

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

FACULTY OF TREATMENT AND PREVENTION

Assessment materials for the discipline

"Faculty Surgery"

(appendix to the work program of the discipline)

Specialty 05/31/01 General Medicine

1. List of competencies formed by the discipline

professional (PC)

Code and name of professional competencies	Indicator(s) of professional achievement competencies
PC 2. Examination of the patient to establish a diagnosis	<p>ID PC2Labor actions</p> <p>Collection of complaints, medical history and illness of the patient</p> <p>Carrying out physical examinations patient (examination, palpation, percussion, auscultation)</p> <p>Formulation of a preliminary diagnosis and drawing up a plan for laboratory and instrumental examinations of the patient</p> <p>Referring the patient for laboratory examination if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p> <p>Referring the patient for an instrumental examination if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p> <p>Direction patient For providing specialized medical care in an inpatient setting or in a day hospital if there are medical indications in accordance with the current</p> <p>orders providing medical help, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care</p> <p>Carrying out differential diagnosis with other diseases/conditions, including emergencies</p> <p>Establishing a diagnosis With taking into account current international statistical classification of diseases and related health problems (MICE)</p> <p>Required skillsCollect complaints, life history and illness of the patient and analyze the information received</p>

	<p>Conduct physical examination patient (examination, palpation, percussion, auscultation) and interpret its results</p> <p>Justify necessity And volume laboratory examination of the patient Justify the need for instrumental examination of the patient Analyze the results of the examination of the patient, if necessary, justify and plan the scope of additional research</p> <p>Interpret the results of information about the patient's disease Interpret data obtained during a laboratory examination of the patient Interpret data obtained during an instrumental examination of the patient Interpret data obtained during consultations</p> <p>Realize early diagnostics diseases of internal organs Differentiate diseases of internal organs from diagnostics diseases</p> <p>Determine the priority of the volume, content and sequence of diagnostic measures</p> <p>Determine medical indications for the provision of emergency, including emergency specialized medical care. Use medical devices in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, assistance taking into account the standards of medical care</p> <p>Required knowledge Procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, standards of medical care. Methods of laboratory and instrumental research for assessing health status, medical indications for research, rules for interpreting their results</p> <p>Methodology for collecting complaints, life history and illness of the patient</p>
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	Methodology physical research patient (examination, palpation, percussion, auscultation)
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2. Types of assessment materials in accordance with the competencies being developed

Name competencies	Types of assessment materials	number of tasks for 1 competency
PC - 2	Closed tasks	25 with sample answers
	Open type tasks: Situational tasks Interview questions Add-on tasks	75 with sample answers

PC - 2:

Closed type tasks:

Task 1. Instructions: Choose one correct answer.

An important symptom of acute appendicitis, which is detected during examination of the patient, is:

- a) Rovsing's sign
- b) Kocher's sign
- c) Sitkovsky's symptom
- d) Obraztsov's sign
- e) Shchetkin-Blumberg symptom *Response*

standard: d. Shchetkin-Blumberg symptom

Task 2. Instructions: Choose one correct answer. Psoas symptom is positive when the process is located:

- a) pelvic
- b) subhepatic
- c) retrocecal
- d) ordinary
- d) reverse arrangement of organs

Response standard: V. retrocecal

Task 3. Instructions: Choose one correct answer. The least common external hernia in men is:

- a) inguinal
- b) femoral
- c) linea alba

- d) umbilical
- e) postoperative

Response standard: b. femoral

Task 4. Instructions: Choose one correct answer. Which external hernia is most common in women?

- a) inguinal
 - b) femoral
 - c) umbilical
 - d) white line
 - e) Spigel line
- Response standard:* b. femoral

Response standard: V. umbilical

Task 5. Instructions: Choose one incorrect answer. Pain in chronic peptic ulcer disease is localized in:

- a) epigastric region b) right hypochondrium
- c) left hypochondrium
- d) right iliac region e) left iliac region

Response standard: d. left iliac region

Task 6. Instructions: Choose one incorrect answer. Radiological symptoms of a stomach ulcer are:

- a) "niche"
- b) convergence of mucosal folds
- c) rough relief of the mucous membrane around the "niche"
- d) "index finger" symptom
- e) duodenostasis

Response standard: d. duodenostasis

Task 7. Instructions: Choose one correct answer. What are the most common gastric cancer metastases?

- a) Virchow's metastases
- b) liver metastases c) Schnitzler metastases
- d) Krukenberg metastases e) peritoneal carcinomatosis

Response standard: b. liver metastases

Task 8. Instructions: Choose one incorrect answer.

Methods for examining the stomach include:

- A) gastroscopy
- B) radiography
- B) physical methods
- D) gastrobiopsy
- D) retropneumoperitoneum *Response*

standard: d. retropneumoperitoneum

Task 9. Instructions: Choose one correct answer.

In case of chronic calculous cholecystitis, surgery is indicated for the patient:

- a) cholecystolithotomy
- b) cholecystostomy
- c) cholecystectomy
- d) cholecystoenterostomy *Response*

standard: V. cholecystectomy

Task 10. Instructions: Choose one correct answer. The most unfavorable complication of acute cholecystitis is:

- a) perivesical abscess
- b) perforation of the gallbladder and peritonitis c)
- infiltration of the abdominal wall
- d) hydrocele of the gallbladder e)
- empyema of the gallbladder

Response standard: b. gallbladder perforation and peritonitis

Task 11. Instructions: Choose one correct answer. In men, the most common cause of pancreatitis is:

- a) injury
- b) cholelithiasis c)
- alcoholism
- d) hyperparathyroidism
- d) taking steroids

Response standard: V. alcoholism

Task 12. Instructions: Choose one correct answer. At what location of cancer does jaundice appear most quickly?

- a) gallbladder cancer
- b) cancer of the common bile duct

- c) cancer of Vater's nipple
- d) cancer of the head of the pancreas e) cancer of the body of the pancreas *Response standard:*

b. common bile duct cancer

Task 13. Instructions: Choose one correct answer.

