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

FACULTY OF TREATMENT AND PREVENTION

Appraisal Fund
in the discipline "Policlinic therapy"

Specialty 05/31/01 General Medicine

2023

1. List of competencies to be developed
professional (PC)

Code and name of professional competencies	Indicator(s) of professional achievement competencies
PC 2. Carrying out an examination of the patient with for the purpose of establishing a diagnosis	**PC ID 2 Labor actions**: collection of complaints, medical history and illness of the patient Carrying out full physical examination of the patient (examination, palpation, percussion, auscultation) Formulation preliminary diagnosis and drawing up a plan for laboratory and instrumental examinations of the patient Referring the patient for laboratory examination if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care Direction patient on instrumental examination in the presence of medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care Referring the patient for consultation with medical specialists if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care Referring a patient to provide specialized medical care in an inpatient setting or in a day hospital if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care

	Carrying out differential diagnostics With others diseases/conditions, V volume number emergencies Establishment diagnosis With taking into account current international statistical classification of diseases and related health problems (MICE) **Required skills**: collect complaints, medical history and illness of the patient and analyze the information received Conduct complete physical examination of the patient (examination, palpation, percussion, auscultation) and interpret its results Justify the need and scope of laboratory examination of the patient Justify the need and scope of instrumental examination of the patient Justify necessity Referring the patient for consultation to specialist doctors Analyze the results of the patient's examination, justify and plan the scope of additional research if necessary Interpret results collection information about the patient's disease Interpret data obtained during a laboratory examination of a patient Interpret data obtained during instrumental examination of the patient Interpret data obtained from patient at consultations with doctors - specialists Realize early diagnostics diseases of internal organs Conduct differential diagnostics diseases internal organs from other diseases

	Define sequence volume, content And sequences diagnostic measures Determine medical indications for emergency, including emergency specialized medical care Apply medical products V According to valid orders providing medical, clinical recommendations (treatment protocols) on the provision of medical care, assistance taking into account the standards of medical care **Required knowledge:** Legislation of the Russian Federation in the field of health care, regulations and other documents defining the activities of medical organizations and medical workers General issues of organizing medical care to the population Questions organizations sanitary anti-epidemic (preventive) events in purposes warnings emergence and spread of infectious diseases Procedures for the provision of medical care, clinical recommendations (treatment protocols) regarding the provision of medical care, standards of medical care Patterns functioning a healthy human body and mechanisms for ensuring health from the perspective of the theory of functional systems; Features of the regulation of functional systems of the human body during pathological processes Methods laboratory And instrumental studies to assess health status, medical indications for research, rules interpretation of their results Etiology, pathogenesis and pathomorphology, clinical picture, differential diagnosis, course features, complications and outcomes of diseases of internal organs

	Methodology for collecting complaints, life history and illness of the patient Methodology full physical patient examinations (examination, palpation, percussion, auscultation) ICD
PC 9. Readiness for management and treatment patients with various nosological forms in outpatient and day hospital settings	

2. Types of assessment materials in accordance with the competencies being developed

Name competencies	Types of assessment materials	number of tasks **for 1 competency**
PC-2, 9	Closed tasks	25 with sample answers
	Tasks open type: *(select what you need)* Situational tasks	75 with sample answers

PC-2:

Closed type tasks:

Task 1. Instructions: Choose one correct answer

The main goals of clinical examination of the adult population are: 1.

Identification of chronic NCDs

2. Determination of health group

3. Prevention of risk factors for COPD

4. Conducting health schools

5. Determination of groups for dispensary observation of citizens

Correct answer: 1,2,4,5

Task 2. Instructions: Choose several correct answers

Preventive medical examination is carried out: 1.

Annually as an independent event

2. Annually for disabled people of the Second World War and combatants

3. Annually as part of medical examination

4. Once every three years from the age of 18 to 39 inclusive

5. As part of dispensary observation

6. Every year at age 40 and older

Correct answer: 1,3,5

Task 3. Instructions: Choose several correct answers

List the persons responsible for conducting medical examinations of the adult population:

1. General practitioner
2. Head of the therapeutic department Deputy
3. chief physician for medical work Paramedic
4. FAP or FZP
5. Chief physician of a medical institution
6. Deputy Chief Physician for Organizational and Methodological Work

Correct answer: 1,4,5

Task 4. Instructions: Choose several correct answers

The tasks of the department (office) of medical prevention of primary health care (including those included in the Health Center) when conducting clinical examination of the adult population do not include:

1. Drawing up a plan for a preventive medical examination and medical examinations in the current year (monthly, every ten days)
2. Carrying out preventive measures aimed at reducing COLD prevalence
3. Participation in informing and motivating the population to undergo D;
4. Instructing the population about the procedure for completing it, its volume;
5. Rehabilitation of patients with COPD
6. Performing pre-medical medical examinations of the 1st stage D (questionnaire, anthropometry, calculation of body mass index, blood pressure measurement, determination of the level of total cholesterol and glucose in the blood using an express method, measurement of intraocular pressure using a non-contact method

Correct answer: 1,3,4,6

Task 5. Instructions: Choose one correct answer

How does the first stage of medical examination end:

1. Determination of the health group
2. Determination of the dispensary observation group
3. Conducting a brief preventive consultation
4. Appointment (examination) with a general practitioner
5. Conducting in-depth preventive counseling

Correct answer: 4

Task 6. Instructions: Choose one correct answer

Which activity does not belong to the second stage of medical examination: 1. Conducting instrumental tests according to the indications determined at the first stage

laboratory research methods

2. Carrying out inspections according to the indications determined at the first stage

specialists

3. Determination of a health group Determination of a
4. dispensary observation group Conducting brief preventive
5. consultation Conducting in-depth preventive consultation
6. Questioning citizens, anthropometric studies
7.

