

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

FACULTY OF TREATMENT AND PREVENTION

Evaluation materials

in the discipline Otorhinolaryngology

Specialty 05/31/01. "Medicine"

2023

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

general professional (OPK):

Code and name general professional competence	Achievement indicator(s) general professional competence
OPK - 4	ID1 OPK-4 Able to use medical devices during diagnostic studies provided for in the procedures for providing medical care ID2 OPK-4 Able to apply diagnostic methods, including the use of instrumental methods, when conducting examination of the patient to establish a diagnosis

professional (PC)

Code and name of professional competence
PC - 6

2. Kinds estimated materials V compliance With formed competencies

Name competencies	Types of assessment materials	number of tasks for 1 competency
OPK - 4	Closed tasks	25 with sample answers
	Open type tasks: Situational tasks Addition tasks Interview questions	85 with standard answers 55 with standard answers 20 with standard answers 10 with sample answers

OPK-4:

Able to use medical devices provided for in the procedure for providing medical care, as well as conduct examinations of the patient in order to establish a diagnosis

Closed type tasks:

Exercise 1. Instructions: Choose one correct answer.

What instrument is usually used for surgical treatment of hypertrophy of the palatine tonsils?

- a) scalpel b) scissors
- c) guillotine type tool d) loop

Sample answer c.

Task 2.Instructions: Choose one correct answer.

What signs of chronic tonsillitis can be determined using the double-spatula test?

- a) the presence of adhesions of the tonsil with the palatine arches

- b) consistency of the tonsil
- c) pathological contents of lacunae
- d) all of the above

Sample answer Mr.

Task 3.Instructions: Choose one correct answer.

The main method of treatment for children with obstructive laryngitis, stage III stenosis

- a) intensive infusion drug therapy
- b) tracheostomy
- c) prolonged intermittent intubation
- d) dynamic observation

Sample answer c.

Task 4.Instructions: Choose one correct answer.

What therapy is indicated for laryngeal stenosis, if the respiratory rate increases, hyperthermia, and a tendency to convulsions appears?

- a) intensive infusion therapy
- b) tracheostomy
- c) intubation

Sample answer in

Task 5.Instructions: Choose one correct answer.

What are the deadlines for prolonged intubation of children with obstructive laryngitis?

- a) 1 - 2 days
- b) 3 - 4
- c) 5 - 6
- d) 7 - 8
- e) 9 - 10

Sample answer c.

Task 6.Instructions: Choose one correct answer. Where should treatment begin for stage II stenosis?

- a) intensive drug therapy
- b) tracheostomy
- c) intubation
- d) conicotomy

Sample answer a.

Task 7.Instructions: Choose one correct answer.

Acute laryngitis is

- a) inflammation of the cartilage of the larynx
- b) inflammation of the mucous membrane of the larynx
- c) inflammation of the vocal folds
- d) inflammation of the vestibule of the larynx.

Sample answer c.

Task 8.Instructions: Choose one correct answer.

The main indication for prolonged intubation for obstructive laryngitis in children is

- a) Stage I of laryngeal stenosis
- b) transition from stage I to stage II of stenosis
- c) stage II of stenosis
- d) transition from stage II to stage III of stenosis
- e) stage IV of stenosis

Sample answer Mr.

Task 9.Instructions: Choose one correct answer.

What is the main symptom of acute laryngitis?

- a) dysphagia
- b) dysarthria
- c) dysphonia
- d) respiratory disorders.

Sample answer c.

Task 10. Instructions: Choose one correct answer.

During an upper tracheotomy, between which half-rings is the trachea cut? a) 1-2 half rings

- b) 2-3 half rings
- c) 3-4 half rings
- d) 4-5 half rings

Sample answer a.

Task 11. Instructions: Choose one correct answer.

During a middle tracheotomy, between which half-rings is the trachea cut? a) 1-2 half rings

- b) 2-3 half rings
- c) 3-4 half rings
- d) 4-5 half rings

Sample answer b.

Task 12. Instructions: Choose one correct answer.

During a lower tracheotomy, between which half-rings is the trachea cut? a) 1-2 half rings

- b) 2-3 half rings
- c) 3-4 half rings
- d) 4-5 half rings

Sample answer Mr.

Task 13. Instructions: Choose one correct answer.

Urgent tracheotomy

a) is carried out in a place where the patient has become ill b) it is possible to move to the operating room

c) it is possible to carry out the minimum necessary blood tests d) it is possible to wait until the morning (other doctors arrive)

Sample answer b.

Task 14. Instructions: Choose one correct answer.

Indications for stationary drainage of the maxillary sinus are: a) polypous process

- b) abundant long-term exudation c) catarrhal-edematous form
- d) allergic sinusitis

Sample answer b.

Task 15. Instructions: Choose one correct answer. Indications for trephine puncture of the frontal sinus are:

- a) purulent frontal sinusitis with pain syndrome
- b) purulent frontal sinusitis with reactive edema of the eyelids c) polyposis-purulent frontal sinusitis
- d) suspicion of intracranial complication

Sample answer a.

Task 16. Instructions: Choose one correct answer.

The introduction of drugs by the method of "moving" into the sinuses is effective for:

- a) polyposis-purulent sinusitis b) catarrhal-edematous form

- c) purulent sinusitis
- d) allergic rhinosinusitis

Sample answer b.

Task 17.Instructions: Choose one correct answer. The use of a sinus catheter is not indicated for:

- a) catarrhal-edematous form b) purulent sinusitis
- c) allergic rhinosinusitis d) sinus anastomosis block

Sample answer b.

Task 18. Instructions: Choose one correct answer. At what stage of acute purulent otitis is paracentesis indicated a) I

- b) II
- c) III
- d) IV

Sample answer a.

Task 19.Instructions: Choose one correct answer. Name the place of paracentesis:

- a) anterior inferior quadrant
- b) posterior inferior quadrant
- c) anterosuperior quadrant d) posterosuperior quadrant

Sample answer b.

Task 20.Instructions: Choose one correct answer. What instrument is used for paracentesis a)

- paracentesis knife
- b) paracentesis needle
- c) injection needle
- d) paracentesis injector

Sample answer b.

Task 21.Instructions: Choose one correct answer. Antromastoidotomy is indicated

- a) for all complications of chronic purulent otitis media
- b) for all complications of acute purulent otitis media) cutter
- d) for epitympanitis
- d) with mesotympanitis

Sample answer b.

Task 22.Instructions: Choose one correct answer. What is eardrum bypass? a) removal of part of the eardrum

- b) membrane incision
- c) insertion of a drainage tube into the tympanic cavity; d) formation of a persistent fistula of the membrane.

Sample answer c.

Task 23. Instructions: Choose one correct answer. Which of the hearing research methods are subjective:

- a) computer audiometry
- b) delayed otoacoustic emission c) pure tone threshold audiometry

Sample answer c.

Task 24.Instructions: Choose one correct answer.

Which of the hearing research methods are considered objective? a)

Hearing examination by speech

b) hearing testing with tuning forks c)

tone threshold audiometry

d) pure tone suprathreshold audiometry

g) computer audiometry, delayed otoacoustic emissions

Sample answer g.

Task 25.Instructions: Choose one correct answer.

What is a medical tuning fork

a) a medical device for determining the effect of noise on the organ of

hearing b) a medical device for measuring the intensity of pure tones c) a

diagnostic device for studying hearing

d) generator of sounds of different intensity

Sample answer c.

Open type tasks Situational tasks

1. An 8-year-old girl, the next day after sucking an ice icicle, felt difficulty in nasal breathing, mucopurulent discharge from the nose, and bursting pain in the root of the nose and cheek pits. Body temperature increased to 38.7°C, pediatrician recommended a consultation with an otolaryngologist, who, after anterior and posterior rhinoscopy, took the child into a dark room where he performed a diaphanoscopy. After that The parents were asked to perform a sinus puncture, during which purulent exudate was obtained. The doctor anesthetized the nasal mucosa and examined the child again. Make a diagnosis, determine the pathogenesis of the disease, its connection with sucking an ice icicle. Comment on the actions of the otorhinolaryngologist and determine the main directions of treatment. What instrument is used for puncture of the maxillary sinus?

Standard answer.

Acute rhinosinusitis. Pathogenesis – local hypothermia led to the development of acute rhinitis, then acute maxillary sinusitis. Kulikovskiy needle.

2. A 25-year-old pregnant woman (15 weeks pregnant) was hospitalized in an ENT hospital due to exacerbation of right-sided chronic maxillary sinusitis. Which method of draining the maxillary sinus is best to use, taking into account the need for daily 2-3 times washing of the sinus. Is exacerbation of chronic sinusitis associated with pregnancy?

Standard answer.

It is rational to insert a permanent drainage tube. Exacerbation is associated with pregnancy.

3. The patient complains of a headache in the back of the head, worsening at night, decreased sense of smell, copious mucopurulent discharge from the nose and nasopharynx, increased body temperature to 37.8°C, and rapid fatigue. Anterior rhinoscopy reveals purulent exudate in the area of the olfactory fissure. The nasal mucosa is moderately swollen. The middle nasal passages are narrowed and free. During posterior rhinoscopy, scanty mucopurulent exudate is also detected in the vault of the nasopharynx. During oropharyngoscopy, the mucous membrane of the posterior pharyngeal wall is thinned, dry, covered with discharge that dries into crusts. An x-ray of the paranasal sinuses in the posterior axial projection reveals a uniform decrease in the transparency of the sphenoid sinuses. Make a diagnosis, prescribe treatment.

Standard answer.

Bilateral acute sphenoiditis. Sinus catheter (YAMIK), sinus probing.

4. A 43-year-old patient was in the ENT clinic for left-sided purulent hemisinusitis for two weeks. The complex treatment included constant drainage of the maxillary sinus and the movement of medicinal substances into the paranasal sinuses. After the treatment, the patient's condition improved significantly, but he continues to be bothered by pain in the back of his head, which intensifies in the morning. The pain subsided after blowing out a significant amount of mucopurulent exudate, mainly in the morning. At the time of examination during anterior rhinoscopy, the nasal mucosa was of normal color. The middle and upper nasal passages are free. Posterior rhinoscopy reveals hypertrophy of the posterior end of the middle turbinate on the right and edematous-hypertrophic vomerite (swelling and infiltration of the mucous membrane of the vomer). Probable diagnosis. What additional research methods need to be applied to clarify it. What x-ray technique is used for the described pathology? Main components of treatment.

Standard answer.

Left-sided acute sphenoiditis. Computed tomography. When using the X-ray method of examination - posterior axial projection. Sinus catheter (YAMIK), sinus probing.

5. A 43-year-old patient complains of impaired nasal breathing and a purulent runny nose on the left. There is a history of acute respiratory viral infection, after treatment of which there was still a violation of nasal breathing, more on the left, discharge from the left half of the nose of a mucopurulent, and then purulent nature. Palpation and percussion of the facial walls of the paranasal sinuses are painless. The mucous membrane of the left half of the nose is hyperemic and infiltrated. In the middle section of the middle nasal meatus a strip of purulent exudate is detected. Make a preliminary diagnosis and prescribe an additional examination to clarify it. The clinical picture lacks one of the main symptoms of the disease. Why? Determine the basic principles of treatment.

Standard answer.

Acute purulent maxillary sinusitis. CT scan. The absence of spontaneous headache, as well as pain on palpation of the facial wall of the sinus, is explained by a sufficient level of drainage of the sinus through the natural outlet (symptom of a strip of pus in the middle meatus). Antibacterial therapy, vasoconstrictor nasal drops, puncture of the maxillary sinus with a Kulikovskiy needle.

6. A 27-year-old patient has radiographically confirmed maxillary sinusitis with a block of the sinus anastomosis - local headache in the area of the left buccal fossa, scant purulent exudate in the middle meatus. When puncturing the maxillary sinus, purulent exudate comes out of the needle under pressure. When trying to rinse the sinus, the local headache intensifies, and the rinsing fluid does not flow through the nose. Name tactics options in such a situation.

Standard answer.

Puncture with a second needle. Injection into the sinus of a glucocorticoid solution and a small amount of adrenaline.

7. A 15-year-old patient complains of severe spontaneous pain in the right forehead, nasal congestion, purulent discharge from the right half of the nose, and an increase in body temperature to 37.8°C. All symptoms appeared 4 days ago after suffering from the flu. Palpation of the right frontal region is sharply painful. When trying to percussion of this area, the patient involuntarily twitches, noting a sharp increase in pain. Anterior rhinoscopy reveals asymmetry of the nasal mucosa - sharp hyperemia and infiltration on the right, with an almost normal mucous membrane on the left. There is also a local increase in hyperemia, infiltration and edema in the area of the anterior end of the middle turbinate on the right. The right middle nasal meatus is closed. In its anterior section, as well as in the general nasal

During the course, a creamy purulent exudate is determined. Palpation and percussion in the area of the cheek fossae is painless. An x-ray of the paranasal sinuses in a semi-axial projection reveals a horizontal level of fluid in the area of the right frontal sinus and thickening of the mucous membrane in the area of the right maxillary sinus. Make a diagnosis. Determine treatment options for the patient.

Standard answer.

Right-sided acute purulent frontal sinusitis. Trepanopuncture of the frontal sinus. If the first attempt to rinse the sinus fails, adrenaline and hydrocortisone are administered. If on day 3 the patency of the frontonasal canal is not restored, extranasal opening of the sinus is necessary.

8. The patient complains of frequent runny nose, with greater intensity on the right side. A runny nose is accompanied by a headache, a general disorder, and an increase in body temperature. Constantly has difficulty breathing through the right half of the nose. Considers himself sick for 4 years. During anterior rhinoscopy, the nasal mucosa on both sides is moderately hyperemic and infiltrated. The right half of the nose is filled with round formations of a grayish-pink color, emanating in the form of a bunch of grapes from the middle and upper nasal passages. Palpation reveals slight pain in the facial wall of the right maxillary sinus. Nasal breathing is severely impaired. No changes were detected in other ENT organs. Make a clinical diagnosis. List additional research methods that can confirm it. Determine the main treatment options.