For the diagnosis of acute pancreatitis, the study is of primary importance:

- a) blood amylase
- b) blood sugar
- c) total blood bilirubin d) objective examination e) general blood test *Response*

standard: A. blood amylase

Task 14. Instructions: Choose one correct answer.

The presence of perforation of a stomach or duodenal ulcer can be judged by:

- a) plank belly
- b) severe pain in the epigastrium
- c) pain in the lumbar region
- d) increase in leukocytes to $15.0 \times 10^9/l$
- e) slight yellowness of the sclera and skin

Response standard: A. plank belly

Task 15. Instructions: Choose one correct answer.

To diagnose which type of intestinal obstruction is laparoscopy the most informative?

- a) adhesive
- b) tumor colon
- c) postoperative paralytic d) mesenteric thrombosis
- e) sigma inversion

Response standard: g. mesenteric thrombosis

Task 16. Instructions: Choose one correct answer. The favorite localization of colon diverticula is:

- a) sigmoid colon
- b) transverse colon c) cecum
- d) rectum

Response standard: A. sigmoid colon

Task 17. Instructions: Choose one correct answer. Colon cancer is most often located in:

- a) sigmoid colon
- b) descending colon c) ascending colon d) transverse colon e) cecum

Response standard: A. sigmoid colon

Task 18. Instructions: Choose one correct answer. The most common cause of intestinal eventration in the postoperative period is:

- a) anemia
- b) hypoproteinemia
- c) cancer d) hypovitaminosis

e) sluggish peritonitis *Response standard:* d. sluggish peritonitis

Task 19. Instructions: Choose one correct answer. The main symptom identified with peritonitis is:

- A) Shchetkin-Blumberg symptom
- B) muscle tension of the anterior abdominal wall
- C) percussion pain
- D) depressed peristalsis
- D) pain during rectal and vaginal examinations *Response*

standard: A. Shchetkin-Blumberg symptom

Task 20. Instructions: Choose one correct answer. The main manifestation of hemorrhoidal disease is:

- a) thrombosis of the corpora cavernosa b) bleeding
- c) anal itching
- d) strangulation of hemorrhoids e) stool fear

Response standard: b. bleeding

Task 21. Instructions: Choose one correct answer. A radical method of treating hemorrhoids is:

- a) Milligan-Morgan hemorrhoidectomy b)
- disarterialization of hemorrhoids c)
- application of a latex ring
- d) cryotherapy
- e) sclerotherapy

Response standard: A. Milligan-Morgan hemorrhoidectomy

Task 22. Instructions: Choose one incorrect answer. Clinical symptoms of rectal cancer:

- a) bloody discharge from the rectum b) changes in the
- rhythm and regulation of bowel movements c) changes
- in the shape of feces
- d) tarry stools
- e) painful discomfort in the rectum or pelvis

Response standard
: g. tarry stools

Task 23. Instructions: Choose one correct answer.

The only complication of acute appendicitis that does not require emergency intervention is:

- a) pyelphlebitis
- b) phlegmon of the intestine
- c) perforation of the appendix and
- peritonitis d) loose appendicular infiltrate
- e) intraperitoneal abscess

Response standard: d. loose appendicular infiltrate

Task 24. Instructions: Choose one correct answer.

Symptoms of ulcer penetration into the pancreas:

- a) irradiation of back pain b)
- persistence of pain
- c) increased blood amylase levels d)
- positive "splash noise" symptom e)
- positive Mayo-Robson sign

Response standard: A. radiating back pain

Task 25. Instructions: Choose one incorrect answer.

Clinical and morphological forms of exophytic gastric cancer include:

- a) polyp-shaped
- b) saucer-shaped

c) mushroom-shaped

d) plaque-like

e) infiltrative-ulcerative *Response*

standard: d. infiltrative-ulcerative

Open type tasks:

Task 26. Instructions. Instead of a dash, enter only one word.

The onset of an attack of pain from the epigastric or paraumbilical region followed by movement to the right iliac region is called a symptom of _____ in acute appendicitis.

*Sample answer:*Kocher.

Task 27. Instructions. Instead of a dash, enter only one word.

All women admitted with suspected acute appendicitis should be examined by a doctor _____.

*Sample answer:*gynecologist.

Task 28. Instructions. Instead of a dash, enter only one word.

The clinical picture of acute appendicitis may be caused by inflammation of the diverticulum _____.

*Sample answer:*Meckel.

Task 29. Instructions. Instead of a dash, enter only one word.

Varicose veins of the esophagus and stomach are a complication of _____ liver.

*Sample answer:*cirrhosis.

Task 30. Instructions. Instead of a dash, enter only one word. In obstructive

jaundice, bilirubin is increased due to the _____ fraction. *Sample answer:*straight.

Task 31. Instructions. Instead of a dash, enter only one word. In

acute cholecystitis, the use of the drug _____, which causes narcotic spasm of the sphincter of Oddi, is contraindicated.

*Sample answer:*morphine

Task 32. Instructions. Instead of a dash, enter only one word.

The presence of a large, tense, painless gallbladder and jaundice due to compression of the head of the pancreas by a tumor or a tumor in the area of the major duodenal papilla is called a symptom of _____.

*Sample answer:*Courvoisier.

Task 33. Instructions. Instead of a dash, enter only one word.

The presence of stagnant contents with an acoustic shadow in the gallbladder during ultrasound examination indicates _____.

*Sample answer:*cholecystolithiasis.

Task 34. Instructions. Instead of a dash, enter only one word.

Black semi-liquid stool with a characteristic unpleasant odor, formed from blood under the influence of the contents of the stomach and intestines, is called _____.

*Sample answer:*melena.

Task 35. Instructions. Instead of a dash, enter only one word. The detection of foci of fat necrosis during laparoscopy is due to the occurrence of a complication of acute pancreatitis _____.

*Sample answer:*pancreatic

necrosis. Task 36. Situational task.