Correct answer: 7

Task 7. Instructions: Choose several correct answers

Preventative examination includes:

1. Determination of relative cardiovascular risk
2. Determination of absolute cardiovascular risk
3. Fluorography
4. Measuring BMI
5. Blood pressure measurement
6. ECG

Correct answer: 1,2,3,6

Task 8. Instructions: Choose one correct answer

As part of a preventive examination, ECG studies are carried out: 1. From

18 years of age

2. From the age of 20
3. From the age of 25
4. From the age of 30
5. From the age of 35
6. From 45 years old

Correct answer: 5

Task 9. Instructions: Choose several correct answers

Screening for the detection of malignant neoplasms of the cervix (in women) excludes:

1. At the age of 18 years and older - examination by a paramedic (midwife) or doctor obstetrician-gynecologist once a year

2. At the age of 18 years and older - examination by a paramedic (midwife) or doctor obstetrician-gynecologist 2 times a year

3. At the age of 18 to 64 years inclusive - taking a smear from the cervix, cytological examination of a cervical smear once every 3 years

4. At the age of 18 to 64 years inclusive - taking a smear from the cervix, cytological examination of a cervical smear once a year

Correct answer: 2.4

Task 10. Instructions: Choose several correct answers

Screening for the detection of malignant neoplasms of the prostate gland (in men) is carried out at the age of:

1. 40 years

2. 45 years old

3. 50 years

4. 60 years

5. 64 years old

Correct answer: 2,3,4,5

Task 11. Instructions: Choose several correct answers

The presence of a combination of which risk factors for the development of chronic non-infectious diseases requires duplex scanning of the brachiocephalic arteries at the second stage of medical examination:

1. Increased blood pressure levels

2. High absolute cardiovascular risk

3. Metabolic syndrome

4. Impaired glucose tolerance

5. Obesity

6. Hypercholesterolemia

Correct answer: 1,5,6

Task 12. Instructions: Choose one correct answer

An examination of men by a surgeon as part of the second stage of medical examination is carried out:

1. Everyone upon reaching the age of 40
2. Everyone upon reaching the age of 45
3. Not carried out

4. Once every five years from the age of 45, when prostate levels increase, specific antigen in the blood above 4 ng/ml

5. Once every five years from the age of 45, when the prostate level increases, specific antigen in the blood above 5 ng/ml

6. If there are changes during an ultrasound examination of the prostate glands

Correct answer: 4

Task 13. Instructions: Choose several correct answers

The first health group includes:

1. Citizens who have not been diagnosed with chronic non-infectious diseases diseases

2. Citizens who do not have risk factors for chronic non-communicable diseases

3. Citizens who have risk factors for developing chronic non-communicable diseases with low absolute cardiovascular risk

4. Citizens who have risk factors for developing chronic non-communicable diseases with average absolute cardiovascular risk

5. Citizens who do not need dispensary observation for other conditions

Correct answer: 1,2,3,4,5

Task 14. Instructions: Choose several correct answers

Who carries out clinical observation of persons of health group II with high or very high absolute cardiovascular risk:

1. Doctor of the prevention department

2. Doctor of the Health Center

3. General practitioner

4. Cardiologist

5. FAP paramedic

6. Paramedic FZP

Correct answer: 1,2,5,6

Task 15. Instructions: Choose one correct answer

Medical examination coverage of the population receiving medical care in a medical organization and subject to medical examination in the current year should be at least:

1. 20% annually

2. 50% annually

3. 25% annually

4. 60% annually

5. 65% annually

6. 100% annually

Correct answer: 3

Task 16. Instructions: Choose several correct answers

A resting ECG as part of the annual preventive examination is performed: 1. During the first annual preventive examination

2. Upon reaching the age of 30, annually

3. Twice a year over 40 years of age

4. During the current annual preventive medical examination at the age of 35 years and older once a year

5. During the current annual preventive medical examination at the age of 45 years and older 2 times a year

Correct answer: 1.4

Task 17. Instructions: Choose several correct answers

Screening for the detection of malignant neoplasms of the large intestine and rectum includes:

1. at the age of 35 to 60 years inclusive - examination of stool for hidden blood by immunochemical qualitative or quantitative method every 2 years

2. at the age of 40 to 64 years inclusive - examination of stool for hidden blood by immunochemical qualitative or quantitative method once every 1 year

3. at the age of 40 to 64 years inclusive - stool examination for hidden blood by immunochemical qualitative or quantitative method every 2 years

4. at the age of 35 to 60 years inclusive - examination of stool for hidden blood by immunochemical qualitative or quantitative method once every 1 year