Standard answer.

Right-sided chronic polypous rhinosinusitis. MRI of the paranasal sinuses. Right-sided polypotomy with a sliding wire loop. Antiallergic treatment before and after polypotomy.

9. A 22-year-old patient consulted an ENT doctor about severe pain in the throat, worsening with swallowing, increased body temperature, and signs of intoxication. After examining the patient, the doctor diagnosed follicular tonsillitis and prescribed antibacterial treatment. Just a day after the start of treatment, the patient's condition improved significantly, and a day later the pain in the throat stopped, and the temperature returned to normal. Due to a sharp improvement in his condition, the patient stopped taking the medications prescribed by the doctor, stopped taking bed rest and went to study in connection with the start of the session. However, two days after stopping treatment, the temperature rose again, pain appeared in the right half of the pharynx, and difficulty swallowing appeared. The pain in the throat gradually intensified and became unbearable. The patient could not even swallow saliva. Trismus of the masticatory muscles developed, and the patient kept his head tilted to the painful side. Upon returning to the ENT doctor, the diagnosis of the disease was changed, therapeutic and diagnostic measures were carried out, after which the patient felt a significant improvement in his condition. 7 days later, after recovery, the doctor recommended that the patient undergo a tonsillectomy as planned. What complication of follicular tonsillitis did the patient have? What therapeutic and diagnostic measures were carried out? Justify the patient's treatment tactics.

Standard answer.

Right-sided paratonsillitis in the abscess stage (peritonsillar abscess). Opening of the paratonsillar space with its drainage. Peritonsillitis, in most cases, is a manifestation of chronic tonsillitis. Therefore, elective tonsillectomy is indicated.

10. A 12-year-old patient came to the clinic with complaints of difficulty in nasal breathing and increased mental fatigue. According to the mother, the child is a "C" student, inattentive, cannot concentrate on one thing, and is absent-minded. Difficulty in nasal breathing has been bothering me since the age of 5. On objective examination: the nasolabial folds are smoothed, the mouth is half open. The mucous membrane of the inferior turbinates is slightly

edematous. The hard palate is gothic, the bite is incorrect. In the dome of the nasopharynx, with posterior rhinoscopy, the growth of the pharyngeal tonsil is determined, covering the pharyngeal mouths of the auditory tubes. An X-ray of the paranasal sinuses in a semi-axial projection did not reveal any pathology. Make a diagnosis. Prescribe treatment. What is the name of the instrument for adenotomy?

Response standard.

Adenoids of the II degree. Surgical treatment (adenotomy) as planned.

Adenotom.

11. A 2-year-old child was hospitalized in the laryngitis department of the hospital with a diagnosis of acute stenosing laryngotracheitis. Intensive therapy was immediately started in the department, during which the patient's condition stabilized - the temperature dropped, the intensity of shortness of breath decreased. At night, the mother called the doctor on duty, as the child's condition worsened again. The temperature rose to febrile levels, shortness of breath and barking cough intensified, and the voice became hoarse. The child became lethargic and held the headboard of the bed with both hands, thus fixing the shoulder girdle. On examination: acrocyanosis is pronounced, breathing is shallow, there is retraction in the epigastric region. Make a diagnosis, determine the stage of the process, the main directions of assistance. What material of the endotracheal tube avoids bedsores of the edges of the vocal folds, unlike metal and rubber.

Standard answer.

Stage III laryngeal stenosis. Prolonged intermittent intubation, continuation of decongestant and sedative therapy. Thermoplastic.

12. A 54-year-old man came to the ENT department emergency room with complaints of a feeling of lack of air, swelling of the skin of the face and neck. From the anamnesis it was possible to find out that swelling of the skin of the face and neck appeared shortly after the wasp sting. While talking with the doctor and preparing instruments for examining the ENT organs, the patient's condition worsened, shortness of breath sharply increased, and cyanosis of the skin of the face and fingers appeared. Suddenly the patient grabbed his neck with his hands, wheezed and lost consciousness. The skin of the face acquired a cast-iron hue. In this case, there was no breathing, blood pressure was not determined. The doctor, kneeling down, made a deep incision in the neck, after which breathing was restored. The doctor then said that the patient needed to be transported to the operating room for a tracheotomy. Make a diagnosis. Determine the stage of laryngeal stenosis. What operation did the doctor perform to restore breathing? What instrument can be used for this operation in emergency situations.

Standard answer.

Quincke's edema. Stage of asphyxia (IV). Conicotomy. Any cutting tool can be used.

13. A 50-year-old patient, after hypothermia, began to complain of severe pain in the throat. Over the course of the day, the pain in my throat intensified and became unbearable. The pain intensified when swallowing, dysphagia and choking on liquid food appeared. The patient stopped swallowing first solid and then liquid food. The temperature remained low-grade throughout the three days of illness. On the third day, the patient consulted an ENT doctor at the clinic. During oropharyngoscopy, the doctor did not see any changes in the oropharynx, so he used another method of endoscopic examination of the ENT organs. He gave the patient a referral to the hospital, saying that an abscess had formed in the throat that needed to be opened. Make a clinical diagnosis. What endoscopic examination method did the doctor use? What instrument is most rational to use for opening an abscess in a given location?

Response standard.

Acute epiglottitis. Abscess of the epiglottis. Direct laryngoscopy was used.

Laryngeal knife (Tobelta).

14. A 65-year-old patient consulted an ENT doctor about long-term (2 months) hoarseness of the voice, turning into aphonia. In the last 2 weeks, a feeling of lack of air began to appear periodically. With indirect laryngoscopy, a round-shaped neoplasm is detected in the subglottic space of the larynx, significantly narrowing the glottis. The left vocal fold has limited mobility. The doctor took a piece of the tumor for examination, after receiving the results of which he said that the tumor must be treated with X-rays, but first a minor operation must be performed. What operation did the doctor talk about? Why is it necessary to perform it before radiation treatment?

Standard answer.

Tracheostomy. For the first few days after the start of radiation treatment, laryngeal stenosis intensifies due to the appearance of traumatic edematous-infiltrative changes.

15. A 58-year-old patient was transported by SP car to the emergency room of the ENT department with complaints of difficulty breathing. The patient's condition is serious, the skin is pale, acrocyanosis. Breathing is shallow with maximum retraction of the pliable areas of the chest wall. The patient is restless. History of verified tumor of the larynx. In the department, the patient underwent a tracheotomy, breathing was restored. Two sutures are placed on the skin wound - one above the tracheotomy cannula, the other below it. A few hours later, the doctor on duty noticed the appearance of subcutaneous emphysema, which by morning had spread from the lower jaw to the collarbones. What is the cause of emphysema? What treatment measures are indicated in this case?

Standard answer.

Possibly due to incorrect selection of the cannula diameter. Possibly a mismatch between the tracheal incision and the skin wound. It is necessary to remove the sutures in the area of the skin wound. If ineffective, check that the diameter of the cannula corresponds to the size of the tracheal incision.

16. An elderly woman consulted an ENT doctor with complaints of decreased hearing in her right ear. Otoscopy revealed a dense yellow-brown mass in the external auditory canal, completely obstructing it. The left external auditory canal is free. Make a preliminary diagnosis. What assistance should be provided to the patient, and what diagnostic tests should be performed to clarify the cause of hearing loss?

Standard answer.

Sulfur plug. Remove the plug by washing. Tuning fork tests by Weber, Rinne.

17. An 8-year-old girl, at the height of an acute respiratory viral infection, developed a feeling of stuffiness in her left ear, which was soon replaced by a throbbing tearing pain that intensified when swallowing. A compress and infusion of drops into the ear somewhat improved the child's condition. However, after 3 hours, the pain in the ear intensified and became bursting, and therefore the child was taken to an ENT doctor by SP car. Probable diagnosis, stage of the process, options for otoscopic picture, therapeutic measures. A tool for carrying out manipulations.

Standard answer.

Acute purulent otitis media. Pre-perforation period. Exudation phase. Diffuse hyperemia of the tympanic membrane, absence of identifying contours, protrusion in the anterior sections of the membrane. Paracentesis. Paracentesis needle.

18. A 5-year-old child developed shooting pains in the right ear after hypothermia. The parents treated the child with home remedies - after using thermal procedures and analgesics, the ear pain stopped. However, a day later the pain in the ear resumed, acquired a bursting, then tearing character. The body temperature increased to 38°C, a headache occurred, and there was a single vomiting. The child was delivered by SP car to the ENT department's reception area. The doctor, having examined the patient, said that hospitalization was necessary. In addition, a minor operation is necessary, which will significantly improve the child's condition and speed up recovery. After much hesitation, the parents agreed to hospitalization and surgery. After the operation, profuse suppuration began from the ear, the temperature after 2 hours dropped to normal values, after 2 days

the suppuration stopped, and after another 2 days the child was healthy. Make a clinical diagnosis, describe the operation, determine the indications for its implementation, and the instrument for it.

Standard answer.

Acute purulent otitis media. Pre-perforation period. Exudation phase. Paracentesis is an incision of the eardrum in the posteroinferior quadrant. Indications: Severe tearing pain in the ear, high fever, bulging eardrum. Paracentesis needle.

19. In a 3-year-old child, against the background of acute rhinitis, the temperature rose to 38.2°C, anxiety and tearfulness appeared. While crying, he held his left ear. The grandmother treated the child with aspirin and a heating pad on the left ear. After home treatment procedures, the child's condition improved, he calmed down, and his temperature dropped to 37.4°. On the 3rd day, against the background of minor pain in the ear, pastiness (swelling) of the skin behind the ear appeared. This alarmed the parents, and they turned to the ENT doctor at the hospital, who hospitalized the child, saying that he would try to limit himself to minor surgical intervention. Formulate a clinical diagnosis, describe the operation, determine the indications for its use, paying attention to the age aspect. What instrument is used to perform the operation.

Standard answer.

Acute purulent otitis media. Paracentesis. Tearing severe pain in the ear, high fever, protrusion of the eardrum. In children it is carried out more often, because The eardrum in children is thicker and more elastic than in adults. Paracentesis needle.

20. In the winter season, a young man suddenly had a fever of 39°C, chills, aching pain in the joints and muscles, and therefore the patient took "Fervex." The patient's condition improved, but the next day the temperature rose again to 37.5°, shooting, then bursting pain appeared in the left ear, and hearing decreased. A therapist called to the house diagnosed "flu", prescribed treatment and advised me to see an ENT doctor. Make a clinical diagnosis and describe the expected otoscopic picture. What additional diagnostic methods are needed in this case and why.

Standard answer.

Acute purulent otitis media. Variants of the otoscopic picture are diffuse hyperemia of the tympanic membrane, absence of identifying contours. With viral otitis - vesicular rashes on the eardrum and the skin of the external auditory canal, filled with transparent sanguineous exudate. Tuning fork hearing test and audiometry, because viral otitis may be complicated by sensorineural hearing loss. Acute otitis is characterized by Rinne's positive experience, the absence of lateralization in Weber's experience, and normal bone conduction thresholds during audiometry.

21. A 9-year-old child has had right-sided acute purulent otitis media 3 times over the past year. I was treated on an outpatient basis twice, the last time the otitis media was severe and I had to undergo paracentesis in the hospital. A hearing examination revealed bilateral hearing loss of the type of sound conduction disorder. From the anamnesis it was possible to find out that the child often and for a long time suffers from colds, his nasal breathing is impaired for a long time, and he studies poorly. Your assumptions about the cause of hearing loss. Describe the expected otoscopic picture. What indirect signs of the disease can be identified in this patient, what additional research methods can be used to clarify the diagnosis. Treatment tactics. Standard answer.

Adenoids may be the cause of hearing loss. Otoscopic picture - gray, dull eardrums, shortening, deformation or disappearance of light cones. Indirect signs of adenoids are often and long-term illness, poor learning, long-term impaired nasal breathing, recurrent acute purulent otitis media.

Methods of examination: posterior rhinoscopy, digital examination of the nasopharynx, anterior rhinoscopy. Audiometry. Adenotomy as planned.

22. A 12-year-old child developed shooting pains in the ear against the background of an acute runny nose. After taking analgin, the pain decreased, but a few hours later it resumed and intensified, became constant, and acquired a tearing character. The patient was transported by SP car to the emergency room of the ENT department. On examination: temperature 37.8°. The tragus symptom is negative. The external auditory canal is free. The eardrum is hyperemic, infiltrated, and there are no identifying signs. There is a protrusion in the anterior sections of the membrane. Make a clinical diagnosis, determine the stage and phase of the disease, and treatment tactics. Tool for manipulation.

Response standard.

Acute purulent otitis media. Pre-perforation period, exudation phase.

Paracentesis. Paracentesis needle.

23. A 10-year-old child developed shooting pains in his left ear due to an acute respiratory disease. The parents treated the child with antibiotics and infusion of alcohol drops into the ear. After some improvement, a day later, the patient's body temperature again increased to 38°, and suppuration appeared from the left ear. The parents consulted a doctor at the clinic, who recommended changing the antibiotics and prescribed vasoconstrictor drops in the nose and Tsipromed drops in the ear. Despite the treatment, the child's condition continued to deteriorate. In the evening, pain appeared in the left postauricular area, intensifying with palpation; after 2 hours, swelling and infiltration of the skin in the postauricular area appeared. The suppuration intensified, the temperature continued to remain high. As an emergency, the child was taken to the ENT department. On examination: the protrusion of the left auricle is noteworthy, the postauricular groove is smoothed. Palpation of the postauricular area is sharply painful, especially in the area of the apex of the mastoid process. On otoscopy, the external auditory canal is filled with purulent exudate. Immediately after rinsing, the external auditory canal is filled with exudate. There is also some narrowing of the external auditory canal due to infiltration of the skin of its posterior-superior wall in the bony part. Make a diagnosis, formulate treatment tactics. What instruments are used to perform the bone part of the operation.