A patient with a 35-week normal pregnancy developed severe pain in the right iliac region and vomiting. Temperature 37.8°C. The tongue is dry, covered with a white coating. The fundus of the uterus is palpated two transverse fingers above the navel. In the right half of the abdomen, more in the lower part, there is sharp pain on palpation, protective muscle tension, and a positive Shchetkin-Blumberg sign. Pasternatsky's symptom is negative. Leukocytes in the blood $16.0 \times 10^9/l$. There are traces of protein in the urine, 5-6 leukocytes in the field of view.

What is your diagnosis?

*Sample answer:*acute appendicitis.

Task 37. Situational task.

A patient came to you with acute thrombosis of external hemorrhoids and severe inflammation around them.

What type of treatment will you choose?

*Sample answer:*thrombectomy as the first stage of treatment, with drug therapy.

Task 38. Situational task.

A 30-year-old patient suddenly developed severe pain in the right iliac region, weakness, and dizziness. There was a brief loss of consciousness. The patient is pale. Pulse 120 per minute. The temperature is normal. The tongue is clean and moist. The abdomen takes part in breathing and is soft. There is pain in the right iliac region. The Shchetkin-Blumberg symptom is weakly positive. Leukocytes in the blood are $9.6 \times 10^9/l$.

What disease can you think of? What should be clarified from the anamnesis?

a large, densely elastic, painless formation with a smooth surface. There were no symptoms of peritoneal irritation. The temperature is normal, leukocytes in the blood are $5.6 \times 10^9/l$.

Probable diagnosis?

*Sample answer:*cholelithiasis, hydrocele of the gallbladder. Task 43.

Situational task.

A thin young woman undergoes laparoscopic cholecystectomy for chronic calculous cholecystitis. The operation is easy. The gall bladder, filled with stones, is removed from the cervix. The common bile duct was not dilated according to ultrasound, and there was no history of jaundice. The next day, the patient experienced severe pain in the right hypochondrium, which, given the simplicity and low traumatic nature of the operation, caused some surprise. However, on the 3rd day, the patient was found to have yellowness of the skin and mucous membranes. The patient's condition continued to deteriorate, and the jaundice increased rapidly. There was no doubt about its mechanical nature, but the issue of re-intervention was discussed sluggishly until, on the 5th day, fluid began to be detected in the patient's abdominal cavity.

What could have caused this condition?

*Sample answer:*Iatrogenic damage to the common bile duct. Task

44. Situational task.

A 56-year-old patient, an obese woman, was operated on on the 3rd day from the onset of the disease for acute cholecystitis and increasing obstructive jaundice. The gallbladder is phlegmonically altered, deformed by adhesions, and "stuffed" with stones. A cholecystectomy was performed. The common bile duct is dilated to 4 cm in diameter. When probing it, a stone is detected in the area of the papilla of Vater. The stone is driven in. Multiple attempts to remove it through a wound in the common bile duct in the supraduodenal region were unsuccessful. The operation took a long time. Due to the serious condition of the patient and significant technical difficulties associated with her obesity, it was decided to abandon the operation of transduodenal choledochotomy.

How should the operation be completed?

*Sample answer:*perform internal or external drainage of the common bile duct. Task 45. Situational task.

A 72-year-old patient, an obese woman, suffering from cholelithiasis and diabetes mellitus for 20 years, developed sharp pain in the right hypochondrium with irradiation to the right shoulder and scapula, vomiting, temperature $38^{\circ}C$. The pain is still there 3 days. The tongue is dry, covered with a white coating, slight icterus of the sclera. The abdomen is slightly swollen. Sharp pain in the right hypochondrium and significant muscle tension. Other departments

abdomen is painless. The Shchetkin-Blumberg symptom is localized in the right hypochondrium. Pulse 96 per minute. Leukocytes in the blood $12.0 \times 10^9/l$. Blood sugar 8.46 mmol/l.

What is your diagnosis?

*Sample answer:*cholelithiasis, acute cholecystitis. Task 46.

Situational task.

A 22-year-old goalkeeper received a strong blow to the epigastric region with a ball. An hour later he was taken to the emergency department in serious condition. Complains of sharp, increasing pain in the epigastric region. The pain gradually became irritating. Difficulty breathing appeared. The patient's condition progressively worsens. He is pale. Acrocyanosis is pronounced. Covered in sticky sweat. Pulse is weak, 140 per minute. The abdomen is slightly swollen, there is muscle tension and sharp pain in the epigastric region. The Shchetkin-Blumberg symptom is weakly expressed here. Hepatic dullness is preserved. Free fluid in the abdominal cavity is not detected. Red blood cells in the blood $4.5 \times 10^{12}/l$, hemoglobin 140g/l.

What is your diagnosis?

What additional studies will help confirm the diagnosis?

*Sample answer:*trauma to the pancreas, possibly its rupture with the formation hematomas. A CT scan needs to be performed.

Task 47. Situational task.

A 52-year-old patient was admitted to the emergency department. The day before I had a big dinner. In the morning I felt sharp pain in the epigastric region of a girdling nature. There was difficulty breathing, repeated vomiting that did not provide relief, weakness, and profuse sweating. Temperature 37°C. There are no urinary disorders. Retention of stool, gases do not pass away. I had never been sick before. Delivered 2 hours after the onset of the disease. Upon examination, the patient's condition is serious, the patient is pale, acrocyanosis is pronounced, and the skin is covered with cold sweat. Pulse 140 per minute. Blood pressure 100/60 mmHg. The tongue is dry and covered with a white coating. The stomach takes part in the act of breathing. Peristalsis is sluggish. Hepatic dullness is preserved. Free fluid in the abdominal cavity is not detected. The abdomen is soft on palpation. There are no symptoms of peritoneal irritation. Sharp pain in the epigastric region. Voskresensky and Mayo-Robson symptoms are positive. Leukocytes in the blood $12.0 \times 10^9/l$. Urine diastasis 1024 units.

What is your diagnosis?

*Sample answer:*acute pancreatitis.

Task 48. Situational task.