5. at the age of 65 to 75 years inclusive - examination of stool for hidden blood by immunochemical qualitative or quantitative method once a year

6. at the age of 65 to 75 years inclusive - examination of stool for hidden blood by immunochemical qualitative or quantitative method 2 times a year

Correct answer: 3.5

Task 18. Instructions: Choose one correct answer

Planned coverage of individual in-depth preventive counseling for citizens with health status groups II and IIIa, as well as citizens with

IIIb group of health conditions with high and very high total cardiovascular risk annually should be:

1. At least 35% of those with medical indications for individual in-depth preventive counseling

2. At least 30% of those with medical indications for individual in-depth preventive counseling

3. At least 50% of those with medical indications for individual in-depth preventive counseling

4. At least 60% of those with medical indications for individual in-depth preventive counseling

5. At least 65% of those with medical indications for individual in-depth preventive counseling

Correct answer: 4

Task 19. Instructions: Choose several correct answers

Diagnostic criteria for the risk factor – hyperglycemia include: 1. Fasting glucose level in capillary whole blood 5.5 or more mmol/l

2. Fasting glucose level in capillary whole blood 5.6 or more mmol/l

3. Fasting glucose level in venous blood 6.1 or more mmol/l

4. presence of diabetes mellitus

5. presence of diabetes mellitus, including if as a result effective therapy, normoglycemia has been achieved

6. Fasting glucose level in venous blood is 6.0 or more mmol/l

Correct answer: 2,3,4,5

Task 20. Instructions: Choose one correct answer

Diagnostic criteria for a family history of CVD are: 1. The presence of myocardial infarction in relatives in more than two generations

2. Presence of cerebral stroke in relatives in more than two generations

3. The presence of myocardial infarction in close relatives (mother or relatives sisters under the age of 65 or father, siblings under the age of 55).

4. Presence of cerebral stroke in close relatives (mother or relatives sisters under the age of 65 or father, siblings under the age of 55)

5. The presence of myocardial infarction and/or close relatives (mother or siblings under the age of 65 or father, siblings under the age of 55).

Correct answer: 5

Task 21. Instructions: Choose several correct answers

The diagnostic criteria for a family history of cancer are: 1. Presence of cancer in close relatives

2. Presence of cancer in close relatives at a young age

3. Presence of cancer in several generations

4. Presence of cancer in close relatives at a young or middle age

5. The presence of cancer in close relatives at a young age in several generations

Correct answer: 3,4

Task 22. Instructions: Choose several correct answers

Dispensary observation is carried out by:

1. general practitioner (local general practitioner, local general practitioner workshop medical area, general practitioner (family doctor

2. medical specialists (according to the profile of the citizen's disease);

3. doctor (paramedic) of the department (office) of medical prevention;

4. doctor (paramedic) of the department (office) of medical prevention or health center;

5. FAP paramedic (FZP)

Correct answer: 1,2,3,4,5

Task 23. Instructions: Choose several correct answers

List chronic diseases, functional disorders and other conditions in the presence of which dispensary observation by a general practitioner is established:

1. Essential arterial hypertension

2. Symptomatic arterial hypertension

3. Type 2 diabetes mellitus

4. IHD condition after stenting and angioplasty of any period of limitation

5. CHF

6. CHF in combination with type 2 diabetes and CKD ***Correct answer: 1,2,3,5***

Task 24. Instructions: Choose one correct answer

The grounds for termination of dispensary observation are all except: 1. Recovery

2. Achieving stable compensation of physiological functions after suffering an acute illness (condition, including injury, poisoning);

3. Achieving stable compensation of physiological functions in any chronic pathology

4. Achieving stable compensation of physiological functions in a number of pathologies

5. Achieving stable remission of a chronic disease (condition);

6. Elimination (correction) of risk factors and reducing the risk of developing chronic non-communicable diseases and their complications to a moderate or low level.

Correct answer: 3

Task 25. Instructions: Choose several correct answers

What documents can be given to the patient after a preliminary medical examination:

1. Outpatient card

2. Conclusion of an occupational pathologist

3. Health passport

4. Card of preliminary medical examination

5. Medical report certified by the VC, with mandatory participation in the commission of an occupational pathologist

Correct answer: 3.5

Open type tasks:

Exercise 1.

In a patient with resistant hypertension, if primary hyperaldosteronism is suspected, laboratory blood tests will show persistent _____

Correct answer: decreased potassium levels

Task 2.

Doctor’s tactics for suspected myocardial infarction at an outpatient appointment_____

Correct answer: take an ECG on the spot, provide emergency assistance, call a cardiology ambulance team

Task 3.

Most characteristic ECG sign vasospastic angina pectoris_____

Correct answer: ST interval elevation

Task 4.

The most reliable indicator indicating the presence of bronchial obstruction is_____

Correct answer: FEV1 Task 5.

When sputum microscopy, destructive processes in the lungs are indicated by the presence of _____

Correct answer: Elastic fibers Task 6.

Paroxysmal cough with scanty, difficult to separate sputum, breathing with prolonged exhalation, dry wheezing, reversible obstruction, the presence of eosinophils in the sputum is characteristic of _____

Correct answer: Bronchial asthma Task 7.