Standard answer.

Left-sided mastoiditis. Surgery. Antromastoidotomy. Chisels, hammer, cutters.

24. A young woman, 30 years old, began to notice decreased hearing after giving birth. After returning from maternity leave to work, it became difficult to communicate with others, but what was surprising was that while traveling on the subway or tram, speech intelligibility improved. The woman turned to a specialist, deciding that her hearing had decreased due to sulfur plugs. During the examination, the otorhinolaryngologist did not find sulfur in the external auditory canals or any disorders in the ENT organs. Hearing studies using speech and tuning forks, including the classical tests of Rinnet, Weber and Schwabach, indicated bilateral hearing loss of the type of sound conduction disorder. What is the presumptive diagnosis? What hearing tests need to be performed to clarify the diagnosis?

Standard answer.

Otosclerosis. Tuning fork tests Jelly, Bing, Federici, tone threshold audiometry, ultrasound hearing testing, impedance testing (tympanometry, acoustic reflex testing).

25. A patient suffering from hearing loss for 10 years was diagnosed with otosclerosis. Which treatment should be recommended for which ear? What are the features of the treatment? Expected results.

Standard answer.

Surgery - stapedoplasty on the worse hearing ear. Microsurgical intervention using a stapes prosthesis (Teflon, titanium). Improved hearing after surgery.

26. A 4-year-old child has become inattentive over the last 3-4 months, constantly asks questions when addressed, and has difficulty pronouncing endings and some words when speaking. He often suffers from respiratory viral infections, for which he is seen by his local pediatrician. The pediatrician recommended contacting an ENT doctor. What diseases can be suspected? What is the examination plan? Standard answer.

Exudative otitis media, tubo-otitis, adenoids, tympanosclerosis, sensorineural hearing loss. It is necessary to examine the ENT organs by a specialist otolaryngologist, performing posterior rhinoscopy, epipharyngoscopy using a flexible endoscope, and, if not possible, a digital examination. Otomicroscopy: possible changes in the thickness, position of the eardrum (protrusion), its cicatricial deformation. Game or tone threshold audiometry, impedance testing with tympanometry and the study of acoustic reflexes, in the case of a type A tympanogram - study of delayed evoked otoacoustic emission, auditory evoked potentials.

27. In a 20-year-old patient, for 6 months. hearing loss. No pain. In the summer I vacationed on the Black Sea coast, swam, dived, despite the cold I had at that moment, I took antibiotics on my own. On otoscopy, both eardrums are gray, pale, cloudy, thickened, there is a protrusion in the lower quadrants, and deformation and retractions in the upper ones. In the clinic, conservative treatment was carried out for 2 weeks: anemization of the nasal mucosa, UHF on the ears and nose crosswise, anti-inflammatory, decongestant therapy, blowing of the auditory tubes according to Politzer. According to pure-tone audiometry, there is bilateral hearing loss according to the type of sound conduction disorder - thresholds up to 40-45 dB, "type B" tympanogram on both sides. What is the diagnosis? What could have aggravated the disease? What treatment is needed in this case? What's the prognosis? What is a shunt?

Standard answer.

Exudative otitis media, stage 2-3 (exudation - degeneration). UHF, which enhances exudation. Shunting of the tympanic cavity on both sides. Improved hearing (due to the onset of degenerative processes with scarring phenomena, incomplete restoration of auditory function is possible). The shunt is a thin tube with sides at the ends that prevent the tube from falling out into the external auditory canal and the tympanic cavity.

28. A 2-year-old child fell at home and hit his nose on a step. Mom noticed a deformation of the external nose in the form of a recessed dorsum of the nose. Your recommendations for emergency care.

Standard answer.

Instrumental reposition of fragments under general anesthesia. Reposition is carried out either with an elevator or any instrument in the form of a rod, pre-wrapped with cotton wool to reduce trauma to the mucous membrane.

29. A 17-year-old young man was hit on the right ear with a ball during training. My training buddies said my ear was blue and swollen. The stadium doctor referred the patient to the ENT department, where the patient was treated. In which layer of the auricle is the hematoma located and why? Name the rules for providing care for fresh and recurrent hematoma. What is a "curly" pressure bandage?

Standard answer.

Between the perichondrium and cartilage. If it's fresh – puncture, blood aspiration, shaped pressure bandage. In case of relapse or one day after the injury - opening of the hematoma, drainage, and a shaped pressure bandage. To form a shaped pressure bandage, it is necessary to fill the recesses of the auricle with gauze balls.

30. An 8-year-old child was holding a pencil with his teeth while playing, slipped and fell on it. The parents took the child to the hospital, where emergency ENT care was provided. The doctor said that there was a linear wound in the area of the soft palate, 0.5 cm long. He also said that the wound would close on its own, there was no need to stitch it up. Determine the principles of care for injuries of the soft palate.

Standard answer.

Wounds up to 1 cm in length should not be sutured. If the wound is more than 1 cm, apply guiding sutures.

31. An elderly lonely woman, 75 years old, suffering from severe cancer, attempted suicide by drinking several sips of 70% acetic acid. I couldn't drink anymore because of the unbearable pain in my throat. She called an ambulance by phone. The SP car was delivered to the reception area of the ENT department. Why was the patient taken to the ENT department and not to the toxicology department? What complications can occur in the first hours after injury and why? What assistance should be provided to the patient?

Standard answer.

Due to a chemical burn of the mucous membrane of the outer ring of the larynx, laryngeal stenosis can occur. Stenosis may occur within 6 hours of injury. Insert a gastric tube and rinse the stomach with plain water.

32. A 6-year-old girl hid a torn button in her nose and soon confessed what had happened to her mother. We went to the doctor. With anterior rhinoscopy, the button is visible in the common nasal passage. How to remove a foreign body? What complications can occur if removal rules are not followed?

Standard answer.

Crochet from Hartmann's set. Entry of a foreign body into the nasopharynx and lower respiratory tract.

33. The girl woke up at night from a feeling of pain and rustling in her right ear. When trying to remove a foreign body from the ear canal, the pain intensified. What foreign body is in the ear? How are such foreign bodies removed?

Standard answer.

Living foreign body. It is first necessary to immobilize the insect with alcohol or oil. Remove by washing.

34. A young man in the office, talking on the phone, took off the cap of a ballpoint pen with his teeth and began to quickly write something down. At that moment, someone called out to him and he swallowed the cap, began to breathe heavily, and then hypersalivation appeared. In this condition he was taken to the ENT hospital. A test sip of water was instantly accompanied by vomiting. An x-ray was taken, which confirmed the localization of a large foreign body in the first physiological narrowing of the esophagus. During fibroesophagoscopy, it was not possible to remove the foreign body; by the morning the temperature increased, swelling of the soft tissues of the neck, and there were no abnormalities in the blood test. Make a diagnosis. Formulate the indications for performing fibroesophagoscopy and rigid esophagoscopy. Determine further tactics for treating the patient.

Standard answer.

Foreign body of the esophagus. Acute post-traumatic esophagitis. Indications for rigid esophagoscopy are large foreign bodies, fixed foreign bodies, especially those embedded in the wall of the esophagus at both ends. Indications for fibroesophagoscopy: small foreign bodies, trauma to the mucous membrane of the esophagus by a foreign body, the possibility of bringing a foreign body into the stomach.

35. A 3.5-year-old child was brought by an emergency doctor to the children's ENT department due to signs of suffocation - stage 2 laryngeal stenosis, which arose against the background of ARVI. When clarifying the anamnestic data, it turned out that the boy had hoarseness for 1.5 years

voices, and with colds, difficulty breathing has already been noted several times. Upon examination: signs of a respiratory viral infection were detected from the ENT organs. Indirect laryngoscopy could not be performed. For 3 days, the child received decongestant, anti-inflammatory, and antiviral therapy. The condition improved, but noisy breathing persisted during exercise. The hoarseness of the voice was quite pronounced. It was decided to perform direct laryngoscopy: whitish cauliflower-shaped formations are visible on the vocal folds, due to which the glottis is narrowed and the vocal folds are mobile. Make a preliminary diagnosis. What treatment is necessary (its types).

Standard answer.

Laryngeal papillomatosis. Treatment is surgical along with antiviral therapy. Removal of papillomas is possible using direct laryngoscopy in the traditional way - with forceps, as well as using ultrasonic disintegration, radio wave surgery or a surgical laser.

36. A 64-year-old patient was taken by ambulance to the ENT emergency department of a city hospital due to severe difficulty breathing: the skin was pale, covered in cold sweat, breathing through a metal tracheotomy tube

- stenotic (tracheotomy was performed 2 months ago for a laryngeal tumor with stenosis). The internal tracheotomy tube was missing, the external one was practically incompetent. It was not possible to restore breathing by infusing solutions through the tracheostomy and using a vacuum aspirator. Your actions?

Standard answer.

Prepare a tracheotomy tube of the appropriate size (5-6), metal or disposable thermoplastic. Remove the existing, failing tube. Treat the skin around the tracheostomy. Insert a new tracheotomy tube. Check that the tube is inserted correctly and that breathing through the tracheotomy tube is adequate. Assess the general condition. Using indirect laryngoscopy, examine the larynx, assess the size and nature of the tumor. Determine the patient's place of stay (leave him in the ENT hospital to continue emergency care, send him to a specialized oncology hospital for combined treatment; at home under the supervision of a local doctor).

37. The young man turned to the ENT doctor at the clinic with complaints of impaired nasal breathing, purulent nasal discharge, and aching pain in the area of the right cheek. The doctor examined the patient's ENT organs and said that clinical and endoscopic data were sufficient to make a diagnosis. What instruments did the doctor use for the examination, what clinical and endoscopic symptoms did he use for diagnosis?

Standard answer.

Instruments: frontal reflector, nasal speculum, spatula, ear specula, nasopharyngeal and laryngeal speculum. Symptoms of local headache and streaks of pus.

38. A 48-year-old woman consulted an ENT doctor at a clinic with complaints of constant pain in the frontal region, nasal congestion, and scanty purulent discharge from the right half of the nose. After performing anterior rhinoscopy, the doctor, using special tweezers, placed a piece of bandage rolled lengthwise into the patient's right half of the nose. After 5 minutes, the bandage was removed, the doctor said that the changed rhinoscopic picture allows us to confirm the clinical diagnosis. What diagnostic method did the doctor use, what is the name of the tweezers, bent at an angle of 90 degrees or having a cranked ledge. Standard answer.

The doctor applied the anemization method, placing a turunda with decongestant in the projection of the middle nasal meatus. The appearance of exudate in the anterior part of the middle nasal passage made it possible to confirm the diagnosis of frontal sinusitis. The tweezers are called ear tweezers. Cranked

a ledge or 90-degree bend will allow you to examine the ears and nose without your fingers interfering with the examination.

39. An elderly man consulted an ENT doctor with complaints of pain in the right cheek area and scanty purulent discharge from the right half of the nose. A clinical diagnosis of right-sided acute purulent maxillary sinusitis was made, and vasoconstrictor nasal drops and antibiotics were prescribed. The patient was offered a puncture of the right maxillary sinus, which he categorically refused. Then the doctor suggested using a rubber product made of two bubbles and two tubes. The treatment turned out to be effective. What treatment method did the doctor suggest, describe the principle of its action.

Standard answer.

The doctor suggested using a YAMIK catheter. One bubble swells in the nasopharynx, the other in the vestibule of the nasal cavity. Through one tube in the isolated nasal cavity, the pressure is reduced and exudate is evacuated from the paranasal sinuses. The pressure is then increased through a second tube while antibiotics are administered.

40. A 42-year-old patient was diagnosed with right-sided acute purulent maxillary sinusitis after an ENT examination and radiography of the paranasal sinuses. A puncture of the right maxillary sinus was performed, the sinus was washed with a disinfectant solution, and an antibiotic solution was introduced. What instrument was used to perform the puncture? Name the features of a needle.

Standard answer.

The puncture was performed with a Kulikovsky needle. Features: a curved sharp end, an asymmetrical head, the protruding part of which is directed in the same direction as the curved beak.

41. A 25-year-old pregnant woman was clinically diagnosed with acute purulent maxillary sinusitis. To confirm this, the doctor asked the patient to take into her mouth and tightly wrap her lips around a small light bulb mounted on a curved rod. What diagnostic method did the doctor use and when is its use still indicated? Standard answer.

Diaphanoscopy. Indicated in pregnant women and young children.

42. A 35-year-old patient is clinically diagnosed with chronic tonsillitis. The doctor recommended using streptotest to indirectly confirm the diagnosis. How to use streptotest?

Standard answer.

Mix the liquids from the 2 supplied bottles. Take a swab from the surface of the tonsils, put it in a test tube, and scroll. Place the test side of the strip into the test tube. Interpretation – positive result of 2 strips.

43. A 50-year-old patient consulted an ENT doctor with complaints of frequent recurrences of tonsillitis and constant low-grade fever. After collecting complaints and anamnesis of the disease and life, the doctor picked up 2 spatulas and said that he would try to identify the pathognomonic symptom of chronic tonsillitis. What is a two-spatula test and what symptom did the doctor decide to identify?

Standard answer.

Oropharyngoscopy is performed with one spatula, the other is placed in the projection of the paratonsillar space in the sagittal plane and the tonsil is displaced medially. At the same time, content appears from the gaps. Liquid purulent exudate or caseous masses are a pathognomonic sign of chronic tonsillitis.

44. The patient was diagnosed with chronic tonsillitis. The doctor said that there is no need to remove the tonsils yet, you can try conservative treatment. The main element of conservative treatment is washing the lacunae of the tonsils. In this case, the preferred method is vacuum hydrotherapy. What is vacuum hydrotherapy and what device is needed for this.