A 56-year-old patient was admitted to the clinic with complaints of unbearable itching of the skin, aching pain in the right hypochondrium and epigastric region, weakness, loss of strength, lack of appetite,

the presence of jaundice, which appeared 1.5 months ago and is rapidly growing. I never noticed attacks of severe pain. On examination: the patient's sclera and skin are olive-colored, skin turgor is sharply reduced; she has a lot of scratches on her. The stomach is soft. The liver is enlarged. A slightly painful formation of tight-elastic consistency, ovoid in shape, is palpated in the right hypochondrium. The chair is acholic. There is no urobilin in the urine. According to computed tomography, the duodenum is pushed anteriorly by a space-occupying formation.

What causes jaundice?

*Sample answer:*pancreatic head cancer. Task 49.

Situational task.

A patient with a long history of ulcers suddenly developed severe abdominal pain. He was forced to lie down carefully and lay motionless; With the slightest movement the pain intensified. There was a single vomiting. After half an hour the pain was almost completely gone. The patient went home on his own. The next day he went to the doctor because his temperature had risen to 37.5°C and there was still slight pain in the right hypochondrium. On palpation, the abdomen was soft and painless, with the exception of the right hypochondrium, where there was moderate pain, protective muscle tension and a mild Shchetkin-Blumberg symptom. Ortner's sign is positive. Hepatic dullness is preserved. Pulse 80 per minute. Tongue is wet. X-ray of the abdominal and thoracic cavity revealed no pathology. Leukocytes in the blood $8.6 \times 10^9/l$.

What is your diagnosis?

*Sample answer:*covered perforated gastric ulcer. Task

50. Situational task.

The patient was brought to the emergency department in an unconscious state; with periodic attacks of clonic convulsions. According to relatives, he suffered from "stomach disease" for many years. Over the past month, the patient has been vomiting profusely every day and has lost a lot of weight. On examination: the patient is exhausted, dehydrated, there is skin pigmentation in the epigastric region and a "splashing noise" is detected.

What diagnosis can be made?

*Sample answer:*stenosis of the gastric outlet in the stage of decompensation. Task 51. Situational task.

A 40-year-old patient who had been suffering from gastric ulcer for a long time noted that over the last 2 days his pain had become less intense, but at the same time, increasing weakness and dizziness appeared. This morning, when he got out of bed, he lost consciousness for a few seconds. The patient is pale. There is slight pain on palpation in the epigastric region. There are no symptoms of peritoneal irritation.

What complication of peptic ulcer disease do you suspect? *Sample answer:*stomach bleeding. Task 52. Situational task.

A 50-year-old patient has been suffering from gastric ulcer for several years. The disease did not cause him any particular trouble. However, over the past month, the patient has noted increased pain in the epigastric region, bad breath, foul-smelling belching, loose stools, and the urge to stool after every meal. Pieces of undigested food began to appear in the stool. The patient lost weight sharply. The temperature is normal. A scatological examination revealed a significant amount of mucus and undigested food.

What happened to the patient?

*Sample answer:*as a result of penetration of a stomach ulcer into the transverse colon A gastrointestinal fistula has formed.

Task 53. Situational task.

A patient who had a perforated duodenal ulcer sutured 10 days ago began to gradually increase in temperature and developed pain in the right hypochondrium, which intensified with deep breathing. Upon examination, it is noted that the soft tissues in the right hypochondrium seem to bulge, the skin here is somewhat pasty. On palpation, a significant enlargement of the liver and sharp pain in the right hypochondrium are determined, and a weakly positive Shchetkin-Blumberg symptom is detected here. Temperature 38.5 – 39°C, is hectic in nature. The patient lost his appetite and became adynamic. Ultrasound examination: fluid is detected in the right costophrenic sinus.

What complication developed in the patient?

*Sample answer:*subphrenic abscess. Task 54.

Situational task.

A 35-year-old patient was admitted to the surgical department with a clinical picture of ulcerative gastric bleeding. This is his third bleeding in 2 years. After applying a number of conservative measures, bloody vomiting stopped, hemoglobin rose from 60 to 108 g/l. The general condition has improved. But after 2-3 hours, profuse bloody vomiting reappeared. Hemoglobin decreased to 93 g/l and then to 58 g/l.

What is your diagnosis?

What is your tactics in treating this patient?

*Sample answer:*ongoing stomach bleeding. Need to stop bleeding using an endoscope, if ineffective - laparotomy, gastrotomy, suturing of the bleeding vessel.

Task 55. Situational task.

A 42-year-old patient has been suffering from gastric ulcer for 10 years. After hospital treatment, remissions occurred, lasting 1-3 years. Three months ago, the patient developed pain in the lumbar region, sometimes of a girdling nature. Otherwise, the course of the disease did not change. An X-ray examination reveals a deep niche located along the posterior wall closer to the lesser curvature of the stomach.

What is the reason for the change in the nature of pain?

*Sample answer:*penetration of the ulcer into the pancreas.

Task 56. Situational task.

The patient is 50 years old. Felt sick 1½ months ago. Dysphagia appeared, which quickly increased, and shortness of breath soon followed, worsening when the patient leaned forward. Fibrogastroscopy with biopsy diagnosed cancer of the gastric cardia. The extent of the tumor is small. According to ultrasound data, no pathology could be detected in other organs, including enlarged subclavian lymph nodes. The only thing that attracted attention was a certain puffiness of the face. When the body was tilted forward, the face acquired a bluish-purple color, and significant swelling of the neck veins was noted, which persisted for a long time even in an upright position.

What is the totality of symptoms identified in a patient called?

*Sample answer:*superior vena cava compression syndrome. Task

57. Situational task.

A 24-year-old patient, who had suffered amoebic dysentery in the recent past and underwent a course of treatment with subsequent recovery, developed increasing, rather intense pain in the right hypochondrium, aggravated by breathing. The temperature rose and became intermittent. Exhausting chills appeared. The patient began to progressively lose weight. The examination reveals a painful, significantly enlarged liver. Stool and urination are normal. Leukocytes in the blood $17.0 \times 10^9/l$.

What is your diagnosis?

*Sample answer:*amoebic liver abscess.

Task 58. Situational task.

A 42-year-old patient was admitted to the hospital for emergency care. Bloody vomiting occurred suddenly. The patient notes that within 2 years such bleeding begins for the 3rd time. History of hepatitis C. On examination, there is a pronounced venous network on the abdomen in the form of a "jellyfish head". A large spleen and a dense edge of the liver at the costal arch are palpated.