Dispensary sick with angina pectoris voltage are being examined _____

Correct answer: 2-4 times a year and more often depending on the severity of the disease

Task 8.

Determine the criteria for arterial hypertension according to WHO_____

Correct answer: 140/90 mm. RT, Art. Task 9.

Indicate the health group of citizens who, based on the results of clinical examination, have been identified with chronic non-infectious diseases that require further monitoring_____

Correct answer: Group III

Task 10.

The sudden appearance of headache, a sharp increase in blood pressure, tachycardia, pallor of the skin, and after an attack - polyuria, is typical for _____

Correct answer: Pheochromocytomas

Task 11. Interview question.

Determine the localization of the pathological process, which is characterized by skin itching, an increase in conjugated bilirubin, alkaline phosphatase, cholesterol (topical diagnosis)

Correct answer: Intrahepatic cholestasis Task 12. Interview question.

Determine the frequency of clinical examinations for severe peptic ulcer disease.

Correct answer: 4 times Task 13. Interview question.

Name the cause of melena in the presence of hepatomegaly (topical diagnosis) **Correct answer: Bleeding from dilated veins of the esophagus**

Task 14. Interview question.

What disease causes dysfunction of the nervous system, glossitis, hyperchromia and macrocytosis (diagnosis)

Correct answer: B12 deficiency anemia

Task 15. Interview question.

What disease is associated with moderate enlargement of the cervical and axillary lymph nodes, prolonged low-grade fever, arthopathy, “butterfly” on the face, polyserositis and weight loss? (diagnosis)

Correct answer: SKV

Task 16. Interview question.

Determine the frequency of examinations during dispensary observation of patients with chronic glomerulonephritis

Correct answer: 2-4 times a year, depending on the severity of the disease Task 17. Interview question.

What disease causes swelling on the face and torso, along with increased blood pressure and urinary syndrome? (diagnosis)

Correct answer: chronic glomerulonephritis Task 18.

Patient N., 20 years old, student, during a regular session noted the appearance of abdominal pain, localized mainly around the navel, of varying intensity, disappearing after defecation. Stool 4-5 times a day, feces mixed with mucus. Objectively: the condition is satisfactory, the skin is clean, physiological in color. There is vesicular breathing over the lungs, no wheezing. Heart sounds are rhythmic and sonorous. BP 115/70

mmHg Art. Pulse 78 per minute, satisfactory properties. The abdomen is soft, and upon palpation there is diffuse pain along the intestine. All clinical and laboratory parameters of blood and urine are without pathology. What disease can you think about? Examination and treatment plan?

Correct answer: Preliminary diagnosis: irritable bowel syndrome. Examination plan: KBC, OAM, coprogram, biochemical blood test: ALT, AST, alkaline phosphatase, amylase, blood for occult blood. Instrumental diagnostics: FGDS, colonoscopy. Treatment: antispasmodics (no-spa, duspatalin), smecta 1 packet 3 times a day, consultation with a psychiatrist.

Task 19.

Patient N., 19 years old, consulted a therapist with complaints of swelling in the face and lower extremities, headache, aching pain in the lower back, general weakness, and the appearance of cloudy pink urine. Considers himself sick for 3 days. Previous illnesses: influenza,

2 weeks ago I had a sore throat. Objectively: temperature 37.70C. The general condition is moderate. The face is swollen, swelling on the feet and legs. The skin is pale. Vesicular breathing. Heart sounds are rhythmic, muffled, the emphasis of the 2nd tone is on the aorta. Pulse 84 per minute, rhythmic, tense. Blood pressure 165/100 mm Hg. The language is clean. The abdomen is soft and painless. The symptom of tapping in the lumbar region is weakly positive on both sides.

Formulate speculative diagnosis. Name necessary additional research. Determine your tactics in relation to the patient, tell us about the principles of treatment, prognosis and prevention of the disease.

Correct answer: Acute glomerulonephritis.

Additional studies General blood test: leukocytosis, increased ESR, general urine analysis: hematuria, proteinuria, cylindruria.

The patient requires mandatory hospitalization and inpatient treatment.

Principles of treatment: Strict bed rest. Diet No. 7, restriction of fluid and table salt, drinking fluid in an amount of 300-500 ml exceeding diuresis over the previous day. After 3-4 days - diet No. 7b, containing a reduced amount of protein (up to 60 g per day). Follow the diet until extrarenal symptoms disappear and urine tests improve. Penicillin antibiotics. Diuretics: Antihypertensive drugs: ACE inhibitors (ARBs), Ca-channel antagonists. In case of prolonged course - glucocorticosteroids. With a significant decrease in diuresis - heparin. Physiotherapy: diathermy on the kidney area.

Task 20.

Patient N., 32 years old, consulted a therapist with complaints of tremendous chills, fever, aching pain in the lower back on the right, and frequent painful urination. He attributes his illness to hypothermia. History: frequent

cystitis. Objectively: temperature 380C. The general condition is moderate. The skin is clean. Vesicular breathing. Heart sounds are muffled, rhythmic, heart rate 92 per minute, blood pressure 120/80 mm Hg. The language is clean. The abdomen is soft, there is pain along the outer edge of the rectus abdominis muscle on the right at the level of the costal arch, navel and inguinal fold. The symptom of tapping in the lumbar region is positive on the right.