Standard answer.

The device consists of a cap that is placed on the tonsil, and 2 tubes are connected to it. One of them leads to an electric aspirator, the other to a jar with

foracillin. When the system is sealed, furacillin is drawn out of the jar, washes the tonsil and goes into the electric aspirator.

45. A 28-year-old sailor was diagnosed with a simple form of chronic tonsillitis before a long voyage. To prevent exacerbations during the hike, it was decided to conduct semi-surgical treatment of chronic tonsillitis. What tools can be used?

Standard answer.

A special hook probe can be used to bougienage the mouths of lacunae, a scalpel for dissecting lacunae, and a cryoprobe for cryoapplication to reduce the volume of tonsil parenchyma.

46. A 40-year-old patient consulted an ENT doctor with complaints of severe sore throat and choking. The doctor performed oropharyngosopia, but did not find the cause of the sore throat. Then the doctor used a different research method and said that the source and cause of the pain was located deep, an abscess had formed there that needed to be opened. The doctor did this with a curved knife. Make a diagnosis, what research method did the doctor use, what kind of knife did he use?

Standard answer.

Acute epiglottitis, epiglottis abscess. The doctor used indirect laryngoscopy. Laryngeal knife (Tobolt).

47. An 8-year-old girl was hospitalized in the laryngitis department with a diagnosis of obstructive laryngitis, stage III laryngeal stenosis. The patient was immediately transferred to the intensive care unit, where intubation was performed. The girl's father, in a conversation with the doctor, said that she was a soloist in a children's vocal and instrumental ensemble and expressed concern about the patient's voice. The doctor replied that the material of the endotracheal tube allows one to avoid voice complications for 14-15 days. What material did the doctor mean?

Standard answer.

The tube is made of a thermoplastic material that, at body temperature, takes the shape of the cavity in which it is located.

48. An experienced physician observed a young surgeon performing a tracheotomy in the intensive care unit. The young doctor successfully performed the operation, however, he did not use all the tools that were in the kit. He could not answer the question of what the sharp hook on the operating table was for.

Standard answer.

The hook is needed to secure the larynx and trachea before opening the trachea.

49. A patient with an inoperable tumor of the larynx underwent a tracheostomy. The metal cannula inserted into the hole in the trachea consisted of outer and inner tubes. Why do you need an inner tube and why you can't use only the outer tube and change it daily.

Standard answer.

When the outer tube is removed to clean it, the hole in the trachea goes behind the sternum and only a doctor can find it in the soft tissues using a special tool. Therefore, it is fashionable to clean only the inner tube.

50. A 50-year-old patient consulted an ENT doctor with complaints of left ear congestion that arose after a long runny nose, which had been completely cured by the time of examination. During otoscopy, the light cone is shortened into a point. The audiogram showed moderate conductive hearing loss; the tympanogram showed type B. Politzer blowing had no effect, so the doctor catheterized the auditory tube. Describe the tool.

Standard answer.

An ear catheter is a thin metal tube whose end is bent at a 90-degree angle. At the opposite end, on the side of the bend, there is a ring, the purpose of which is to indicate the direction of the catheter beak, which is located in the nasopharynx.

51. A 6-year-old child complained of ear pain. After the otoscopy, the doctor at the ENT department said that he would try to limit himself to a minor operation in the form of an incision of the eardrum. The doctor dispelled the parents' fears that the procedure would negatively affect the child's hearing. What instrument did the doctor use to make the incision into the eardrum? Describe the features.

Standard answer.

Paracentesis needle. Spear-shaped end with sharpened edges, stepped handle so that fingers do not block the view.

52. In a patient with suspected otosclerosis, the doctor performed 3 tests - Rinne's experiment, Weber's experiment and Jelle's experiment. For the first two tests, only tuning forks were needed; for the third, an additional device was needed. Which one and why?

Standard answer.

A Politzer balloon and olive are needed to increase and decrease pressure in the external auditory canal.

53. The chief physician of the perinatal center said at the general planning meeting that all newborns will undergo a hearing screening test. After the planning meeting, the doctors discussed what equipment was needed for this.

Standard answer.

An electroencephalograph with a hearing stimulator in the form of clicks for CVEP, a supersensitive sensor in the external auditory canal and a computer for it to record sound during contraction of the outer hair cells for delayed otoacoustic emissions.

54. A patient, a resident of a rural area, began to have nosebleeds. Attempts to stop it with cotton swabs were unsuccessful. At the regional ENT hospital, the doctor quickly stopped the bleeding and attributed the failure to stop the bleeding to the wrong choice of material for tamponade. What material should be used for anterior and posterior tamponade and why?

Standard answer.

It is necessary to use gauze because its mesh structure is a ready-made "white clot" on which platelets and other blood cells settle.

55. A 52-year-old patient was hospitalized in the ENT department with recurrent nosebleeds. In the department, despite adequate hemostatic therapy, bleeding continued. Then the doctor in the operating room performed a mucoperichondrial detachment, after which the bleeding stopped. The essence of the operation is what instrument is used for detachment.

Standard answer.

The purpose of the operation is to interrupt the vessels going from the perichondrium to the mucous membrane. These vessels are interrupted and compressed during subsequent tamponade. The tool is a raspatory.

Addition tasks

1. Instructions: Insert one word.

The basis of ultrasonic disintegration of the inferior turbinates is the effect_____.

Sample answer: Cavitation.

2. Instructions: insert one word:

Irrigation of the nasal cavity with saline solution using Aqua Maris Leica not only removes pathogens and their toxins, but also normalizes the composition_____.

Sample answer:Slime.

3. Instructions: insert one word

Diathermocoagulation of the inferior turbinates is carried out using a device_____.

Sample answer:Electric scalpel

4. Instructions: insert one word

The tonsillotomy instrument is called _____.

Sample answer: Tonsillotom

5. Instructions: insert one word

The adenotomy instrument is called _____.

Sample answer: Adenotom.

6. Instructions: Insert a few words.

After separation of the tonsil from the paratonsillar tissue during tonsillectomy, separation the lower pole of the tonsil is carried out _____.

Sample answer: Sliding wire loop.

7. Instructions: insert a few words.

Removal of nasal polyps is carried out _____.

Sample answer: Sliding wire loop.

8. Instructions: insert a few words Features of the Kulikovsky needle for punctures of the maxillary sinus are 1.2.....

Sample answer: 1. Curved "beak". 2. Asymmetrical head.

9. Instructions: insert one word

Puncture of the maxillary sinus with a Kulikovsky needle is carried out through ____ nasal passage. Sample answer: Lower.

10. Instructions: insert a few words

An alternative to puncture for the treatment of sinusitis - application _____.

Sample answer: YAMIK (sinus) of the catheter.

11. Instructions: insert a few words

Probing in the treatment of sinusitis is mainly used for _____.

Sample answer: Sphenoid sinus.

12. Instructions: insert a few words

Trephine for trephine puncture of the frontal sinus is _____.

Sample answer: Miniature hand drill.

13. Instructions: insert a few words

Infusion of medicinal substances into the larynx is carried out using _____.

Sample answer: Laryngeal syringe.

14. Instructions: insert a few words

Opening of the epiglottis abscess is carried out using _____.

Sample answer: Laryngeal knife (Tobolt).

15. Instructions: insert one word

Intubation is a method of restoring breathing by inserting a tube into the _____.

Sample answer: Trachea

16. Instructions: insert a few words

To prevent circulatory disorders in the edges of the vocal folds, endotracheal tubes are made of _____.

Sample answer: Thermoplastic materials.

17. Instructions: insert a few words

The sharp hook in the tracheotomy tool kit is designed to _____.

Sample answer: Fixation of the trachea.

18. Instructions: insert a few words

During conicotomy, the cannula is installed in _____.

Sample answer: Subglottic space of the larynx.

19. Instructions: insert a few words

Used to remove foreign bodies from the nose and external auditory canal.

Sample answer: **Hartmann set hooks.**

20. Instructions: Insert a few words.

If there is a foreign body in the membranous cartilaginous part of the external auditory canal, the most rational method for its removal is _____.

Sample answer: Rinsing with a syringe to Jeanne.

Interview Questions

1. Vestibular tests (positional, caloric and rotational)

Standard answer.

Positional test - the appearance or change of nystagmus parameters when the position of the head changes. Caloric test - the appearance of nystagmus when water is poured into the external auditory canal $\pm 37^\circ$. The basis is the law of convection. Rotation test - the appearance of nystagmus when the patient rotates. Post-rotational nystagmus is directed in the direction opposite to rotation.

2. Hematoma of the auricle. Pathogenesis, clinical picture and treatment.

Response standard

Othematoma is an accumulation of blood between the cartilage and the perichondrium of the auricle. If help is not provided, microtia occurs. Primary - puncture, application of a shaped pressure bandage, recurrent - opening, treatment with tincture of iodine, application of a pressure bandage.

3. Otitis externa: limited (furuncle). Etiology, pathogenesis, clinical symptoms,

Standard answer.

A furuncle is an inflammation of the hair follicle and sebaceous gland. The main symptom is ear pain. When localized on the anterior wall, the pain intensifies when opening the mouth. Staphyloiderma. It needs to be opened and drained.

4. Foreign bodies of the trachea. Their characteristics. Diagnostics, removal methods.

Standard answer.

Foreign bodies of the trachea - fruit seeds, sunflower seeds, any small objects. They are divided into fixed and non-fixed. Fixed ones give a clinical picture of purulent tracheitis, unfixed ones are characterized by the symptom of balloting. Removed using a bronchoscope.

5. Nose bleed. Local reasons. First aid.

Standard answer. Local causes of nosebleeds are injuries and tumors of the nose and nasopharynx. First aid. Sit the patient down, tilt his head slightly forward, blow off blood clots, press the wing of the nose to the septum, apply cold to the nose and back of the head.

6. Spicy obstructive laryngitis. (false croup). Etiology, pathogenesis, leading clinical signs.

Standard answer.

Etiology: viral infection. Pathogenesis – swelling and infiltration of the mucous membrane of the subglottic space, thickening of exudate, laryngospasm. Clinical signs – laryngeal stenosis, cough with a barking tinge, dysphonia (hoarseness of voice)

7. Types buildings mastoid process And their clinical meaning, bordersShipo triangle.

Standard answer.

Types of structure: pneumatic, diploetic, sclerotic. Spipo's triangle is the line of attachment of the temporal muscle, spina suprameatum, perpendicular to the apex of the process.

8. Preventive value of otorhinolaryngology.

Standard answer.

The ENT organs are a single morphological and functional system, so by treating the disease of one of them, we prevent the disease of the other. For example, by sanitizing the ear in case of chronic otitis, we prevent the development of intracranial complications. In addition, treatment of ENT diseases

prevents the development of common diseases. For example, chronic tonsillitis and major collagen diseases.

9. Chronic purulent otitis media. Its varieties.

Standard answer.

Chronic purulent otitis media occurs in the form of epitympanitis, mesotympanitis and epimesotympanitis. They differ from each other in the localization of inflammation within the tympanic cavity.

10. Laryngeal stenosis. Classification by stages.

Standard answer.

Stage I – absence of shortness of breath with complete immobility. Deepening breathing, shortening the pause between exhalation and inhalation. !! stage – shortness of breath at rest, retraction of the pliable areas of the chest wall. Stage III – shortness of breath at rest, shallow breathing (dead space begins to appear), fear of death, centralization of blood circulation. Stage IV – asphyxia – drop in blood pressure, pathological types of breathing.

PK-6

the ability to determine the patient’s main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision;

Name competencies	Types of assessment materials	number of tasks for 1 competency
PC - 6	Closed tasks	25 with sample answers
	Open type tasks:	85 with sample answers
	Situational tasks	55 with sample answers
	Addition tasks	20 with sample answers
	Interview Questions	10 with sample answers

Closed tasks

Exercise 1.Instructions: choose 1 correct answer What are adenoids

- a) hypertrophy of the lingual tonsil b)
- hypertrophy of the pharyngeal tonsil c)
- hypertrophy of the palatine tonsils
- d) hypertrophy of the tubal tonsils

Standard answer - b

Task 2.Instructions: choose 1 correct answer Where are adenoids located?

- a) in the laryngopharynx b)
- in the oropharynx
- c) in the nasopharynx d) in
- the nasal cavity

Standard answer -

c

Task 3. Instructions: choose 1 correct answer Which microorganism most often causes a sore throat?

- a) beta-hemolytic streptococcus
- b) Staphylococcus aureus
- c) Escherichia coli
- d) pneumococci Standard

answer - a

Task 4. Instructions: choose 1 correct answer

In which tonsils is acute inflammation (tonsillitis) most often observed? a) in the pharyngeal b) in the palatal c) in the lingual d) in the tubal

The standard answer is b.

Exercise 5. Instructions: choose 1 correct answer

In what form of tonsillitis do small blisters form under the epithelium, which, when bursting, form defects in the epithelial lining? The same bubbles can appear from the mucous membrane of the palate, cheeks, and lips:

- a) with catarrhal tonsillitis
- b) with follicular angina
- c) with lacunar angina
- d) with herpetic sore throat

Sample answer - Mr.

Task 6. Instructions: choose 1 correct answer

In what form of tonsillitis do whitish-yellow island plaques protrude from the mouths of the lacunae, which can connect with neighboring ones and are easily removed?

- a) with catarrhal tonsillitis
- b) with follicular sore throat
- c) with herpetic sore throat
- d) with lacunar angina

Sample answer - Mr.

Task 7. Instructions: choose 1 correct answer

In what form of angina do necrotic changes spread to the epithelium and parenchyma of the tonsils? Ulcers with a dirty gray coating appear on the tonsils.

- a) with lacunar angina
- b) with phlegmonous sore throat
- c) with ulcerative necrotic tonsillitis
- d) with fibrinous tonsillitis

The standard answer is c.