What is your diagnosis?

*Sample answer:*liver cirrhosis, bleeding from esophageal varices and stomach.

Task 59. Situational task.

You urgently had to operate on a 56-year-old patient for acute intestinal obstruction. The patient's condition is moderate. Before the operation, adhesive obstruction was suspected, but examination of the abdominal cavity showed that the obstruction was caused by a tumor of the cecum. No visible metastases are detected. The tumor measures 10x8cm and is mobile. Below her intestines are in a collapsed state, and the small intestine is sharply distended, filled with intestinal contents and gases.

What surgical procedure can be performed in this case?

*Sample answer:*bypass anastomosis. Task 60. Situational task.

A 42-year-old patient suddenly felt a sharp pain in the abdomen of a cramping nature, soon followed by frequent vomiting. There is no stool, no gas. Upon examination, the patient's condition is moderate; he periodically screams loudly, behaves restlessly, and often changes position. The temperature is normal, pulse 112 per minute. Tongue is wet. The abdomen is swollen more in the upper half, soft on palpation, moderately painful, there are no symptoms of peritoneal irritation. Free fluid is detected in the abdominal cavity. Above and to the left of the navel, an ovoid-shaped dense elastic formation is determined; peristaltic sounds above it are not heard. Rectal examination revealed no pathology. X-ray shows multiple Kloiber cups, the small intestine is swollen.

What is your diagnosis?

*Sample answer:*acute intestinal obstruction (volvulus). Task 61.

Situational task.

A 26-year-old patient, 5 days after appendectomy for acute phlegmonous appendicitis, complained of pain in the lower abdomen, which initially occurred periodically and then became permanent. The patient developed bloating, the passage of gases and feces stopped, while the day before after the enema she had stool and passed gases. Vomiting appeared. The patient's general condition noticeably worsened, she became lethargic, adynamic, and her facial features became sharper. The tongue is dry, the abdomen is swollen more in the right half, on palpation it is soft, moderately painful in the right iliac region, the Shchetkin-Blumberg symptom is negative, free fluid in the abdominal cavity is not detected. Peristaltic sounds are not heard. Pulse 112 per minute. The temperature is normal. Leukocytes in the blood $8.6 \times 10^9/l$. On digital rectal examination, there is no pathology

installed. Attempts to resolve paresis using bowel stimulants were unsuccessful. The patient's condition continues to deteriorate.

What complication did the patient experience?

*Sample answer:*early postoperative mechanical intestinal obstruction. Task 62.

Situational task.

A 56-year-old patient was admitted to the hospital with a picture of exacerbation of chronic cholecystitis on the second day from the onset of the attack. The general condition of the patient was of moderate severity. Temperature 38.1°C. Pulse 92 per minute. The abdomen is painful only in the right hypochondrium, where moderately expressed protective muscle tension and a positive Shchetkin-Blumberg sign were detected. The remaining parts of the abdomen remained calm. The patient received conservative treatment. Suddenly the patient's condition sharply worsened: severe abdominal pain and a feeling of fear appeared, the patient turned pale, shortness of breath and vomiting appeared, the temperature rose to 40.0°C. Pulse became 120 per minute. Leukocytosis increased from 9.0×10^9 up to 25.0×10^9 /l. The abdomen is distended, diffuse tenderness and a positive Shchetkin-Blumberg sign are detected in the entire right half of the abdomen.

What happened to the patient?

*Sample answer:*perforation of the gallbladder with the development of bile peritonitis. Task 63. Situational task.

Laparotomy in a 53-year-old patient undergoing emergency surgery revealed the following changes. The parietal and visceral peritoneum is hyperemic, edematous, the loops of the small intestine are significantly overfilled with gas and liquid contents, covered with fibrin deposits, in the abdominal cavity in all parts there is about 500 ml of purulent-fibrinous effusion. The vermiform appendix is changed gangrenously, at the apex there is a perforation hole up to 0.5 cm in diameter, three interintestinal abscesses of 50 ml of pus were found between the loops of the small intestine.

What is your intraoperative diagnosis?

*Sample answer:*acute gangrenous appendicitis, widespread purulent - fibrinous peritonitis, abdominal abscesses.

Task 64. Situational task.

A 19-year-old patient was admitted one day after the onset of the disease with complaints of pain in the lower abdomen and right lumbar region. There was no nausea or vomiting. The general condition of the patient is satisfactory. Temperature 37.8°C, pulse 92 per minute. Noteworthy is the forced position of the patient on his back with the right thigh bent at the hip joint and adducted to the stomach. When trying to straighten the hip, the patient begins to scream from severe pain in the lumbar region. The abdomen is soft, painful in the right iliac region only when

very deep palpation. Shchetkin-Blumberg's symptom is negative. A sharply positive Pasternatsky symptom on the right is determined. Rovsing's symptom is positive, Sitkovsky's symptom is negative. There are no dysuric phenomena. Urine is unchanged. Leukocytes in the blood $14.3 \times 10^9/l$.

What disease can be expected in the patient?

What diseases do you have to make a differential diagnosis for? *Sample answer:* acute appendicitis (retrocecal location of the vermiform process). Differential diagnosis should be made with paranephritis, pyelonephritis.

Task 65. Situational task.

A patient who was operated on 5 days ago for acute phlegmonous appendicitis developed pain in the right hypochondrium, which intensified with inspiration. The temperature rose to 37.8°C . The pulse is rapid, the tongue is wet. The abdomen is soft on palpation, but slightly painful in the right hypochondrium. The liver extends 6 cm from under the costal arch. The Grekov-Ortner sign is positive. Vesicular breathing in the lungs. X-ray examination revealed no changes in the pulmonary parenchyma. There is a small amount of effusion in the right pleural sinus. The right dome of the diaphragm is flattened and limited in mobility. Leukocytes in the blood $16.0 \times 10^9/l$.

What complication are you thinking about?

Sample answer: subphrenic abscess. Task 66.