Formulate a presumptive diagnosis. Name necessary additional research. Determine your tactics in relation to the patient, tell us about the principles of treatment, prognosis and prevention of the disease.

Correct answer: Acute pyelonephritis. Additional studies: complete blood count: leukocytosis, increased ESR; general urine analysis: leukocyturia, bacteriuria, urine analysis according to Nechiporenko: increase in the number of leukocytes, bacteriological examination of urine: identification of the pathogen and determination of its sensitivity to antibiotics, ultrasound examination of the kidneys.

Principles of treatment: The patient needs hospitalization and inpatient treatment. The diet is predominantly dairy-vegetable. Drinking plenty of fluids for natural rinsing of the urinary tract is recommended: decoction of bear ears, milk, mineral waters. Antibacterial therapy (uroantiseptics); antibiotics: semisynthetic penicillins - ampicillin, oxacillin, methicillin, cephalosporins, long-acting sulfonamides: bactrim, biseptol. nitrofurans: furadonin, furagin; nalidixic acid derivatives: negram, nevigramon, nitroxoline. Antispasmodics and analgesics - for pain. Physiotherapy (diathermy on the kidney area).

Prevention: primary: hardening, elimination of the hypothermia factor. elimination of factors contributing to stagnation of urine (regular emptying of the bladder, elimination of constipation, surgical correction of abnormalities in the development of the kidneys and ureters); sanitation of foci of chronic infection; careful adherence to personal hygiene rules; timely treatment of inflammatory diseases of the urinary tract; timely surgical intervention to remove stones; Secondary: clinical observation of patients who have suffered acute pyelonephritis; mandatory outpatient stage of treatment after

discharge from hospital within 5-6 months; sanatorium-resort treatment (Truskavets, Borjomi, Sairme, Zheleznovodsk, Essentuki).

Task 21.

Patient A., 30 years old, consulted a local physician with complaints of general weakness, headache, dizziness, shortness of breath when walking, palpitations, flickering - flies before the eyes, desire to eat chalk. From the anamnesis it turned out that she had heavy and long (8 days) menstruation. Objectively: temperature 36.70C. General condition is satisfactory. The skin is pale, dry. Nails are broken, peeling, cross-striped. Vesicular breathing, respiratory rate 26 per minute. Heart sounds are rhythmic, muffled, systolic murmur at the apex of the heart. Pulse 100 per minute, rhythmic, weak filling, soft. Blood pressure 90/60 mm Hg. No abdominal pathology was detected.

Formulate a presumptive diagnosis. Name additional studies. Determine your tactics in relation to the patient, tell us about the principles of treatment, prognosis and prevention of the disease.

Correct answer: Iron deficiency anemia

Additional studies: Complete blood count, blood biochemistry: serum iron, ferritin and total iron-binding capacity of plasma.

The patient requires outpatient treatment. Principles of treatment: General regimen: Diet with a high iron content - meat, liver, green apples, pomegranates. Iron preparations orally: Ferroplex, in case of intolerance to oral medications - parenteral administration in the hospital (Ferrum-Lek, Sorbifer-Durules)
- long-term treatment, over several months

Prevention: primary: rational nutrition With sufficient iron content (primarily meat) and vitamins; timely treatment of gastrointestinal diseases; early diagnosis and effective treatment of diseases that may be complicated by bleeding or hemoptysis (bronchiectasis, tuberculosis, lung cancer, peptic ulcer of the stomach and 12 intestines); prophylactic administration of iron supplements during pregnancy and lactation; secondary: clinical observation of patients with iron deficiency anemia; prescribing anti-relapse treatment with iron.

Task 22.

Indicate where further examination and treatment of a 65-year-old patient with community-acquired pneumonia of moderate severity due to diabetes mellitus is necessary?

Correct answer: The patient needs hospitalization followed by further examination and treatment in a 24-hour hospital.

Task 23.

Where is it necessary to conduct examination and treatment of a 25-year-old patient with community-acquired pneumonia of moderate severity without complications?

Correct answer: The patient needs outpatient examination and treatment, organizing a hospital at home.

Task 24.

Patient L., 43 years old, a mechanic, complains of intense pain in the right lumbar region radiating to the right groin, frequent painful urination, increased body temperature up to 39-C with chills, general weakness, lack of appetite. I fell ill a week ago, when slight pains appeared at the end of urination, then pain in the right lumbar region appeared, and the body temperature increased. Objectively: temperature 39-C, respiratory rate 26 per minute, pulse 110 per minute, regular rhythm, blood pressure 100/70 mm Hg, breathing below the angle of the scapula on the right is weakened. The tongue is coated with a thick white coating and is somewhat dry. The abdomen is soft, the liver is at the edge of the costal arch, the spleen is enlarged. The kidneys are not palpable, palpation of the right flank is painful, the symptom of effleurage is positive on the right. Laboratory data: UAC: Er 4.35 million, Hb 130 g/l, c.p. 0.9, L-19000, e-0, yu-2, p-12, s- 80, l- 4, m-2%, ESR 32 mm/hour, toxic granularity of leukocytes. Urea 8.2 mmol/l, creatinine 0.09 mmol/l, seromucoid 1.2 OAM: cloudy, specific gravity 1019, protein 0.46 g/l, L - completely in the field of view, hyaline cylinders 0-1, Er 1-2. Urine culture tank - E. Coli was cultured, according to Zimnitsky: specific weight 1008 - 1024, DD=400, LP=300 ml Survey urography - no shadows suspicious of stones were found in the projection of the urinary tract. Make the correct diagnosis. Who should carry out further management of the patient? What are the main treatment measures?