Task 8. Instructions: choose 1 correct answer

What disease of the larynx is characterized by the presence of gray-yellow films protruding above the surface on the mucous membrane?

- a) for epiglottitis
- b) for chorditis
- c) for obstructive laryngitis
- d) for diphtheria

Sample answer - Mr.

Task 7. Instructions: choose 1 correct answer

In what disease of the larynx is a rapid change in the stages of stenosis possible? a) diphtheria of the larynx

- b) obstructive laryngitis
- c) laryngeal tumors

d) atrophic laryngitis

The standard answer is b.

Task 10. Instructions: choose 1 correct answer. What disease of the larynx is characterized by a barking cough?

- a) diphtheria of the larynx
- b) obstructive laryngitis c) laryngeal tumors
- d) atrophic laryngitis

The standard answer is b.

Task 11. Instructions: choose 1 correct answer

What stage of laryngeal stenosis is characterized by the absence of shortness of breath at rest?

- a) I Art.
- b) II Art.
- c) III Art.
- d) IV Art.

The standard answer is a.

Task 12. Instructions: choose 1 correct answer

What stage of laryngeal stenosis is characterized by the presence of shortness of breath at rest, participation of auxiliary muscles in breathing, acrocyanosis, agitation of the patient, tachycardia, and increased blood pressure?

- a) I Art.
- b) II Art.
- c) III Art.
- d) IV Art.

The standard answer is b.

Task 13. Instructions: choose 1 correct answer

At what stage of laryngeal stenosis does breathing become shallow, irregular, the skin becomes cyanotic, and the pulse is soft and rapid?

- a) at stage I
- b) at II stage.
- c) at the III stage.
- d) at IV stage.

The standard answer is c.

Task 14. Instructions: choose 1 correct answer

What are the leading clinical symptoms characteristic of the first stage of acute rhinitis? a)

- a) purulent nasal discharge, difficulty in nasal breathing
- b) itching, sore nose, sneezing
- c) difficulty in nasal breathing, nasal discharge, anosmia, sneezing

The standard answer is b.

Task 15. Instructions: choose 1 correct answer

The nature of the discharge, typical for the beginning of the second stage of acute

- a) serous-mucosal
- b) purulent c) mucous
- d) mucopurulent e) hemorrhagic

The standard answer is a.

Task 16. Instructions: choose 1 correct answer

Which of the symptoms most worries a patient in the third stage of acute rhinitis? a) difficulty in nasal breathing

- b) nasal discharge c)
- presence of crusts
- d) sneezing
- e) itchy nose

The standard answer is c.

Task 17. Instructions: choose 1 correct answer

What diagnosis is typical for acute rhinitis in infants a) acute maxillary sinusitis

- b) acute hemisinusitis c)
- acute laryngitis
- d) acute nasopharyngitis e)
- acute laryngotracheitis

Sample answer - Mr.

Task 18. Instructions: choose 1 correct answer

The leading subjective symptom in acute and exacerbation of chronic sinusitis is: a) nasal discharge

- b) difficulty in nasal breathing c)
- local headache
- e) anosmia

The standard answer is b.

Task 19. Instructions: select 1 correct answer. With ethmoid sinusitis, pain is localized in the area:

- a)
- cheeks
- b)
- temple
- c) root of the
- nose d)
- forehead
- d) back of the head

The standard answer is c.

Task 20. Instructions: choose 1 correct answer Headache in the back of the head is typical for

- a) frontitis b)
- sphenoiditis
- c) ethmoiditis

The standard answer is b.

Task 21. Instructions: select 1 correct answer Rhinoscopically for frontal sinusitis is determined by:

- a) purulent exudate in the posterior part of the semilunar fissure b) the presence of a choanal polyp
- c) a strip of pus in the anterior part of the middle nasal meatus
- d) a strip of pus in the posterior part of the middle nasal meatus
- e) hypertrophy of the inferior turbinate

The standard answer is c.

Task 22. Instructions: choose 1 correct answer

For X-ray examination of the anterior group of paranasal sinuses, the following placement is indicated:

- a) nasofrontal
- b) axial c)
- lateral
- d) nasomental

Sample answer - Mr.

Task 23. Instructions: choose 1 correct answer

X-ray examination of the sphenoid sinus is carried out in the following position:

- a) nasofrontal

- b) axial c)
- lateral
- d) nasomental

The standard answer is b.

Task 24. Instructions: choose 1 correct answer

The most rational additional method for diagnosing sinusitis is a) MRI

- b) CT
- c) radiography.

The standard answer is b.

Task 25. Instructions: choose 1 correct answer

The pathognomonic endoscopic symptom of acute sinusitis is a) hyperemia of the nasal mucosa

- b) symptom of “stripe of pus”
- c) pale swelling of the mucous membrane
- d) venous stagnation of the mucous membrane

The standard answer is b.

Open type tasks

Situational tasks

1. After an acute runny nose, the patient developed swelling, hyperemia and soreness of the skin of the nose, more on the left. The pain radiates to the teeth, temple and left orbital area. The body temperature increased to 38°C, and a feeling of chilling appeared. Objectively: limited swelling and infiltration of bright red skin with an abscess in the center on the wing of the nose on the left. Diagnosis? Determine treatment tactics. What additional research methods need to be used to clarify the etiology of the disease?

Standard answer.

Furuncle of the nose. Opening and draining the boil, prescribing adequate antibacterial therapy. Study of blood glucose levels over time.

2. A 35-year-old patient complains of nasal congestion, difficulty in nasal breathing, clear, profuse nasal discharge, impaired sense of smell, attacks of sneezing and lacrimation. The listed symptoms bother the patient from the end of July until the first frost. After the first frost, symptoms gradually decrease and disappear. For the last two years, the patient, on the advice of an ENT doctor, went on vacation in August and left Rostov for the Black Sea coast. During rest, nasal breathing remained free, other symptoms were mild. With anterior rhinoscopy, the nasal mucosa is pale, swollen, and clear serous exudate is detected in the common nasal passages. The middle nasal passages are narrowed and free. Palpation of the facial walls of the paranasal sinuses is painless. The remaining ENT organs are unchanged. Make a preliminary diagnosis. What additional research methods need to be applied to clarify it.

Standard answer.

Allergic rhinitis. Remitting form. OAC, allergy tests during the off-season period.

3. A patient came to the ENT office of the clinic with complaints of paroxysmal nasal congestion, accompanied by sneezing and copious watery discharge. From the anamnesis it was possible to find out that the manifestations of the disease arose 3 years ago, attacks are becoming more frequent, proceed violently, are accompanied by itching in the nasal cavity, lacrimation, and urticaria. During anterior rhinoscopy, the mucous membrane of the nasal cavity is sharply swollen, white, as if marbled in color. Anemization of the mucous membrane does not reduce swelling. In the study of peripheral blood - pronounced

eosinophilia. Microscopy of nasal discharge also reveals eosinophils. Make a diagnosis, justify it. Determine additional research methods necessary to confirm the diagnosis.

Standard answer.

Allergic rhinitis. Persistent form. Allergy tests.

4. A 45-year-old patient, a miner by profession, complains of dry nose, thick, scanty nasal discharge that quickly dries into crusts, and a sharp decrease in sensitivity to odors. In addition, the patient is worried about frequent colds, especially after exposure to cold air (without general hypothermia). With anterior rhinoscopy, the nasal mucosa is thinned, light pink, and dry. There are several dry crusts on the inferior turbinates and nasal septum. At the bottom of the nasal cavity there is a small amount of thick mucopurulent exudate of yellow-brown color. The nasal turbinates are reduced in size, the middle nasal passages are expanded. During oropharyngoscopy, similar changes are determined on the back wall of the pharynx - the mucous membrane is dry, giving the impression of being varnished. The remaining ENT organs are unchanged. Make a diagnosis and determine the main directions of treatment. Name the possible causes of decreased sense of smell.

Standard answer.

Chronic atrophic rhinitis. The sense of smell is reduced due to a lack of mucus as a solvent. In addition, the olfactory area is covered with crusts. Liquefaction of crusts, infusion of indifferent oils, introduction of microdoses of copper and iron.

5. A 22-year-old woman consulted a local otolaryngologist about pain in the left side of her head and purulent discharge from the left side of her nose. History: 10 weeks pregnancy. A week before the patient's treatment, the fourth tooth of the upper jaw was removed from the same side. The wound at the site of the extracted tooth retains elements of inflammation. Anterior rhinoscopy reveals hyperemia and infiltration of the nasal mucosa, more on the left. The nasal septum is sharply curved to the left. A thick purulent exudate is detected above the upper edge of the curvature. On palpation, pain is detected in the area of the superomedial angle of the orbit and the buccal fossa. Additional examination revealed signs of left-sided hemisinusitis. Determine the pathogenesis of the disease and predisposing factors. What additional research methods are indicated in this case? What antibacterial drugs can be used in this patient?

Standard answer.

Odontogenic acute purulent maxillary sinusitis. Predisposing factors are deviated nasal septum and pregnancy. Diaphanoscopy. Rovamycin.

6. The patient complains of a headache in the back of the head, worsening at night, decreased sense of smell, copious mucopurulent discharge from the nose and nasopharynx, increased body temperature to 37.8°C, and rapid fatigue. Anterior rhinoscopy reveals purulent exudate in the area of the olfactory fissure. The nasal mucosa is moderately swollen. The middle nasal passages are narrowed and free. During posterior rhinoscopy, scanty mucopurulent exudate is also detected in the vault of the nasopharynx. During oropharyngoscopy, the mucous membrane of the posterior pharyngeal wall is thinned, dry, covered with discharge that dries into crusts. An x-ray of the paranasal sinuses in the posterior axial projection reveals a uniform decrease in the transparency of the sphenoid sinuses. Make a diagnosis, prescribe treatment.

Standard answer.

Bilateral acute sphenoiditis.

7. A 43-year-old patient complains of impaired nasal breathing and a purulent runny nose on the left. There is a history of acute respiratory viral infection, after treatment of which there was still a violation of nasal breathing, more on the left, discharge from the left half of the nose of a mucopurulent, and then purulent nature. Palpation and percussion of the facial walls of the paranasal sinuses are painless. The mucous membrane of the left half of the nose is hyperemic and infiltrated. In the middle section

the middle nasal passage is determined by a strip of purulent exudate. Make a preliminary diagnosis and prescribe an additional examination to clarify it. The clinical picture lacks one of the main symptoms of the disease. Why? Determine the basic principles of treatment.

Standard answer.

Acute purulent maxillary sinusitis. CT scan. The absence of spontaneous headache, as well as pain on palpation of the facial wall of the sinus, is explained by a sufficient level of drainage of the sinus through the natural outlet (symptom of a strip of pus in the middle meatus).

8. A 43-year-old patient complains of impaired nasal breathing and a purulent runny nose on the left. There is a history of acute respiratory viral infection, after treatment of which there was still a violation of nasal breathing, more on the left, discharge from the left half of the nose of a mucopurulent, and then purulent nature. Palpation and percussion of the facial walls of the paranasal sinuses are painless. The mucous membrane of the left half of the nose is hyperemic and infiltrated. In the middle section of the middle nasal meatus a strip of purulent exudate is detected. Make a preliminary diagnosis and prescribe an additional examination to clarify it. The clinical picture lacks one of the main symptoms of the disease. Why? Determine the basic principles of treatment.

Standard answer.

Acute purulent maxillary sinusitis. CT scan. The absence of spontaneous headache, as well as pain on palpation of the facial wall of the sinus, is explained by a sufficient level of drainage of the sinus through the natural outlet (symptom of a strip of pus in the middle meatus).

9. An 8-year-old child often suffers from colds. Between diseases, nasal breathing is impaired, more so at night. Over the past 3 months, I have suffered from maxillary sinusitis twice. Currently, I am concerned about abundant mucopurulent discharge from both halves of the nose; palpation of the facial walls of the maxillary sinuses is moderately painful. During anterior rhinoscopy, the nasal mucosa is hyperemic with a bluish tint and edematous. The middle nasal passages on both sides are narrowed. In their lumen, as well as in the common nasal passages, there is a significant amount of mucopurulent exudate. During oropharyngoscopy, mucopurulent exudate flows down the back wall of the pharynx like an “apron”. Your assumptions about the reasons for the recurrence of sinusitis. What additional research methods can be used to clarify the pathogenesis of the disease. Standard answer.

The cause of recurrent sinusitis is hypertrophy of the pharyngeal tonsil. Digital examination of the nasopharynx, anterior rhinoscopy, posterior rhinoscopy.

10. A 42-year-old man is bothered by purulent discharge from the right side of his nose. Over the past few days, the discharge has acquired an unpleasant odor. During anterior rhinoscopy, the nasal mucosa is slightly hyperemic and slightly swollen. The middle nasal passage on the right is open, purulent exudate is detected in its lumen. An x-ray of the paranasal sinuses revealed a homogeneous darkening of the right maxillary sinus. In addition, the x-ray shows the displacement of the metal prosthesis of the 4th tooth of the upper jaw on the right into the area of the maxillary sinus. After local anesthesia and anemization, a puncture of the left maxillary sinus was performed. The sinus was washed with a solution of furacillin; a significant amount of liquid purulent exudate with an unpleasant odor was detected in the washing liquid. Make suggestions about the diagnosis. Determine the pathogenesis of the disease and the most likely nature of the microflora. Suggest treatment tactics.

Standard answer.

Odontogenic maxillary sinusitis. Anaerobic flora.

11. A 10-year-old boy complains of pain in the throat, worsening with swallowing, nasal congestion, clear, liquid discharge from the nose, and general malaise. Especially

An “empty” sip is painful. He became acutely ill after hypothermia. Body temperature 37.5°. On examination: the condition is satisfactory, the skin is moist and clean. Oropharyngoscopy reveals bright hyperemia of the posterior wall of the pharynx, mucous membrane of the tonsils and palatine arches. The tonsils are loosened and moderately swollen. During anterior rhinoscopy, the nasal mucosa is hyperemic and swollen. There is a small amount of serous exudate in the common nasal passages on both sides. Make a diagnosis, prescribe treatment.