Situational task.

A 65-year-old patient underwent surgery for a strangulated inguinal-scrotal hernia. During inspection of the intestine, the strangulated loop turned out to be non-viable. An intestinal resection was performed.

What makes a strangulated intestine considered unviable? *Sample answer:* intestinal color, lack of peristalsis and pulsation. Task 67.

Situational task.

You are operating on a patient with acute phlegmonous calculous cholecystitis. After cholecystectomy, you performed cholangiography on the operating table and made sure that there were no stones in the bile ducts. During the operation, we noticed a significant enlargement of the pancreas and, having opened the omental bursa, we saw that the pancreas was swollen, and there were a large number of plaques of fatty necrosis on the peritoneum covering it. You noticed that there is a small amount of hemorrhagic fluid in the abdominal cavity.

How do you evaluate the changes found in the abdominal cavity?

Sample answer: cholangiogenic acute pancreatitis.

Task 68. Situational task.

A 24-year-old patient has been bothered for a year by aching pain in the epigastric region and the presence of a vaguely palpable, spherical formation in the depths of the epigastric region measuring 15x20 cm. The formation pulsates slightly, no noise is heard above it. The abdominal circumference gradually increases. The patient had a history of severe blunt trauma to the abdomen, but the case was resolved without surgical intervention. The general condition of the patient is not particularly affected. There are no dyspepsia, stool or urination disorders. Urine diastasis is increased. A general clinical blood test and biochemical blood tests revealed no pathology.

What disease can be expected in the patient? *Sample answer:* traumatic pancreatic cyst. Task 69. Situational task.

A 63-year-old patient suffering from anacid gastritis for a long time has lost a lot of weight and weakness over the past 4 months. In the morning he felt dizzy and severely weak; he vomited a small amount of liquid the color of coffee grounds once. During the day there was stool—tarry stool. After this he was taken to the surgical department.

What complication occurred?

Sample answer: stomach cancer, gastric bleeding. Task

70. Situational task.

A 38-year-old patient complains of pain in the epigastrium and paraumbilical region, which occurs approximately 2 hours after eating. They often occur at night. After vomiting, the pain goes away. What disease are you thinking about?

Sample answer: peptic ulcer duodenum. Task 71.

Situational task.

A 38-year-old patient complains of pain in the epigastric and paraumbilical region, occurring approximately 2 hours after eating. They often occur at night. After vomiting, the pain goes away.

What diagnostic tests need to be done?

Sample answer: endoscopic and x-ray examination of the stomach and 12 duodenum.

Task 72. Situational task.

After drinking alcohol, an alcoholic patient developed vomiting mixed with scarlet blood, which was preceded by profuse vomiting of contents without blood.

What disease should you think about first?

Sample answer: Mallory-Weiss syndrome.

Task 73. Situational task.

A 36-year-old patient was brought to the emergency room with complaints of acute pain in the right half of the abdomen, radiating to the right thigh and lower abdomen, and a 3-day delay in menstruation. The pain is accompanied by nausea and vomiting. Pasternatsky symptoms and peritoneal irritation are mild. The patient's behavior is restless. Proteinuria up to 0.033%, microhematuria - 6-8 red blood cells in the field of view.

Which disease is supported by more evidence? *Sample*

answer:acute gynecological disease. Task 74.

Situational task.

A 29-year-old patient periodically experienced paroxysmal pain in the right half of the abdomen, in the right hypochondrium and the right iliac region. The pain was dull in nature. Recently, attacks of pain in the right half of the abdomen have become more frequent, the pain began to radiate to the right half of the scrotum, to the head of the penis. The patient notes an imperative urge to urinate.

Which disease is supported by more evidence? *Sample answer:urolithiasis.*

Task 75. Situational task.

In a patient with an "acute abdomen," fluid was obtained during laparocentesis. A Frotkin test was performed (5 drops of 10% iodine solution were added to 2 ml of exudate), the liquid turned dark brown.

What does the patient have?

Sample answer:acute pancreatitis.

Task 76. Situational task.

Laparoscopy revealed an enlarged gallbladder, the wall of which is thickened, the serous membrane is injected with vessels, the adjacent intestinal loops and areas of the greater omentum are hyperemic, and there are loose adhesions.

What disease are these changes typical for? *Sample answer:acute cholecystitis.*

Task 77. Interview question.

Name the classification of acute paraproctitis according to the location of the abscesses. *Sample answer:subcutaneous, ischiorectal, submucosal, pelviorectal, retrorectal.*

Task 78. Situational task.

A 56-year-old patient with a long history of constipation began to feel increasing pain during bowel movements, general weakness, and high body temperature in recent days. At

An external examination of the perineal and anal areas did not reveal any pathology. A digital examination of the rectum revealed sharp pain along the posterolateral wall of the ampulla and bulging in this area.

What disease should we think about in this patient?

Sample answer: acute paraproctitis.

Task 79. Interview question.

Name the atypical forms of location of the appendix in acute appendicitis.

Sample answer: retrocecal, low or pelvic, medial, subhepatic, left-handed.

Task 80. Situational task.

A 5-year-old child often experiences abdominal pain, more so in the right iliac region. The pain is quite severe, sometimes accompanied by vomiting. The temperature is always normal. Stool and urination are not impaired. The tongue is clean and moist. The abdomen is soft and painless. At the height of pain, slight tenderness on palpation in the right iliac region is determined. There are no symptoms of peritoneal irritation. Leukocytes in the blood $5.6 \times 10^9/l$. Eosinophils 6%.

What diseases need to be differentiated here?

Sample answer: chronic recurrent appendicitis and helminthic infestation. Task

81. Situational task.

A 36-year-old patient complained of sudden sharp pain in the right half of the abdomen, radiating to the groin and right lumbar region. Got sick 2 hours ago. I had never had such pain before. The pain was accompanied by single vomiting. The patient is restless, rushes about, takes a knee-elbow position. Temperature on admission was $37.5^{\circ}C$, pulse 100 per minute. The tongue is moist and covered with a white coating. The abdomen is tense in the right half, sharply painful, does not participate in breathing, the Shchetkin-Blumberg symptom is negative. Pasternatsky's symptom on the right is sharply positive. Leukocytes in the blood $14.0 \times 10^9/l$. In urine: traces of protein, relative density 1018, fresh erythrocytes 8-10 per field of view, leached erythrocytes 1-2 per field of view, leukocytes 10-12 per field of view, a large number of squamous epithelial cells.