Correct answer: Diagnosis: Acute right-sided purulent pyelonephritis.

Treatment by a urological surgeon. It is necessary to prescribe: antibiotic therapy - protected penicillins: amoxiclav intravenously. 1.2 g 2 times a day, fluoroquinolones: ciprofloxacin 200 mg 2 times intravenously. Detoxification therapy: glucose 5% -400.0 IV drops, disol, trisol, Ringer's solution. Plant uroseptics: urolesan, phytolysin.

Task 25.

Patient P., 54 years old, consulted a local physician due to the appearance of attacks of pain in the chest area, radiating to the area of the left shoulder blade, which occurred during moderate physical activity (when climbing 4 flights of stairs),

accompanied by shortness of breath. The pain goes away after stopping the load. The appearance of these complaints was noted in the last month. The patient smoked 10 cigarettes a day for 20 years and has not smoked for the last 8 years. Over the past 15 years, he has noted increases in blood pressure up to 170/110 mm Hg, does not regularly take antihypertensive drugs, and takes dibazol when there are subjectively felt increases in blood pressure. The patient's father and mother are alive, the father suffers from hypertension, suffered a stroke a year ago, and the mother suffers from angina pectoris. Her gynecological history is 5 years postmenopausal and she is receiving hormone replacement therapy with Cliogest.

On examination: the condition is satisfactory, body temperature is 36.7°C, the skin is of normal color, normal humidity. Peripheral lymph nodes are not enlarged, there is no edema. The patient has a high nutritional status, BMI – 32.6 kg/m2. The respiratory rate is 20 per minute, vesicular breathing in the lungs is carried out in all parts, there is no wheezing. Heart sounds are muffled, rhythmic, accent of the second tone over the projection of the aorta, heart rate - 82 per minute, blood pressure - 164/92 mm Hg. The abdomen is soft, palpable in all parts, the liver and spleen are not enlarged. Peristalsis is heard. There are no dysuric disorders.

Blood tests: hemoglobin – 13.4 g/l; Red blood cells – 4.2 million; hematocrit – 42%; leukocytes – 6.2 thousand; p/o – 2%; s/ya – 72%; lymphocytes – 18%; eosinophils – 2%; monocytes – 6%; ESR – 10 mm/h. Biochemical blood test: glucose – 118 mg/dl; creatinine – 1.0 mg/dl; total bilirubin – 0.9 mg/dl, total cholesterol – 6.8 mmol/l; triglycerides – 2.36 mmol/l. ECG: sinus rhythm, heart rate - 78 per minute, normal position of the EOS, amplitude criteria for left ventricular hypertrophy.

Exercise test on treadmill: 5 MET load completed. Total load time – 4 min. 16 sec. Heart rate from 86 to 120 per minute. Blood pressure from 152/86 to 190/100 mm Hg. The test was stopped due to the patient's fatigue. No ischemic ST changes were recorded. Reaction to stress according to the hypertensive type. Conclusion: The sample did not meet the diagnostic criteria for ischemia. Exercise tolerance is average.

Formulate a clinical diagnosis and indicate diagnostic criteria. Determine the examination plan and the need for additional research. Prescribe treatment and justify it.

Correct answer: IHD, exertional angina pectoris class II, hypertension, stage 3, uncontrolled course, risk 4, target blood pressure values less than 130/80. Obesity 1 degree, dyslipidemia. General measures include following a lipid-lowering diet and losing weight. Blood pressure control is extremely important. The patient is prescribed beta-blockers, aspirin, ACE inhibitors,

statins. The effectiveness of therapy should be assessed by the dynamics of the clinical picture (elimination of clinical manifestations) and by the results of a control stress test.

Task 26.

Patient A., 46 years old, diagnosed with COPD. After another acute respiratory viral infection, purulent sputum and low-grade fever are noted. What are the tactics for managing the patient?

Correct answer: In the presence of purulent sputum and clinical signs of intoxication, the prescription of antibacterial agents is indicated. In empirical antibacterial therapy of exacerbations of COPD, preference is given to macrolides, including azithromycin (sumamed; tablets of 500 mg, single (also known as daily) dose is 500 mg), spiramycin (rovamycin), fluoroquinolones: levofloxacin - 0.5 g 2 times a day day, moxifloxacin 0.4 g 1 time per day. Semi-synthetic penicillins that are resistant to b-lactamases are also used (amoxiclav - amoxicillin + clavulanic acid, 1000 mg tablets; ampicillin + sulbactam: daily dose up to 1.5 g. The course of treatment usually lasts 7–14 days. The patient is subject to dynamic observation with the prescription of bronchodilator drugs in inhalation form, expectorants, physical therapy, chest and back massage, classes at a pulmonary school.