Standard answer.

ARVI, acute nasopharyngitis. Vasoconstrictors, derinat, thymogen, imudon, gargling with disinfectant solutions.

12. A 27-year-old patient complains of spontaneous constant pain in the throat, which sharply intensifies when swallowing. Swallowing solid food is difficult due to increased pain. In addition, the patient is worried about headache, increased body temperature, general malaise, and decreased performance. I got sick 4 days ago after local hypothermia (I got caught in the rain and got my feet wet).

On examination: the skin is moist and pale. Temperature 39.6°. The maxillary lymph nodes are enlarged and painful on palpation. The skin over them is not changed. During oropharyngoscopy: the palatine tonsils are enlarged in size due to edema and infiltration; bubbles filled with purulent exudate are visible under the mucous membrane. The mucous membrane of the posterior wall of the pharynx and arches is moderately hyperemic, there is no edema or infiltration. The remaining ENT organs are unchanged. Your diagnosis. Determine the basic principles of etiotropic treatment.

Standard answer.

Follicular tonsillitis. 1. Bed rest 2. Gargling after meals. 3. Antibiotics protected penicillins or macrolides.

13. A patient with a cavernous form of pulmonary tuberculosis during hospital treatment began to complain of an unpleasant, putrid odor from the mouth, a feeling of discomfort and moderate pain in the throat, which intensified when swallowing. Regional lymphadenitis, slightly expressed. The temperature reaction is characteristic of the main process in the lungs. During oropharyngoscopy: the right tonsil is almost completely destroyed. In place of the tonsil, a large ulcer is identified, the bottom of which is the periosteum of the alveolar process. The ulcer is covered with necrotic plaque, which separates independently and hangs "fringe" along the edges of the ulcer. The inflammatory reaction of surrounding tissues is insignificant. Make a clinical diagnosis. Identify additional research methods to refine it. Carry out differential diagnosis of the disease. Standard answer.

Angina of Simanovsky-Plaut-Vincent. Bacterioscopy and bacteriological research method. Carry out differential diagnosis with syphilis.

14. A 7-year-old child became acutely ill. The disease began with a rise in body temperature to febrile levels, followed by pain in the throat, which intensified when swallowing. The child became lethargic, apathetic, and drowsy. A pediatrician called to the house made a diagnosis “lacunar tonsillitis”, prescribed treatment, the main component of which was Flemoxin antibiotic tablets. However, despite the treatment, the child’s condition progressively worsened - the temperature remained high, the child refused food, and slept almost all the time. Moreover, new symptoms appeared - open nasal sound, fluid entering the nasopharynx and nose. A day later, pain appeared in the heart area, as well as moderate swelling of the soft tissues of the neck. The pediatrician was called again and said that the plaque had spread far beyond the tonsils, hospitalization and specific treatment were required. The child was hospitalized first in the children's infectious diseases department, then in the intensive care and resuscitation department. Two days later, the child died as the symptoms of acute heart failure progressed. State a presumptive clinical diagnosis, determine a list of additional methods

research to clarify it. Name the basic principles of diagnosis and treatment of the suspected disease.

Standard answer.

Toxic form of diphtheria. At the beginning of the disease, it was necessary to conduct a study of plaque - remove the plaque with a spatula, rub it between glasses, place it in a glass of water. Bacterioscopic and bacteriological research methods were needed.

15. A 22-year-old patient consulted an ENT doctor about severe pain in the throat, worsening with swallowing, increased body temperature, and signs of intoxication. After examining the patient, the doctor diagnosed follicular tonsillitis and prescribed antibacterial treatment. Just a day after the start of treatment, the patient's condition improved significantly, and a day later the pain in the throat stopped, and the temperature returned to normal. Due to a sharp improvement in his condition, the patient stopped taking the medications prescribed by the doctor, stopped taking bed rest and went to study in connection with the start of the session. However, two days after stopping treatment, the temperature rose again, pain appeared in the right half of the pharynx, and difficulty swallowing appeared. The pain in the throat gradually intensified and became unbearable. The patient could not even swallow saliva. Trismus of the masticatory muscles developed, and the patient kept his head tilted to the painful side. Upon returning to the ENT doctor, the diagnosis of the disease was changed, therapeutic and diagnostic measures were carried out, after which the patient felt a significant improvement in his condition. 7 days later, after recovery, the doctor recommended that the patient undergo a tonsillectomy as planned. What complication of follicular tonsillitis did the patient have? What treatment and diagnostic measures were carried out? Justify the patient's treatment tactics.

Standard answer.

Right-sided paratonsillitis in the abscess stage (peritonsillar abscess). Opening of the paratonsillar space with its drainage. Peritonsillitis, in most cases, is a manifestation of chronic tonsillitis. Therefore, elective tonsillectomy is indicated.

16. A 3-year-old child was brought to the reception area of the ENT department from an orphanage. According to the teacher, the child's condition has been progressively worsening over the last 5 days; today the child refused to eat, and therefore the pediatrician referred him to the ENT department. On examination: the child is hypotrophic, there are signs of exhaustion. The forced position of the head is noteworthy - it is thrown back sharply, there is stridorous (bubbling) breathing in a horizontal position. The child's condition is serious, the temperature is febrile, and symptoms of intoxication are pronounced. Upon examination, the mucous membrane of the tonsils and the posterior wall of the pharynx is moderately hyperemic, infiltrated, and edematous. On the back wall of the pharynx, more on the left, there is a protrusion that extends up into the nasopharynx and down into the laryngopharynx. Make a clinical diagnosis, determine the tactics of diagnostic and therapeutic measures.

Standard answer.

Retropharyngeal abscess. For differential diagnosis with extracranial aneurysm of the internal carotid artery, palpation of the protrusion to determine pulsation. In the absence of pulsation, puncture and opening of the retropharyngeal space.

17. A 35-year-old patient complains of frequent sore throats (2-3 times a year), accompanied by high fever and plaque on the tonsils. During oropharyngoscopy, the palatine tonsils are small in size. With a double-spatula test, the tonsils have a dense consistency, fused to the arches, and purulent exudate is detected in the lacunae. Angular-maxillary lymphadenitis is also detected. The patient has a history of chronic glomerulonephritis and periodic pain in the heart. The ECG shows minor diffuse changes myocardium. Make a clinical diagnosis and treatment tactics.

Standard answer.

Chronic tonsillitis, toxic-allergic form of the II degree (decompensated with associated diseases). Routine tonsillectomy is indicated.

18. During a routine examination, the doctor identified signs of Giese, Zack, and Preobrazhensky in a 40-year-old patient. With a two-spatula test, purulent exudate was detected in the lacunae of the tonsils. On palpation - angle-maxillary lymphadenitis. History - tonsillitis 1, rarely 2 times a year. Make a clinical diagnosis, determine the form of the disease according to two classifications, and determine treatment tactics.

Standard answer.

The diagnosis is simple chronic tonsillitis (compensated form. Conservative treatment is recommended.

19. A young man, 23 years old, was renovating an apartment. After use water-soluble paint, he suddenly developed a feeling of shortness of breath and a dry cough. Then inspiratory shortness of breath joined and began to increase. The patient called an ambulance. The doctor administered the medicine intramuscularly, after 20 minutes the shortness of breath decreased significantly, and then disappeared completely. The doctor said that such a disease requires medical supervision in a hospital, and also warned that the patient should not use this brand of paint for repairs. Make a clinical diagnosis. What causes shortness of breath and feeling of lack of air? What medicine did the doctor administer?

Standard answer.

Allergic edema of the larynx with laryngeal stenosis. One of the drugs is glucocorticoids.

20. A 3-year-old child suddenly developed a dry cough and mucous discharge from the nose, and a few hours later the temperature rose to 38.5°. At night, the cough intensified, acquired a barking tone, and gradually increasing shortness of breath appeared. The emergency doctor noted several symptoms: inspiratory shortness of breath, retraction of the intercostal spaces, supra- and subclavian fossae, severe anxiety of the child. The doctor diagnosed me with subglottic laryngitis and said that urgent hospitalization was required in a specialized infectious diseases department. Before transporting the child, the doctor gave an injection of the drug. Make a diagnosis and determine the stage of laryngeal stenosis. What drug did the doctor use and for what purpose?

Standard answer.

Acute obstructive laryngitis. Stage II laryngeal stenosis. A drug of a number of glucocorticoids.

21. A 54-year-old man came to the ENT department emergency room with complaints of a feeling of lack of air, swelling of the skin of the face and neck. From the anamnesis it was possible to find out that swelling of the skin of the face and neck appeared shortly after the wasp sting. While talking with the doctor and preparing instruments for examining the ENT organs, the patient's condition worsened, shortness of breath sharply increased, and cyanosis of the skin of the face and fingers appeared. Suddenly the patient grabbed his neck with his hands, wheezed and lost consciousness. The skin of the face acquired a cast-iron hue. In this case, there was no breathing, blood pressure was not determined. The doctor, kneeling down, made a deep incision in the neck, after which breathing was restored. The doctor then said that the patient needed to be transported to the operating room for a tracheotomy. Make a diagnosis. Determine the stage of laryngeal stenosis. What operation did the doctor perform to restore breathing?

Standard answer.

Quincke's edema. Stage of asphyxia (IV). Conicotomy.

22. A 15-year-old patient had a tooth removed in a dental clinic under local infiltration novocaine anesthesia. After 20 minutes, the boy began to complain of lack of air. The doctor noted the appearance of shortness of breath with difficulty in breathing, tachycardia, and tachypnea. When breathing, the intercostal spaces, supra- and subclavian fossae,

the skin in the area of the jugular notch was sharply retracted, the patient was restless. The injection of the drug led to the disappearance of shortness of breath within 10 minutes. The doctor of the called ambulance team confirmed the correctness of the dentist's diagnosis, the nature and extent of the assistance provided. He said that he was hospitalizing the patient for medical observation. Determine the nature of shortness of breath, the stage of laryngeal stenosis, and make a diagnosis. What medicine would you use in this situation?

Standard answer.

Inspiratory dyspnea. Second stage of laryngeal stenosis. Adrenal cortex hormone was introduced.

23. A 50-year-old patient, after hypothermia, began to complain of severe pain in the throat. Over the course of the day, the pain in my throat intensified and became unbearable. The pain intensified when swallowing, dysphagia and choking on liquid food appeared. The patient stopped swallowing first solid and then liquid food. The temperature remained low-grade throughout the three days of illness. On the third day, the patient consulted an ENT doctor at the clinic. During oropharyngoscopy, the doctor did not see any changes in the oropharynx, so he used another method of endoscopic examination of the ENT organs. He gave the patient a referral to the hospital, saying that an abscess had formed in the throat that needed to be opened. Make a clinical diagnosis. What endoscopic examination method did the doctor use? What instrument is most rational to use for opening an abscess in a given location?

Standard answer.

Acute epiglottitis. Abscess of the epiglottis. Direct laryngoscopy was used. Laryngeal knife (Tobelta).

24. A 3-year-old child suddenly developed a febrile fever and a runny nose. A few hours later, a dry cough with a barking tinge developed, and inspiratory shortness of breath appeared when crying. The voice was loud. The pediatrician called to the house gave referral to hospital. Make a clinical diagnosis. Are clinical symptoms sufficient to make a diagnosis? Determine the place and significance of the symptom of dysphonia in the clinical picture of the disease.

Standard answer.

Acute obstructive laryngitis (subglottic laryngitis, false croup). Yes, enough. Dysphonia will appear a few hours after the onset of bacterial chondritis.

25. A 53-year-old patient consulted a doctor with complaints of a sore throat, increased sputum production, and hoarseness. From the anamnesis it turned out that the patient had been smoking for 20 years. Works as a storekeeper. Work involves temperature changes and voice tension. The voice changed 3 years ago after a respiratory viral disease. With indirect laryngoscopy: both halves of the larynx are evenly mobile, the vocal folds are gray and thickened, especially in the area of their free edge. Mucous the membrane of the ventricular folds, the apices of the arytenoid cartilages and the interarytenoid space is uniformly thickened and moderately hyperemic. Make a clinical diagnosis. What factors contributed to the development of the disease?

Standard answer.

Chronic hypertrophic laryngitis. Smoking, work associated with increased dust content, temperature changes, voice strain. The provoking factor was acute viral laryngitis.

26. An elderly woman consulted an ENT doctor with complaints of decreased hearing in her right ear. Otoscopy revealed a dense yellow-brown mass in the external auditory canal, completely obstructing it. The left external auditory canal is free. Make a preliminary diagnosis. What assistance should be provided to the patient, and what diagnostic tests should be performed to clarify the cause of hearing loss?

Standard answer.

Sulfur plug. Remove the plug by washing. Tuning fork tests.

27. An elderly woman, after attempting to remove wax from the right external auditory canal, began to complain of constant pain in the ear. Over the course of 2 days, the pain gradually intensified, becoming especially acute when opening the mouth. Pressing on the tragus was also painful. Your opinion about the nature of the pathological process and its localization within the external auditory canal. Standard answer.

Acute limited external otitis (furuncle of the external auditory canal). Localization – anterior wall of the external auditory canal.

28. A child, 1 year 2 months old, became restless, often woke up at night and cried. A pediatrician called to the house examined the child and revealed the following signs of the disease. Body temperature is 37.5°, nasal breathing is impaired, the child's crying and anxiety intensifies with careful light pressure on the tragus. No other pathological changes were detected. The doctor referred the child to the ENT department. Your presumptive diagnosis. What is the difference in the interpretation of the tragus symptom in adults and children?

Standard answer.

Acute purulent otitis media. In children of the first years of life, the tragus symptom is a sign of external and otitis media.