What diseases need to be differentiated here?

Sample answer: renal colic and acute appendicitis (retrocecal position vermiform appendix).

Task 82. Situational task.

A 46-year-old patient has been suffering from an irreducible umbilical hernia for 3 years. It didn't cause any particular discomfort. But in the last 3 days, the patient developed redness, swelling and severe pain when touched in the area of the protrusion. The temperature rose to 38°C. The tongue is clean and moist. Palpation of the abdomen is painless. There are no symptoms of peritoneal irritation.

What complication of the hernia occurred? *Sample answer:* hernia inflammation. Task 83. Situational task.

A 64-year-old patient with obstructive jaundice was operated on with a suspected stone in the common bile duct. During the operation, it turned out that the patient had cancer of the papilla of Vater with transition to the wall of the common bile duct. The cystic duct is passable, the gallbladder is sharply stretched and tense.

What radical or palliative surgery can be performed in this case? *Sample answer:* pancreatoduodenal resection or biliodigestive anastomosis. Task 84. Situational task.

A 51-year-old patient who abused alcohol suddenly developed sharp pains in the epigastrium, which, as if "girdling", radiated to the back. The temperature remained normal. Repeated vomiting occurred, which did not provide relief. On examination, slight pain was detected in the epigastric region. The abdomen is soft, there are no symptoms of peritoneal irritation. Diastasis in urine is 4096 units. Conservative measures (perinephric blockade, antibiotics, antispasmodics, painkillers, infusion therapy) did not provide any improvement. The next day, the patient's condition worsened: the pulse increased to 120 per minute, blood pressure dropped to 70/40 mmHg. Symptoms of peritoneal irritation appeared. Diastasis in the urine became 8 units.

What disease should you think about?
Sample answer: acute pancreatitis, pancreatic necrosis. Task 85. Interview question. Name the classification of appendicitis.

Sample answer: Acute uncomplicated appendicitis: catarrhal (simple, superficial), destructive (phlegmonous, gangrenous).

Acute complicated appendicitis: perforation of the appendix, appendicular infiltrate, abscesses (pelvic, subphrenic, interintestinal), peritonitis, retroperitoneal phlegmon, sepsis, pylephlebitis.

Chronic appendicitis (primary chronic, residual, recurrent). Task 86. Situational task.

A 48-year-old patient was admitted to the hospital due to sudden, profuse bloody vomiting. It was not possible to establish any indication of gastric disease in the anamnesis. I considered myself healthy. He suffered from viral hepatitis C 3 years ago. The general condition of the patient is satisfactory.

What diseases will you have to make a differential diagnosis for? *Sample answer:* stomach ulcer, stomach cancer, esophageal varices, erosive gastritis, Mallory-Weiss syndrome, Werlhof's disease.

Task 87. Situational task.

A 45-year-old patient was admitted to the hospital with a diagnosis of gastric bleeding of unknown etiology. Until the bleeding occurred, he had no complaints. The disease began after repeated vomiting caused by excessive alcohol intake. During one of the attacks of vomiting, blood appeared in the vomit, and then each vomiting was accompanied by the eruption of a liquid the color of coffee grounds mixed with scarlet blood. When performing fibroesophagogastroscopy, it was discovered that the stomach and duodenum were filled with blood; cracks in the mucous and submucous membranes of the stomach measuring 16x5 mm were found in the cardiac part of the stomach, from which scarlet blood flowed in a trickle.

What happened to the patient?

*Sample answer:*Mallory-Weiss syndrome.

Task 88. Situational task.

A 58-year-old patient was operated on for cancer of the antrum of the stomach with symptoms of a sharp narrowing of the outlet. During the audit, it was discovered that a tumor measuring 12x10 cm was growing into the pancreas. There are a large number of metastatic lymph nodes along the aorta, in the lesser and greater omentum. The stomach is distended and motionless. Radical surgery cannot be performed.

How will you complete the operation?

*Sample answer:*anterior gastroenteroanastomosis with Brown anastomosis. Task 89. Situational task.

A 43-year-old patient has been ill for 3 months. Dysphagia appeared, which gradually increased. Notes significant weight loss, weakness, malaise. During the examination, cancer of the cardiac part of the stomach was diagnosed. No signs of metastasis were detected.

What operation needs to be performed?

*Sample answer:*gastrectomy. Task 90.

Situational task.

A 41-year-old patient, a hunter, complains of heaviness in the right hypochondrium. No other complaints. A year ago, the patient had a history of causeless urticaria and skin itching. On inspection the edge

the liver is palpated 3 cm below the costal arch, it is rounded and painless. No other pathology could be detected. The temperature is normal. An ultrasound examination reveals an increase in the size of the liver due to several space-occupying formations.

What disease should we think about in this case?

*Sample answer:*liver echinococcosis. Task 91.

Situational task.

A 44-year-old patient was admitted to the hospital for emergency care. Got sick suddenly. There was profuse repeated bloody vomiting. The patient weakened sharply. From the anamnesis it was possible to find out that he had been abusing alcohol for many years. When examining the patient, a large, dense spleen attracted attention. The liver was not palpable.

Complications from which parts of the gastrointestinal tract can give such a clinical picture?

*Sample answer:*bleeding from varicose veins of the esophagus and stomach, ulcer bleeding, bleeding from a disintegrating stomach tumor, bleeding associated with a blood disease.

Task 92. Situational task.

A 58-year-old patient was diagnosed with a liver tumor. The tumor is localized in her left lobe. The general condition of the patient is satisfactory and allows us to offer her radical surgery. Before deciding on surgical treatment, it is necessary to find out whether this tumor is metastatic.

What additional research does the patient need to do to resolve the issue?

