate crystals often cause burns_____.
Sample answer: oropharynx and upper esophagus.

9. Instructions: Insert a few words.
The first symptoms of a burn of the esophagus are characterized by _____.
Sample answer: Acute pain and inflammation

10. Instructions: Insert a few words.
For severe burns from concentrated sulfuric and nitric acids, usually There is no “period of imaginary well-being”, which is due to deep damage_____ the walls of the esophagus, their massive inflammation and mediastenitis.
Sample answer: everyonelayers

Questions for an interview.

11. Principles for the beginning of treatment of burns of the esophagus.
Sample answer: They start with early, copious watering of the child and induction of vomiting, or lavage of the stomach through a tube. Potassium permanganate crystals should be removed with a swab moistened with a solution of ascorbic acid.

12. The Shchetkin-Blumberg symptom in acute appendicitis is considered positive. Standard answer: increased pain with sudden removal of the hand, compared with palpation.
13. Is Obraztsov's symptom considered positive in acute appendicitis?
    Sample answer: pain increases with pressure on the cecum and simultaneous raising of the right leg straightened at the knee joint.
14. Intussusception is classified as what form of intestinal obstruction?
    Sample answer: mixed
15. At what age is intussusception most common in children?
    Standard answer: 4-10 months
16. Typical symptoms of intussusception.
    Sample answer: paroxysmal abdominal pain, restlessness, vomiting once or twice, stool retention, bloody-mucous discharge from the rectum (in the form of “raspberry jelly”), palpable tumor-like formation in the abdomen
17. Attacks of pain at the onset of the disease with intussusception are frequent, with short intervals of calm (3-5 minutes), what is the reason for this?
    Sample answer: waves of intestinal peristalsis and movement of intussusception inside the intestine.
18. With intussusception, what stool has a characteristic appearance? Sample answer: “raspberry jelly”
19. Conservative method of treating intussusception.
    Sample answer: insufflation of oxygen into the colon through a gas outlet tube with manometric control. Permissible pressure is no more than 150 mm Hg. This method is effective for all forms of intussusception, except small intestinal.
20. What are the indications for surgical treatment of intussusception?
    Sample answer: onset of disease over 24 hours; child's age over 1 year; repeated visit to a medical institution; ineffectiveness of conservative straightening of intussusception.
21. The first clinical signs of pyloric stenosis appear at what age? Standard answer: 2-3 weeks of life.
22. Early symptom of pyloric stenosis?
    Sample answer: “fountain” vomiting of gastric contents after feeding, without any admixture of bile.
23. A characteristic symptom of pyloric stenosis when examining a child. Sample answer: hourglass symptom.
24. Diagnostic methods of pyloric stenosis.
    Sample answer: Ultrasound is the main method for diagnosing pyloric stenosis (the thickness of the muscle layer is more than 4 mm). X-ray (significant slowdown of the contrast agent from the stomach, “segmented” peristalsis of the stomach, the presence of the “antral beak” symptom).
25. Factors determining the degree of damage to the esophagus during a burn.
    Sample answer: nature of the substance taken; amount of substance taken; solution concentration; consistency of the substance taken; exposure (time of contact) of the chemical reagent with the wall of the esophagus
26. Treatment of acid burns and alkali burns.
    Standard answer: burn with alkali (gastric lavage with 1% table vinegar solution); acid burn (gastric lavage with 2% sodium bicarbonate solution NaHCO3 baking soda)
27. Diagnosis of intestinal obstruction, a pathognomonic symptom for duodenal obstruction.

Sample answer: in most cases, plain radiography shows a double-bubble symptom.