29. A child, 1 year 2 months old, became restless, often woke up at night and cried. A pediatrician called to the house examined the child and revealed the following signs of the disease. Body temperature is 37.5°, nasal breathing is impaired, the child's crying and anxiety intensifies with careful light pressure on the tragus. No other pathological changes were detected. The doctor referred the child to the ENT department. Your presumptive diagnosis. What is the difference in the interpretation of the tragus symptom in adults and children?

Standard answer.

Acute purulent otitis media. In children of the first years of life, the tragus symptom is a sign of external and otitis media.

30. An 8-year-old girl, at the height of an acute respiratory viral infection, developed a feeling of stuffiness in her left ear, which was soon replaced by a throbbing tearing pain that intensified when swallowing. A compress and infusion of drops into the ear somewhat improved the child's condition. However, after 3 hours, the pain in the ear intensified and became bursting, and therefore the child was taken to an ENT doctor by SP car. Probable diagnosis, stage of the process, options for otoscopic picture, therapeutic measures. Standard answer.

Acute purulent otitis media. Pre-perforation period. Exudation phase. Diffuse hyperemia of the tympanic membrane, absence of identifying contours, protrusion in the anterior sections of the membrane. Paracentesis.

31. An 8-year-old girl, at the height of an acute respiratory viral infection, developed a feeling of stuffiness in her left ear, which was soon replaced by a throbbing tearing pain that intensified when swallowing. A compress and infusion of drops into the ear somewhat improved the child's condition. However, after 3 hours, the pain in the ear intensified and became bursting, and therefore the child was taken to an ENT doctor by SP car. Probable diagnosis, stage of the process, options for otoscopic picture, therapeutic measures. Standard answer.

Acute purulent otitis media. Pre-perforation period. Exudation phase. Diffuse hyperemia of the tympanic membrane, absence of identifying contours, protrusion in the anterior sections of the membrane. Paracentesis.

32. In a 3-year-old child, against the background of acute rhinitis, the temperature rose to 38.2°C, anxiety and tearfulness appeared. While crying, he held his left ear. The grandmother treated the child with aspirin and a heating pad on the left ear. After home treatment procedures, the child's condition improved, he calmed down, and his temperature dropped to 37.4°. On the 3rd day, against the background of minor pain in the ear, pastiness (swelling) of the skin behind the ear appeared. This alarmed the parents, and they turned to the ENT doctor at the hospital, who hospitalized the child, saying that he would try to limit himself to minor surgical

intervention. Formulate a clinical diagnosis, describe the operation, determine the indications for its use, paying attention to the age aspect. Standard answer.

Acute purulent otitis media. Paracentesis. Tearing severe pain in the ear, high fever, protrusion of the eardrum. In children it is carried out more often, because The eardrum in children is thicker and more elastic than in adults.

33. After suffering from acute respiratory viral infection, a young woman developed pain in the ear, first shooting, then bursting. A day later, the pain subsided, but suppuration from the ear and hearing loss appeared. With these complaints, the patient turned to the ENT doctor at the clinic. Make a clinical diagnosis, describe the expected otoscopic picture, treatment tactics.

Standard answer.

Acute purulent otitis media. Perforation stage. Diffuse hyperemia of the tympanic membrane. There are no identifying marks. In the anterior sections of the membrane there is a slit-like perforation through which purulent exudate enters. Antibiotics. Dry warmth on the ear. Official ear drops (tsipromed, normax, dancil). Vasoconstrictor nasal drops.

34. A 5-year-old child developed shooting pains in his left ear after hypothermia. The parents went as an emergency to the ENT department, where a behind-the-ear novocaine blockade was performed and drops were prescribed for the nose and ear. The child's condition improved somewhat, so the parents did not go to the ENT doctor at the clinic for an examination. A day later, the patient's body temperature increased to 38.5°, pain in the ear intensified, and swelling appeared in the area behind the ear. The parents contacted the ENT department again. Upon examination, the doctor revealed the following signs of the disease: the left ear is protruding and stands perpendicular to the surface of the skull. In the postauricular area, a fluctuating protrusion of soft tissues the size of a chicken egg, edema and infiltration of the skin, spreading to the parietal, temporal and preauricular areas, are determined. Palpation of the behind-the-ear area is sharply painful. The external auditory canal has a slit-like shape due to infiltration of the skin of the posterior-superior wall. The eardrum is poorly visible, and it appears as if it is bulging. Its visible areas are hyperemic, identifying signs cannot be seen. During paracentesis, purulent exudate under pressure was obtained. The doctor told the parents that paracentesis was not enough, a major operation under anesthesia was necessary. Make a diagnosis. What additional research methods need to be applied and for what purpose. Determine treatment tactics. Standard answer.

Left-sided mastoiditis, subperiosteal abscess. X-ray of the temporal bones in Schüller and Mayer placements or computed tomography of the temporal bones to determine the extent of bone destruction. The operation is anthromastoidotomy.

35. An elderly man suffering from hypertension consulted an ENT doctor complaining of frequently recurring discharge from the ears. From the anamnesis it was possible to find out that the patient took part in hostilities and suffered a concussion, after which his hearing sharply decreased. I didn't see a doctor. Subsequently, discharge from the ears began to recur, mainly during a vacation by the sea and against the background of a respiratory viral infection. In the last year, after the onset of hypertension, I began taking rauwolfia preparations, and the discharge from the ears became almost constant. The doctor, after examining the patient and looking at the prescription book, explained that a side effect of rauwolfia drugs is swelling of the mucous membrane of the nose and nasopharynx. This is a predisposing factor to exacerbation of the inflammatory process in the ear. Describe the expected otoscopic picture. What other factors can provoke an exacerbation of the inflammatory process in the ear?

Standard answer.

Diagnosis: bilateral chronic purulent otitis media, mesotympanitis. Otoscopic picture: perforation of the eardrums in the tense part. Exacerbation is provoked by acute rhinitis and water getting into the ears.

36. A 56-year-old patient has noted constant suppuration from the right ear since the age of 10. He rarely went to the doctor. Since drops of boric alcohol were recommended to him in the past, he began to wipe the external auditory canal with a cotton swab containing alcohol once a day. During the next cleaning of the external auditory canal, I noticed blood on the cotton wool. This worried the patient, and he consulted a doctor. Probable diagnosis. What is the cause of hidden bleeding?

Standard answer.

Chronic purulent otitis media. Epitympanitis complicated by granulations.

37. A 35-year-old patient consulted an ENT doctor at the clinic regarding an exacerbation of right-sided chronic purulent otitis media. Considers himself sick for 5 years. Exacerbations occur 3-4 times a year and are provoked by a respiratory viral infection. Otoscopy revealed a small amount of purulent exudate in the right external auditory canal. The eardrum is dull, identifying features are blurred. In the anterosuperior quadrant, a perforation is identified, the lumen of which is filled with gray-white structureless masses. Make a clinical diagnosis, determine additional research methods that can be used in this case.

Standard answer.

Chronic purulent otitis media. Epitympanitis complicated by cholesteatoma. Computed tomography, audiometry, microbiological examination. Surgical treatment (the nature is determined depending on the results of CT and audiometry) as planned.

38. A 49-year-old patient complained of decreased hearing in the right ear and noise in the same ear. A week ago, there was a rise in blood pressure, and therefore an emergency doctor was called and administered injections of blood pressure-lowering drugs. After therapy, the condition improved, the headache stopped bothering me, but noise in the right ear and unilateral hearing loss persist to this day. When examining the ENT organs, no pathological changes were found. What is the preliminary diagnosis, the presumed etiology of the disease? What studies should be prescribed if, during a hearing test using speech: right ear - Sh.R. 1m, RR 5m, left ear – Sh.R. 6m, RR more than 6m?

Standard answer.

Right-sided acute sensorineural hearing loss, vascular nature. Tuning fork examination of hearing, tone-tone threshold and suprathreshold audiometry, ultrasound examination of hearing, impedance measurement, x-ray of the temporal bones in the Stenvers pattern, CT or MRI of the brain.

39. A 56-year-old patient, against the background of high blood pressure, suddenly developed unilateral sensorineural hearing loss, confirmed by speech and tuning forks. What therapy will you choose before confirming the diagnosis using an audiometric method? What is your tactic after receiving pure tone threshold audiometry data?

Standard answer.

Antihypertensive drugs. Hospitalization of the patient in an ENT hospital, vascular, metabolic therapy, antioxidant drugs, improvement of nerve impulse conduction.

40. A child, 1.8 years old, after staying in the intensive care unit and children's hospital for cerebrospinal epidemic meningitis, stopped pronouncing words and phrases that he could speak before the disease. A traditional examination of ENT organs revealed no pathological changes. What disease can

guess? What are the further tactics to clarify the diagnosis?

Standard answer.

Bilateral sensorineural hearing loss. Objective examination of hearing: otoacoustic emission, impedance measurement, study of short-latency auditory evoked potentials

41. A young woman, 30 years old, began to notice decreased hearing after giving birth. After returning from maternity leave to work, it became difficult to communicate with others, but what was surprising was that while traveling on the subway or tram, speech intelligibility improved. The woman turned to a specialist, deciding that her hearing had decreased due to sulfur plugs. During the examination, the otorhinolaryngologist did not find sulfur in the external auditory canals or any disorders in the ENT organs. Hearing studies using speech and tuning forks, including the classical tests of Rinet, Weber and Schwabach, indicated bilateral hearing loss of the type of sound conduction disorder. What is the presumptive diagnosis? What hearing tests need to be performed to clarify the diagnosis?

Standard answer.

Otosclerosis. Tuning fork tests Jelly, Bing, Federici, tone threshold audiometry, ultrasound hearing testing, impedance testing (tympanometry, acoustic reflex testing).

42. A young woman, 30 years old, began to notice decreased hearing after giving birth. After returning from maternity leave to work, it became difficult to communicate with others, but what was surprising was that while traveling on the subway or tram, speech intelligibility improved. The woman turned to a specialist, deciding that her hearing had decreased due to sulfur plugs. During the examination, the otorhinolaryngologist did not find sulfur in the external auditory canals or any disorders in the ENT organs. Hearing studies using speech and tuning forks, including the classical tests of Rinet, Weber and Schwabach, indicated bilateral hearing loss of the type of sound conduction disorder. What is the presumptive diagnosis? What hearing tests need to be performed to clarify the diagnosis?

Standard answer.

Otosclerosis. Tuning fork tests Jelly, Bing, Federici, tone threshold audiometry, ultrasound hearing testing, impedance testing (tympanometry, acoustic reflex testing).

43. In a patient with complaints of changes in hearing depending on the position of the head and body, a feeling of “transfusion” in the right ear during otoscopy, the “fluid level” behind the pale, intact eardrum is determined. No pain. Lateralization of the sound of a tuning fork in Weber's experiment - into the worse hearing ear. What is the presumptive diagnosis? What research needs to be done to clarify it? What is the doctor's tactics and what does it depend on?

Standard answer.

Exudative otitis media. Tuning fork hearing test, pure tone threshold audiometry, tympanometry. Conservative or surgical treatment (bypass surgery). Tactics depend on the stage of the disease, in this case exudation, and the duration of the disease. Was treatment previously carried out for the reason that caused the block of the mouths of the auditory tubes - elimination of the cause (anemia of the mouths of the auditory tubes, treatment of acute respiratory viral infections, sanitation of the nose, nasopharynx, paranasal sinuses, etc.).

44. A 38-year-old patient with complaints of pain in the right ear, which arose against the background of an acute respiratory viral infection, was treated independently for 5-6 days, but when dizziness appeared in the form of imbalance with a fall to the left, nausea, and then vomiting, she was taken by relatives to the ENT department city hospital. The ENT doctor discovered hyperemia and protrusion of the eardrum on the right, and decreased hearing in this ear. The tragus symptom was negative. The postauricular area is unchanged and painless. In Weber's experiment, sound lateralized to the right. Spontaneous nystagmus to the right was detected - horizontal, small-swept, 2nd degree. What disease can be assumed, what complication has arisen? What is the doctor's tactics?

Standard answer.

Acute purulent otitis media, exudation stage; acute diffuse labyrinthitis. Urgent hospitalization, paracentesis, intensive anti-inflammatory therapy, including antibiotics. If ineffective, surgical treatment: anthromastoidotomy.

45. In a patient hospitalized for right-sided acute suppurative otitis media, a condition after paracentesis, after a short-term improvement, dizziness increased after 2 days. During otoscopy, there is purulent exudate in the right external auditory canal, the eardrum is moderately hyperemic, and no identifying marks are identified. After removal of the exudate, it quickly accumulates again, its pulsation is noted in the area of the posteroinferior quadrant, the perforation is not visible. Hearing in the right ear is sharply reduced. When researching: in Weber's experiment, the sound of the tuning fork is lateralized to the left; nystagmus to the left horizontal, small-swept, 2 degrees; in the Romberg position it deviates to the right. What disease does the patient have? How to classify nystagmus? What hearing impairments occurred, prognosis? Doctor's tactics. Standard answer.

Acute diffuse labyrinthitis (purulent, necrotic). Loss nystagmus is a sign of the labyrinthine (peripheral) level of damage. Loss of auditory function - impaired sound perception on the right (audiometrically - mixed type). Surgical treatment: anthromastoidotomy.

46. A patient suffering from periodic suppuration from the left ear began to experience dizziness periodically. Otoscopy reveals perforation in the flaccid part of the left tympanic membrane with transition to the posteroinferior quadrant with clear edges. When pressing on the tragus on the left, there is no pain, but horizontal nystagmus appears to the right. What disease does the patient have, what complication? What test was performed, what is the name of nystagmus? Medical tactics.

Standard answer.

Chronic purulent epitympanitis, chronic limited labyrinthitis. Pressor test, pressor nystagmus. Surgical treatment – general cavity surgery on the left middle ear, plastic surgery of the external semicircular canal fistula.