*Sample answer:*endoscopic and x-ray examinations of the gastrointestinal tract intestinal tract, computed tomography. Examine the thyroid and mammary glands, lungs and genitals.

Task 93. Situational task.

A 36-year-old patient was diagnosed with unilocular echinococcosis of the liver, located in the region of the posterior slope of her diaphragmatic surface.

What should be the access and nature of the operation?

*Sample answer:*Thoradiaphragmatic access, open echinococcectomy. Task

94. Interview question.

Name the main groups of intestinal obstruction.

*Sample answer:*Mechanical obstruction: obstructive, strangulation, combined (obturation and strangulation). Dynamic obstruction: paralytic and spastic.

Task 95. Situational task.

Patient A., 43 years old, suffering from duodenal ulcer, felt intense pain in the upper abdomen. Seek medical help. Examined by a surgeon and examined. Performed: X-ray of the abdominal cavity for free gas, ultrasound of the abdominal cavity, blood and urine tests. No pathology was identified. Diagnosis – exacerbation of peptic ulcer 12-p.k. He was referred for treatment to a gastroenterologist. Antiulcer therapy was prescribed. The condition improved, but persistent pain, an increase in T to 38.2 C, nausea and vomiting forced him to consult a surgeon again, on the 3rd day from the onset of the disease. On examination: the condition is serious. The skin and visible mucous membranes are pale in color, pulse is 124 per minute, blood pressure is 90/60 mmHg. The tongue is dry, the stomach is swollen, and does not take part in the act of breathing. On palpation, it is painful and tense in all parts. The Shchetkin-Blumberg sign is positive throughout the abdomen. Percussion - hepatic dullness is absent, tympanitis and dullness in sloping areas are determined. During auscultation, pathological bowel sounds are heard - "the sound of a falling drop."

What is your diagnosis?

Sample answer: covered perforated ulcer duodenum, peritonitis. Task 96.

Interview question.

List methods for studying patients with diseases of the gallbladder and bile ducts.

Reference answer: ultrasonic, cholecystocholangiography, retrograde pancreaticocholangiography, percutaneous transhepatic cholangiography, computed tomography

Task 97. Interview question. List the complications of acute appendicitis. *Sample answer:* appendicular

infiltrate, appendicular abscess, interintestinal, subphrenic and pelvic abscess, widespread purulent peritonitis, pylephlebitis.

Task 98. Interview question.

Name the forms of clinical course of colon cancer. *Sample answer:*

toxic-anemic, enterocolitic, dyspeptic, obstructive, pseudo-inflammatory, tumor (atypical).

Task 99. Interview question.

Haemorrhoids. Definition of the concept.

Sample answer: varicose veins in the anus, caused by hyperplasia of the cavernous bodies of the rectum.

Task 100. Interview question. Intestinal obstruction. Definition of the concept.

Sample answer: a disease characterized by partial or complete impairment movement of contents through the digestive tract.

CRITERIA for assessing competencies and rating scales

Grade "unsatisfactory" (not accepted) or absence formation competencies	Grade "satisfactorily" (passed) or satisfactory (threshold) level of development competencies	Rated "good" (passed) or sufficient level development competencies	Excellent rating (passed) or high level development competencies
failure to student on one's own demonstrate knowledge when solving assignments, lack independence in application of skills. Absence availability confirmation formation competencies indicates negative development results academic discipline	student demonstrates independence in application of knowledge skills and abilities to solve educational tasks in full According to sample given teacher, by tasks, solution of which there were shown teacher, it should be considered that competence formed on satisfactory level.	student demonstrates independent application of knowledge, skills and abilities when deciding tasks, tasks similar samples that confirms Availability formed competencies for higher level. Availability such competence on sufficient level indicates sustainable fixed practical skill	student demonstrates ability to full independence in choosing a method solutions non-standard assignments within disciplines with using knowledge, skills and skills, received as in development progress of this discipline, and adjacent disciplines should count competence formed on 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 (introduce) the essence of phenomena,	logic and subsequence answer

		processes, do conclusions	
Great	strength of knowledge, knowledge of basic processes subject matter being studied areas, the answer differs in depth and completeness disclosure of the topic; possession terminological apparatus; logic and consistency answer	high skill explain the essence phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples	high logic and subsequence answer
Fine	solid knowledge of the basic processes of the studied subject area, differs in depth and completeness of the topic; possession terminological apparatus; free mastery of monologue speech, but one or two inaccuracies in the answer are allowed	ability to explain 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 subsequence answer
satisfactory really	satisfactory process knowledge subject matter being studied areas, answer, different insufficient depth and completeness of the topic; knowledge of basic theoretical issues. Several are allowed errors in content answer	satisfactory ability to give reasoned answers and provide examples; satisfactorily formed analysis skills phenomena, processes. Several are allowed errors in content answer	satisfactory logic and subsequence answer
will not satisfy really	poor knowledge of the subject area being studied, shallow opening Topics; poor knowledge basic theoretical issues, poor analysis skills phenomena, processes. Serious errors in content answer	inability to give reasoned answers	absence logic and sequences answer

Criteria for assessing situational tasks:

Mark	Descriptors			
	understanding Problems	analysis situations	skills solutions situations	professional thinking

Great	complete implication problems. All requirements, submitted to adania, completed	high benefit analyze situation, draw conclusions	high benefit select method solutions problems, faithful solution skills situations	high level professional thoughts
Fine	complete implication problems. All requirements, submitted to adania, completed	benefit analyze situation, draw conclusions	benefit select method solutions problems faithful solution skills situations	residual level professional thoughts. drops one or two precision in the answer
satisfactory really	astastic implication problems. majority requirements declared to adania, completed	satisfactory 1st ability analyze situation, draw conclusions	satisfactory e skills solutions situations, falsity with choosing a method solutions to the problem	residual level professional thoughts. falls more a bunch of inaccuracies in answer or there is an error in the sequence solutions
will not satisfy really	misunderstanding problems. legs requirements, submitted to I hope not completed. No Tveta. Did not have experiments to solve hello	izkaya benefit analyze situation	insufficient solution skills situations	missing