28. Conservative treatment of subacute and acute intestinal obstruction.
    Sample answer: emptying the stomach (using a permanent tube) with periodic rinsing after 2-3 hours; intravenous intestinal stimulation: 10% sodium chloride solution, neostigmine methyl sulfate solution; siphon enema. At the same time, the passage of barium sulfate suspension through the intestines is monitored radiologically.
29. Typical localization of phlegmon in a newborn.
    Sample answer: posterior and lateral surfaces of the chest, lumbar and sacral regions.
30. Clinical picture of phlegmon in a newborn.
    Sample answer: the child becomes lethargic, restless, sleeps poorly, and refuses to breastfeed. Body temperature rises to 38-39 degrees. A red spot appears on the affected area, which quickly, over the course of several hours, enlarges. Swelling and hardening of soft tissues are noted. Subsequently, a fluctuation appears in the center of the inflammation. In severe cases, the skin exfoliates, becomes necrotic, and extensive soft tissue defects are formed.
31. Treatment of phlegmon of a newborn.
    Sample answer: local treatment consists of making multiple incisions in the affected area and along the border with healthy areas. After applying the incisions, apply a damp bandage with antiseptic solutions. In cases of skin necrosis, necrectomy is performed after the formation of a demarcation line. General treatment includes antibiotic therapy, detoxification and immunocorrective therapy.
32. Treatment of mastitis in newborns at different stages.
    Standard answer: in the infiltration stage: antibiotic therapy, compresses (semi-alcohol and ointment), UHF; in the abscess formation stage: emergency
    surgical treatment (incisions are made in the area of inflammation and along the border with healthy skin in a radial direction)
33. Lymphadenitis Clinic.
    Increased body temperature to 38-39C, chills, malaise, sleep disturbance, headaches, loss of appetite. The lymph node is dense, enlarged, painful on palpation; when the lymph node melts, fluctuation is determined.
34. Treatment of acute paraproctitis.
    The abscess is opened and the internal opening at the base of the crypt is eliminated. It is imperative to inspect the cavity to evacuate pus from pockets and leaks and drain it. Antibiotic therapy.
35. Treatment tactics for purulent mastitis.
    In the infiltration stage, treatment is aimed at resolving the infiltrate: semi-alcohol compresses, physiotherapy. In the abscess formation stage, radial incisions are made. A bandage with a hypertonic solution is applied. Antibiotic therapy, detoxification, immunocorrective therapy.
36. When does lobar emphysema occur?
    Sample answer: rupture of the alveolar septa due to stenosis of the afferent bronchi, or is a consequence of a defect in the development of the pulmonary parenchyma.
37. Clinical manifestations of 1st and 2nd degree burns.
    Sample answer: with 1st degree burns, in the first hours after injury, the skin is hyperemic and swollen, accompanied by burning pain. In grade 2, in the first hours after injury, hyperemia and swelling of the skin with detachment of the epidermis and

the formation of blisters filled with clear liquid, severe pain during the first 2-3 days.

38. Clinical manifestations of 3rd and 4th degree burns.

    Standard answer: with grade 3A, the epidermis is completely absent, the soft integumentary tissues are swollen. With degree 3B, necrosis of the entire thickness of the skin, which looks like dense, dry, lumpy-brown scabs. Thrombosed saphenous veins are visible in their thickness. With degree 4, necrosis of the skin and underlying tissues: muscles, bones, tendons and joints. The scab is dense and thick, sometimes black with signs of charring.

39. Rule for determining the area of burns.

    Sample answer: “Rule of the palm.” The palm area of an adult is 1.0%. This method is used to determine the percentage of the burned surface for small burn areas and for multiple lesions located in different parts of the body.

40. What is burn disease?

    Sample answer: pathological changes in various organs and systems, in which protein and water-salt metabolism are disrupted, toxins accumulate, the body’s defenses decrease, and burn exhaustion develops

41. Local treatment of burns

    Sample answer: With the closed method, ointment dressings are used to treat 1-3a degree burns. Treatment of 3b-4 degree burns is aimed at accelerating the rejection of necrotic tissue; autodermoplasty is required.

42. What open method of treating burns is being tried?

    Standard answer: for burns of the face, neck, perineum, where bandages make care difficult. Based on the formation of a dry scab. Used in specialized burn centers.

43. What are the general principles of burn treatment?

    Sample answer: rest, analgesics; ensure airway patency, catheterization of the central vein, start of infusion, catheterization of the bladder, tube into the stomach, bandages on burned surfaces; infusion therapy, detoxification therapy, treatment of acute renal failure, correction of acidosis; antibacterial therapy, stimulation of the immune system.

44. What is Trench Foot?

    Sample answer: a special type of cold injury that occurs at temperatures from 0 to +10 C and high humidity. On examination, the feet are pale, all types of sensitivity are impaired. There are pronounced signs of intoxication.