47. A 13-year-old teenager was hit in the nose during a fight with peers. Those around him said that the nose had changed shape - there was a displacement of the nasal pyramid to the right, and they took the victim to the first-aid post. From there the patient was taken to the emergency room of the ENT department. Formulate a diagnosis and determine ways to provide assistance.

Standard answer.

Closed fracture of the nasal bones with lateral deformation of the external nose. Digital reduction of the fragments is necessary.

48. A villager, a 7-year-old child, bruised his nose while sledding, but did not tell his parents about it. After 2 days, the child's temperature increased and difficulty breathing through the nose appeared. The pediatrician was called and diagnosed ARVI, prescribed antipyretic drugs, local heat and nasal drops. However, the child's condition did not improve; moreover, negative dynamics appeared. On day 4, treatment was supplemented with tableted antibiotics. The child's condition progressively worsened, swelling of the tip and wings of the nose appeared. Upon contacting an ENT doctor, the correct diagnosis was made and treatment was carried out, but despite this, retraction of the nasal dorsum appeared in the cartilaginous region. Make a diagnosis. What diagnostic and treatment methods needed to be applied in this case. Standard answer.

Hematoma of the nasal septum. Suppuration of the hematoma. Abscess of the nasal septum, complicated by deformation of the external nose. After the initial examination, it was necessary to open the hematoma.

49. A strong wind before a thunderstorm opened the window, the glass broke, and one of the fragments injured the nose of the owner of the house. As a result of the injury, a scalp wound was formed in the area of the tip of the nose. The severed tip of the nose was mixed with shards of glass. Tactics of assistance and sequence of treatment measures.

Standard answer.

Stop bleeding from the wound, if possible remove glass fragments, blood clots, i.e. Clean the wound and apply an aseptic bandage. Clean the cut-off fragment of soft tissue from the glass and place it in a jar with ice. Deliver the patient to a specialized medical facility for the purpose of free skin grafting.

50. An elderly lonely woman, 75 years old, suffering from severe cancer, attempted suicide by drinking several sips of 70% acetic acid. I couldn't drink anymore because of the unbearable pain in my throat. She called an ambulance by phone. The SP car was delivered to the reception area of the ENT department. Why was the patient taken to the ENT department and not to the toxicology department? What complications can occur in the first hours after injury and why? What assistance should be provided to the patient?

Standard answer.

Due to a chemical burn of the mucous membrane of the outer ring of the larynx, laryngeal stenosis can occur. Stenosis may occur within 6 hours of injury. Insert a gastric tube and rinse the stomach with plain water.

51. An elderly man suffering from hypertension called the ambulance because of prolonged nosebleeds. Upon arrival SP, blood pressure was 200/120 mm Hg. What measures should be taken to stop nosebleeds.

Standard answer.

Antihypertensive measures. Hemostatic therapy is contraindicated.

52. A 55-year-old woman began to be bothered by periodic headaches. She did not see a doctor and was treated with analgesic medications. One day, while working with my head tilted down, a profuse nosebleed appeared, after which the headache subsided. The patient called a doctor, who diagnosed her with hypertension. What first aid measures should be taken in such cases?

Standard answer.

Sit the patient down without raising her head up, take deep breaths through the nose after blowing out blood clots, apply cold to the back of the head and bridge of the nose, press the wing of the nose to the septum with your finger.

53. Kindergarten teachers noticed that a 4-year-old boy had persistent purulent discharge from the right side of his nose for 2 months. The pediatrician referred the parents and the boy to an ENT doctor, where a diagnosis was made and assistance was provided. What diagnosis was given to the child? What assistance did the ENT doctor provide? Standard answer.

Foreign body of the nose. Removal of a foreign body.

54. The girl woke up at night from a feeling of pain and rustling in her right ear. When trying to remove a foreign body from the ear canal, the pain intensified. What foreign body is in the ear? How are such foreign bodies removed?

Standard answer.

Living foreign body. It is first necessary to immobilize the insect with alcohol or oil. Remove by washing.

55. A small child stuck a bean seed in his ear. The parents turned to the doctor for help. The doctor said that he couldn't remove the beans right away - he needed preparation. What is the preparation?

Response standard.

Beans swell in a humid environment, so before removal they must be dehydrated by injecting alcohol into the external auditory canal.

Addition tasks Instructions: insert one or more words

1. Instructions: insert a few words
The main symptom of acute rhinitis in the first stage is _____.
Sample answer: Impaired nasal breathing.
 2. Instructions: insert a few words
The cavernous form of chronic hypertrophic rhinitis differs from the others in that_.
Sample answer: The mucous membrane partially contracts during anemia.
 3. Instructions: insert a few words
Clinically, the allergic form of chronic vasomotor rhinitis differs from the neurovegetative form by the presence of a symptom_____. Itching in the nose and eyes.
 4. The neurovegetative form of chronic vasomotor rhinitis is characterized by 2 endoscopic symptoms_____. Wojacek's spots and symptom **photoelectric effect**
 5. The fetid odor during ozena, which distinguishes it from atrophic rhinitis, occurs as a result____. Involvement in the atrophic process of bone.
 6. The pathognomonic rhinoscopic symptom of acute purulent sinusitis is the symptom_. "Stripes of pus"
 7. Sphenoiditis is characterized by local headache in the area_____.
- The back of the head.**
8. Ethmoiditis is characterized by local headache in the area_____. Root of the nose.
 9. The most informative additional research method for diseases of the paranasal sinuses is_. CT scan.
 10. It is used for drainage of the frontal sinus in acute frontal sinusitis. _____.**Trepanopuncture.**
 11. For the differential diagnosis of acute tonsillopharyngitis and catarrhal tonsillitis, the condition is used_____. Posterior wall of the pharynx.
 12. For the clinical diagnosis of diphtheria sore throat, the properties are used _____.**Diphtheria plaques.**
 13. With laryngeal stenosis it is determined_____dyspnea. Inspiratory.
 14. Fixing the shoulder girdle to facilitate breathing is typical for _____stageslaryngeal stenosis.
 15. The most common cause of nosebleeds in adults is_____. Arterial hypertension.
 16. Most often, the source of bleeding in the nasal cavity is localized in _____.**The anterior-inferior part of the nasal septum (Kiesselbach's area).**
 17. Complete obstructive stenosis of the main bronchus is characterized by dullness_____ **percussion sound over the lungs.**
 18. An unfixed foreign body of the trachea is characterized by a symptom_____.
- Running for office.**
19. The most valuable meningeal symptom for diagnosing otogenic meningitis - _____.**Stiff neck.**
 20. Otogenic sepsis is characterized by_____temperature curve. **Hectic.**

1. Tell us about the stages of acute rhinitis.

Standard answer.

Stage I – dry irritation. Pathogenetically – spasm of arterioles, expansion of the venular bed. Clinically – dryness, burning in the nose. Rhinoscopically, the mucous membrane is cyanotic and edematous. Stage II – serous discharge. Pathogenetically – penetration of pathogens into the mucosa. Clinically – copious serous discharge. Rhinoscopically - bright, arterial hyperemia, edema and infiltration of the mucosa. Stage III – mucopurulent discharge. Pathogenetically - the concentration of pathogens on the surface of the mucosa. Clinically – moderate impairment of nasal breathing. Rhinoscopically - thick mucopurulent exudate, crusts.

2. Features of acute rhinitis in children in the first month of life.

Standard answer.

The relative narrowness of the nasal cavity is characteristic - even slight swelling leads to impaired nasal breathing, a tendency for the inflammatory process to spread into the pharynx and auditory tube, the exudation reaction is slightly expressed, which leads to severe intoxication, and malnutrition.

3. Etiological factors of chronic rhinitis.

Standard answer.

Chronic herpes virus infection, anomalies of the nasal cavity (deviated nasal septum), external factors (dust, smoke and gases), naphthysinism (nose addict - chronic vasomotor rhinitis), pathology of internal organs, pregnancy.

4. What is sclerotherapy - indications, methods.

Standard answer.

Sclerosing therapy is aimed at reducing the volume of the inferior turbinates. Indicated for the cavernous form of chronic hypertrophic rhinitis, for the neurovegetative form of vasomotor rhinitis in cases of ineffectiveness of other treatment methods. Divided into transmucosal and intramucosal. Each type is divided into chemical and physical.

5. Clinical and rhinoscopic signs of chronic allergic rhinitis.

Standard answer.

Poor nasal breathing, copious serous discharge, itching in the nose and eyes. The mucous membrane is pale, edematous. This is due to the effect of histamine - increased vascular permeability, interstitial edema and secondary anemization of the mucosa.

6. Clinical and rhinoscopic signs of the neurovegetative form of chronic vasomotor rhinitis.

Standard answer.

Alternating congestion of the halves of the nose, congestion of the half of the nose that is located lower when lying on its side. Perverted reaction to cold and heat. Rhinoscopically – Vojacek spots and the phenomenon of photoelectric effect.

7. Symptoms characteristic of sinusitis, their pathogenesis.

Standard answer.

There are two such symptoms - local headache and a streak of pus in the nasal cavity. Local headache pathogenesis – mechanical component, toxic, reflex. A symptom of a strip of pus - exudate flows through the natural opening of the sinus. With frontal sinusitis - in the anterior parts of the middle nasal meatus, with maxillary sinusitis - in the posterior, with ethmoiditis throughout the middle nasal meatus. With sphenoiditis, purulent exudate is detected in the upper nasal passage.

8. Pathogenesis of sinusitis.

Standard answer.

The mucous membrane of the nose and sinuses is one and is involved in the inflammatory process in acute rhinitis. Mucus moves along the walls of the sinuses in a certain way - from the outlet through the entire sinus to the outlet. In the area of the middle meatus there is an ostiomeatal complex, where the area is several mm. All sinuses of the anterior group open. If the swelling of the mucous membrane reaches such a magnitude that the walls of the complex touch each other, mucociliary transport is blocked and a blockage of the sinus occurs with the accumulation of inflammatory products in it.

9. Initial antibacterial therapy for sinusitis.

Standard answer.

Lactamase-producing strains play an increasingly important role in the etiology of sinusitis, so treatment should begin with protected penicillins. An alternative group is macrolides.

10. Methods for draining the paranasal sinuses for sinusitis.

Standard answer.

Maxillary sinus - YAMIK (sinus) catheter, sinus puncture through the lower nasal passage. Frontal sinus - trephine puncture through the facial wall of the sinus. Sphenoid sinus - probing through a natural opening.

CRITERIA for assessing competencies and rating scales

Grade "unsatisfactory"(not accepted) or lack of competence	Grade "satisfactorily"(passed) or satisfactory (threshold) level of competence development	Grade "good" (passed) or enough level mastering competence	Grade "Great" (passed) or high level of competence development
<p>Inability of the learner to learn independently demonstrate knowledge when solving tasks, lack of independence in using skills. Absence confirmation of the presence of formation competencies indicates negative results of mastering the academic discipline</p>	<p>The student demonstrates independence in applying knowledge, skills and abilities to solve educational tasks in full accordance with sample given by the teacher for assignments, the solution of which was shown teacher, it should be assumed that the competence has been developed at a satisfactory level.</p>	<p>The student demonstrates independent use knowledge, skills and abilities in solving tasks, similar samples, which confirms the presence of competencies at a higher level. Availability of such competence at a sufficient level testifies about a firmly established</p>	<p>The student demonstrates ability to complete independence in choosing a solution non-standard assignments within the discipline using knowledge, skills and abilities acquired both during the development given disciplines and related disciplines, competence should be considered formed on high</p>

		practical skill	level.
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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	the ability to explain (represent) the essence of phenomena, processes, and draw conclusions	logic and consistency of answer
Great	strength of knowledge, knowledge of the basic processes of the subject area being studied, the answer is distinguished by the depth and completeness of the topic; possession terminological apparatus; logic and consistency of the answer	high ability to explain the essence, phenomena, processes, events, do conclusions and generalizations, give reasoned answers, give examples	high logic and response sequence
Fine	solid knowledge the main processes of the subject area being studied, is distinguished by the depth and completeness of the topic; possession terminological apparatus; Fluency monologue speech, but one is allowed - two inaccuracies in the answer	the ability to explain the essence of 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	satisfactory process knowledge subject matter being studied	satisfactory ability to give reasoned	satisfactory logic and subsequence
	areas, answer, different insufficient depth and completeness of the topic; knowledge of the basic issues of theory. There may be several errors in the content of the answer	answers and give examples; satisfactorily formed analysis skills phenomena, processes. There may be several errors in the content of the answer	answer
unsatisfactory	poor knowledge of the subject area being studied, shallow coverage of the topic; poor knowledge basic questions of theory, weak skills in analyzing phenomena and processes. Serious mistakes are made in content of the answer	inability to give reasoned answers	absence of logic and response sequences

Criteria for assessing situational tasks:

Mark	Descriptors			
	understanding the problem	analysis of the situation	situation solving skills	professional thinking
Great	full understanding Problems. All requirements presented to the task, completed	high ability to analyze a situation, draw conclusions	high ability choose a solution method problems, sure situation solving skills	high level of professional thinking
Fine	full understanding Problems. All requirements presented to the task, completed	ability to analyze a situation, draw conclusions	ability choose a solution method problems sure situation solving skills	enough level professional thinking. One or two inaccuracies in the answer are allowed
Satisfactory	partial understanding of the problem. Most	satisfactory ability to analyze a situation,	satisfactory new skills solutions to	enough level professional thinking. More than two

	of the requirements presented to the task, completed	draw conclusions	the situation, difficulties with choosing a method for solving a problem	inaccuracies are allowed in answer or error in
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				sequences solutions
unsatisfactory	misunderstanding of the problem. Many requirements, presented to the task, not completed. No answer. There was no attempt to solve the problem	low ability to analyze a situation	insufficient situation solving skills	absent