Task 27.

Initial house call. Patient X. 34 years old, librarian. Complaints of severe difficulty in exhaling, an attack of suffocation, fear of death. I took 3 inhalations of salbutamol, without effect. Suffering from bronchial asthma (persistent, moderate severity) – the diagnosis was made in 2004 during hospitalization with acute pneumonia, this exacerbation is associated with ARVI. I took salbutamol on demand and nedocromil. Also worrying is a cough with scanty sputum, low-grade fever, and sweating. He has been smoking since he was 16 years old. Five cigarettes a day. Previous illnesses - colds, appendicitis (cut out in 2000). From the anamnesis: nocturnal attacks every week, daily attacks. Takes inhalers at a dose of 600 mcg per day. Objectively – a state of moderate severity, a forced position – orthopnea, the facial skin is hyperemic, emotional arousal, breathing through the mouth is noisy, whistling, buzzing can be heard at a distance. Normosthenic, adequate nutrition, lymph nodes – peri-cervical, submandibular, enlarged on the left, slightly painful. The pharynx is hyperemic. The chest is of normal shape, and there are swollen jugular veins on the neck. Hyperemia of the neck and shoulders. Accessory muscles are involved in breathing. Percussion clear pulmonary sound. Auscultation - according to

all the lung fields have different-caliber, different-timbre musical wheezing. Heart sounds are clear, rhythmic, tachycardia - heart rate = 90. BH 20 per minute. Accent 2 tones above the pulmonary trunk. The boundaries of the heart are within normal limits. The abdomen is soft, painless, there are no symptoms of peritoneal irritation, and there is a scar from an appendectomy in the right iliac fossa. The liver is not palpable. There is no pain at the point of projection of the gallbladder. Paravertebral points are painless. The symptom of effleurage is negative.

Make a clinical and functional diagnosis. Prescribe treatment and rehabilitationAnd measures. List the criteria for temporary disability, whether there is permanent disability. Assign a follow-up group

Correct answer: Bronchial asthma in the acute stage, persistent course, moderate severity, infection-dependent variant. Asthmatic status. DN 0. Treatment - relief of status asthmaticus - intravenous glucocorticoids. Berodual inhalations. Inhalation of an oxygen-helium mixture. Eufillin intravenously. If there is no effect - hospitalization. Constant intake of glucocorticoids at a dose of 800-1000 mcg per day. The period of temporary disability is 10-18 days. The patient belongs to group IIb of dispensary observation.

Task 28.

Patient Ts., 25 years old, came to the appointment. Complaints about shortness of breath and difficulty breathing that appear during strong physical effort. Master of Sports in ski jumping. Training often involves long runs and heavy overloads. Recently I began to notice difficulty breathing after jogging, especially in frosty air. This is the first time this problem has been addressed. Didn't take any treatment. Among the illnesses suffered was a broken ankle in 1997. Objective status: height 189 cm, weight 86 kg, adequate nutrition, athletic build. The condition is satisfactory. The skin is pink and clean. The sclera is clean. Lymph nodes are not palpable. Breathing through the nose is free, the throat is clean. The oral cavity has been sanitized. The chest is developed, slightly enlarged in the anteroposterior direction, elastic. Rib angle ~ 80 degrees. The percussion sound over all fields is clear, pulmonary. Auscultation - vesicular breathing. The boundaries of the heart are within normal limits, the apical impulse has normal properties. The tones are clear, rhythmic, heart rate = 68 per minute. BH 18 per minute. There is no visible vascular pulsation. The abdomen is soft and painless. Symptoms of peritoneal irritation are negative, the edge of the liver has a soft-elastic consistency, painless, smooth. The kidneys and spleen are not palpable. The effleurage symptom is negative on both

sides Diuresis, stool without any peculiarities. Laboratory data: CBC - slight erythrocytosis. OAM is normal. ECG – sinus rhythm, heart rate = 66 per minute, heart enlarged to the right and left. Spirography – positive test with Berotec, increase in vital capacity to 130% of normal. X-ray of the chest cavity - enlarged borders of the heart, lungs without any features. Make a clinical and functional diagnosis. Prescribe treatment and rehabilitation measures. Please list the criteria for temporary disability and whether there is permanent disability. Assign a follow-up group

Correct answer: Bronchial asthma of physical exertion, mild course, DN0. It is necessary to reduce the amount of training, and perhaps give up a sports career. Taking medications on demand, before exercise – short-acting B2 agonists. There is no permanent disability. The patient belongs to group IIb of dispensary observation.

Task 29.

A 68-year-old patient with complaints of a nonproductive cough in the morning, shortness of breath on exertion, a feeling of lack of air, and rapid fatigue consulted a local physician. When studying the function of external respiration (after inhalation of a bronchodilator) FVC - 92%, FEV1 - 45%, FEV1 / FVC - 56%. Make a preliminary diagnosis.

Correct answer: severe COPD; Task 30.