45. First aid for freezing

    Sample answer: the victim is placed in a bath of water at a temperature of 36C, within 20 minutes the temperature is brought to 38-40C; hot drinks, infusion therapy, analgesics, antihistamines, cardiac medications; treatment with antiseptic solutions and application of heat-insulating bandages

46. Local treatment for frostbite of 1st and 2nd degree

    Standard answer: in grade 1, as a rule, bandages are not applied; drugs with an antiseptic and analgesic effect can be applied. In grade 2, large blisters are opened, and in case of suppuration, they are removed. Bandages with antiseptic solutions are applied.

47. Local treatment for frostbite of 3rd and 4th degree

    Sample answer: at grades 3 and 4, blisters and non-viable tissues are removed, bandages with antiseptic solutions and proteolytic enzymes are applied. They require surgical treatment to remove necrosis and plastically close wounds.

48. When is necrotomy used for frostbite?

Standard answer: preventing secondary ischemia due to vascular compression

49. What is the most common injury to the genitourinary system? Sample answer: kidneys, urethra (in combination with damage to the pelvic bones), bladder
50. Clinical manifestation of kidney injury
    Sample answer: pain in the abdomen and in the corresponding half of the lumbar region; swelling in the lumbar region; hematuria (of varying intensity); positive symptom of tapping in the lumbar region
51. Indications for surgical treatment for kidney injuries
    Standard answer: increase in internal bleeding, hematuria, deterioration of the patient's condition
52. Treatment of cephalohematoma
    Standard answer: feeding with expressed milk for 3-4 days, calcium gluconate and vitamin K for 3-4 days, puncture with aspiration and application of a pressure bandage, in case of infection and suppuration - surgical treatment.
53. Surgical tactics for strangulated inguinal hernia
    Sample answer: a strangulated inguinal hernia is an indication for emergency surgery. For the purpose of preoperative preparation, analgesics and 0.1% atropine solution are administered.
54. Clinical picture of spermatic cord torsion.
    Sample answer: local manifestations of volvulus are manifested by scrotal asymmetry. Paramedian retraction of the scrotal skin on the affected side is often detected. Swelling of the skin occurs at the root of the scrotum due to the upward movement of the testicle. The cremasteric reflex is absent or poorly expressed. In some cases, the affected testicle "shines through" the skin of the scrotum as a dark-colored formation.
55. Surgical tactics for torsion of the spermatic cord
    Sample answer: emergency surgery is indicated. The goal is to eliminate torsion in the early stages of the disease.
56. The goals of treatment for spontaneous pneumothorax are:
    Sample answer: expansion of the lung; cessation of air flow into the pleural cavity; preventing relapse of the disease
57. Technique for performing pleural puncture.
    Sample answer: puncture is performed using a needle or a thin stylet catheter. A typical place for puncture is the 2nd intercostal space along the midclavicular line or the 3rd-4th intercostal space along the midaxillary line.
58. What is the cause of erroneous appendectomy in destructive pleuropneumonia?
    Sample answer: severe abdominal pain syndrome caused by irritation of the lower intercostal nerves, which also innervate the epigastric region.
59. Name the methods of treating lung abscess.
    Standard answer: antibacterial therapy, sanitation bronchoscopy, postural drainage, vibration chest massage, inhalation
60. At what time do newborns develop clinical manifestations of congenital intestinal obstruction and pyloric stenosis?

    Sample answer: with congenital intestinal obstruction the clinical picture develops very actively on the 1st day after birth, with pyloric stenosis the clinical manifestations of obstruction begin 2-3 weeks after the birth of the child.
61. What explains respiratory failure in congenital diaphragmatic hernia?

Standard answer: compression of the lung on the affected side, with a large hernia - compression of the lung on the opposite side and the development of congestive infectious complications in the lungs - pneumonia, atelectasis, etc.

62. Causes of difficulty breathing in children.
    Sample answer: Displacement and compression of the lung can occur as a result of processes that reduce the pleural cavity, most often these are diaphragmatic hernias and esophageal atresia. They partially or completely turn off the lung from the act of breathing. During difficult labor, the phrenic nerve is sometimes damaged.
63. Definition of strangulated inguinal hernia in a child.
    Sample answer: Incarceration is characterized by the sudden appearance of a persistent painful protrusion in the groin area, vomiting, severe child's anxiety. By lying on your back and applying light pressure from bottom to top on the protrusion, you can ensure that the contents are removable, that confirms the diagnosis and allows differentiation with inguinal or iliac lymphadenitis and hydrocele of the spermatic cord.
64. Necrosis of the subcutaneous tissue of newborns.
    Sample answer: Necrosis of the subcutaneous tissue of newborns (subcutaneous adiponecrosis) occurs slowly, without a sharp deterioration in the general condition. IN multiple dense and painless infiltrates can be felt in the subcutaneous tissue. Of the complications caused by inflammatory processes in soft tissues, the most likely are peritonitis and sepsis.
65. How should the operation be completed if a cold appendiceal infiltrate is detected?
    Sample answer: suturing the wound, antibiotics and physiotherapy after surgery
66. What is the clinical picture of acute appendicitis in children under 3 years of age?
    Sample answer: first of all, the predominance of general symptoms (lethargy, intoxication, generalized soreness) over local ones (local soreness, local tension in the muscles of the anterior abdominal wall - defence).
67. What are the clinical manifestations of ruptured renal vessels in a child?
    Sample answer: When the vessels of the kidney are torn off, severe shock and pain in the kidney area are observed, a large swelling appears, and there is usually no blood in the urine.
68. Clinical picture of bladder rupture in children
    Sample answer: Bladder ruptures are noted with severe fractures of the pelvis or with a blow to the bladder area (especially when it is full). They are characterized by pain and a strong urge to urinate, which is often impossible, and is accompanied by infection, urinary leakage, pelvic phlegmon, and urosepsis develop.
69. Biphasic late ruptures of the spleen in a child.
    Sample answer: With isolated damage, severe pain is noted in the epigastric region, right hypochondrium, muscle soreness and tension, back pain, severe general condition, anxiety.
70. Kidney damage in children
    Sample answer: Kidney contusion is characterized by pain in the renal area and no changes in urine, with preservation of normal kidney function. Shock symptoms are usually absent. In case of damage to the renal parenchyma, severe local pain, tension in the lower back muscles and swelling are noted.
    renal area. There is no blood in the urine. Symptoms of shock are almost always severe.
71. Ruptures of the small intestine in children.
    Sample answer: tension in the abdominal wall, disappearance of its respiratory excursions and Shchetkin-Blumberg symptom. The presence of this syndrome is considered an indication for surgical exploration of the abdominal cavity. Extensive soreness

abdomen, the sounds of peristalsis weaken or even disappear, vomiting often occurs, and leukocytosis appears with a shift in the blood count to the left.

72. Damage to hollow organs in a child
    Standard answer: shock of varying degrees, sharp, board-like tension appears first in the upper half, then in the entire abdominal wall, vomiting occurs, often bloody. Pallor, a small and rapid pulse, and even loss of consciousness are noted. Liver dullness disappears.
73. Liver rupture in children
    Sample answer: The severity of the injury is indicated by signs of shock and anemia. Local pain and tension in the abdominal muscles are noted. The main danger is massive hemorrhage into the abdominal cavity.

Situational tasks:

74. On the first day after birth, the child began vomiting with an admixture of bile, and his stool was normal. Pregnancy was accompanied by polyhydramnios. The birth was on time and normal. Diagnosis?

    Sample answer: high congenital intestinal obstruction.

75. The newborn baby had no bowel movement for 24 hours. State satisfactory, the abdomen is not bloated, soft, painless. The anal opening is normally formed. The birth is urgent and normal. Diagnosis?
    Sample answer: low congenital intestinal obstruction.
76. A child at the age of 1 week began vomiting the food he had eaten, and his stool was restless for some time. Then 1 week later it appeared again anxiety, vomiting first of gastric and then intestinal contents, there was no stool, the stomach was swollen. Objectively, the condition is moderate, exicosis, moderate toxicosis. The abdomen is distended, the intestines “loop”, and when probing the rectum there is scanty discharge. Diagnosis,?

    Standard answer: congenital intestinal obstruction, recurrent form.

77. Child 12 years old. He grew and developed normally. Went to the emergency room district hospital in 45 minutes. after the appearance of attacks of severe abdominal pain, vomiting of gastric contents. The chair was 2 times. The stool is of normal consistency. Objectively: the child is pale, especially during a painful attack, and rushes around the room. Pulse 118 per minute, rhythmic. The abdomen is not swollen, soft, non-localized pain on deep palpation, more in the projection of the root of the mesentery of the small intestine. Loud peristaltic noises are heard.
    Diagnosis?

    Sample answer: acute strangulation intestinal obstruction.

78. During examination in the delivery room, a newborn child was found to have no anus. The child's condition is satisfactory. Diagnosis, treatment tactics?

    Sample answer: anal atresia. In the presence of an external fistula - bougie, internal and atresia without a fistula - impose an unnatural anus.

**CRITERIA for assessing competencies and rating scales**

| **Grade "unsatisfactory"(not accepted) or absence competence development** | **Grade "satisfactorily"(passed) or satisfactory (threshold) level of competence development** | **Rating "good" (passed) or sufficient level of mastery competencies** | **"Excellent" grade (passed) or high level of development competencies** |
|---|---|---|---|
| Inability of the learner to learn independently demonstrateknowledge when solving tasks, lack of independence in using skills. Absence confirmation of the availability of competence indicates negative results of mastering the academic discipline | The student demonstrates independence in applying knowledge, skills and abilities to solve educational tasks in full accordance with a sample given by the teacher for tasks whose solutions were shown teacher, it should be considered that the competence formed at a satisfactory level. | The student demonstrates independen tapplication of knowledge, skills and abilities in solving tasks similarsamples, which confirms the presence forme dcompetencies at a higher level. Availability such competence at a sufficient level indicates sustainable fixed practical skill | The student demonstratesability to complete independence in choosing a solution non-standar dassignments within the discipline using knowledge, skills and abilities, received both during the development of this discipline and related disciplines should be considered competence formed at a high level. |

***Criteria for assessing test control:***

| percentage of correct answers | Marks |
|---|---|
| 91-100 | Great |
| 81-90 | Fine |
| 70-80 | satisfactorily |
| Less than 70 | unsatisfactory |

When grading tasks with multiple correct answers, one error is allowed.

***Interview assessment criteria:***

| **Mark** | **Descriptors** | | |
|---|---|---|---|
| | **strength of knowledge** | **ability to explain** | **logic and** |

| | | **(introduce)essence of phenomena, processes, doing conclusions** | **response sequence** |
|---|---|---|---|
| Great | strength of knowledge, knowledge of the basic processes of the subject being studied areas, the answer differs in depth and completeness disclosure of the topic; possession terminological apparatus; logic and consistency answer | high ability to explain the essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples | high logic and consistency of the answer |
| Fine | strong knowledge of the basic processes of the subject area being studied, distinguished by the depth and completeness of the topic; possession terminologica lapparatus; free mastery of monologue speech, but one or two inaccuracies are allowed answer | the ability to explain the essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; however, one or two inaccuracies in the answer are allowed | logic and response sequence |
| satisfactory | satisfactoryknowledge of the processes of the subject area being studied, the answer differs insufficient depth and completeness of the topic; knowledge of the basic issues of theory. There may be some errors in the content. answer | satisfactorythe ability to give reasoned answers and give examples; satisfactorily developed skills in analyzing phenomena and processes. There may be some errors in the content. answer | satisfactorylogic and response sequence |
| unsatisfactory | poor knowledge of the subject area being studied, shallow disclosure Topics; poor knowledge of basic theoretical issues, poor skills in analyzing phenomena and processes. There are serious errors in the content answer | inability to give reasoned answers | absencelogic and response sequences |

***Criteria for assessing situational tasks:***

| | **Descriptors** |
|---|---|

| Mark | understanding the problem | analysis of the situation | solution skills | professional thinking |
|---|---|---|---|---|
| | | | situations | |
| Great | full understanding Problems. All requirements for the task completed | high ability to analyze the situation, draw conclusions | high abilitychoose a solution method problems, sure situation solving skills | high level professional thinking |
| Fine | full understanding Problems. All requirements for the task completed | ability to analyze a situation, draw conclusions | abilitychoose a solution method problems sure situation solving skills | sufficient level of professional thinking. One or two inaccuracies in the answer are allowed |
| satisfactory | partial understanding of the problem. Most of the requirement spresented for the task, completed | satisfactorystrong ability to analyze a situation, draw conclusions | satisfactor yadvanced situation-solving skills, difficulties with choosing a method for solving a problem | sufficient level of professional thinking. More than two inaccuracies in the answer or an error in solution sequences |
| unsatisfactory | misunderstanding of the problem. Many requirement srequirements for the task were not completed. No answer. Did not have attempts to solve the problem | low ability to analyze the situation | insufficien tsituation solving skills | absent |