Patient O., 40 years old, came to the clinic on April 14 with complaints of weakness, dry mouth, “doubling” and “blurredness” of objects before the eyes. She became acutely ill on April 13 at 7:00 p.m., with nausea, abdominal pain, and bloating. By the next morning, she noticed dry mouth and double vision. Weakness and dizziness increased, and she noticed unsteadiness in her gait. Epidemiological history: 12.04 I was visiting and ate homemade canned mushrooms. The patient was offered hospitalization, but she refused due to family circumstances and was sent home. On April 15, an ambulance was called because there was difficulty swallowing food, both solid and liquid. The voice became hoarse and acquired a nasal tone, and there was a fear of lack of air.

Objectively: the condition is of moderate severity. Conscious. Active. The face is moderately hyperemic. Breathing in the lungs is harsh, respiratory rate is 26 per minute. Heart rate - 84'. Blood pressure 150/80 mm Hg. Art. The tongue is dry, covered with a brown coating. The abdomen is sensitive to palpation in the epigastrium. The face is amicable. Bilateral ptosis is pronounced. Eyeball movements

limited, moderate mydriasis. Dysphonia. Dysarthria. The soft palate is inactive. Choking when swallowing water.

Make a diagnosis. Assess the severity of the disease. Analyze the tactics of patient management in the clinic. Your next steps.

Correct answer: Diagnosis of botulism, severe: multiple neurological symptoms, signs of ophthalmoplegic, phagonasoglossoneurological syndromes, general myoneuroplegia, signs of impending respiratory failure. The doctor at the clinic made a grave mistake: at the slightest suspicion of botulism, immediate hospitalization is necessary, since the paralytic syndrome can quickly progress. When a feeling of lack of air appears, the patient's condition should be assessed as serious - there is a threat of developing ARF (acute respiratory failure). It is necessary to hospitalize the patient in a specialized department or intensive care unit in an ambulance with a medical team.

Task 31.

A 56-year-old man consulted a doctor with complaints of weight loss and general weakness over the past 6 months. All this time, his urination was more abundant than usual, especially at night. The examination revealed anemia, blood pressure 180/110 mmHg. Art. Protein was detected in the urine, in the blood serum: sodium - 130 mmol/l (reference values 135-145 mmol/l), potassium - 5.2 mmol/l (3.5-5.0 mmol/l), calcium - 1, 92 mmol/l (2.2-2.6 mmol/l), urea - 43.0 mmol/l (2.5-5.5 mmol/l), alkaline phosphatase - 205 U/l (30-150 U/l) l), hemoglobin - 91 g/l (130-160 g/l). Suggested underlying diagnosis? Make a plan for additional examination of the patient.

Correct answer: CKD, anemia of a chronic disease. Additional examination of the patient: ultrasound of the kidneys, heart, fundus examination, creatinine, GFR, CRP, immunogram, acid-base balance.

Task 32.

A student from Egypt came to the student clinic with complaints of abdominal pain and dysmenorrhea. The patient considers himself to be several months old. The doctor clarified that a year ago she noted painful urination and blood in the urine. On palpation, the bladder is enlarged and its wall is tuberous. The surgeon who consulted the patient suggested surgery because he suspected a tumor of the bladder. The urologist performed a cystoscopy, which revealed "sand spots" and papillomatous growths on the mucous membrane of the bladder. After

consultation with an infectious disease specialist was prescribed and treatment was carried out. After 3 weeks, upon re-examination by the surgeon, obvious positive dynamics in the course of the disease were noted. Make a diagnosis. How to interpret cystoscopy data? What diseases need to be differentiated from? Treatment tactics

Correct answer: The clinic doctor suggested the correct diagnosis: "genitourinary schistosomiasis." After cystoscopy, it is possible to establish the stage of the disease - chronic, since the early manifestations of the disease were last year (pain during urination and hematuria), and now there are manifestations of a late stage - tuberosity of the bladder wall and the picture revealed by cystoscopy . Cystoscopy in the later stages of schistosomiasis reveals a picture associated with fibrosis processes due to massive accumulations of schistosome eggs ("sand spots" on the mucous membrane of the bladder, papillomatous growths of bladder tissue). In advanced cases, there are prerequisites for the development of primary bladder cancer

Task 33. Interview question.

Describe the bronchitis phenotype of COPD.

Correct answer: increased body weight, early appearance of hypercapnia, a large number of wheezes on auscultation, moderate emphysema on chest x-ray, large heart size, pathological picture: pronounced signs of endobrochial inflammation in bronchi of different sizes.

Task 34.

Patient K., 54 years old, a therapist was called to the house, complaints of general severe weakness, lack of appetite, weight loss of up to 20 kg over the past six months, cough with the release of a small amount of sputum mixed with blood, shortness of breath with slight physical exertion, epigastric pain areas, nausea. I sought medical help 2 weeks ago. He has smoked 25 cigarettes a day for 35 years and periodically drinks low-quality alcoholic beverages up to 500 ml. There is a history of gastric ulcer (greater curvature). The last FGDS was about 8 years ago. Upon examination, attention is drawn to the pallor of the skin.

An X-ray examination of the chest organs revealed, against the background of a deformed pulmonary pattern and pulmonary emphysema on both sides, the presence of a large number of round formations about 0.5-1 cm in diameter, with clear contours, of medium and high intensity. There is a small amount of fluid in the anterior and lateral sinuses on the right.

In the general blood test: er. - 2.9x10_{12}l, Nb - 84 g/l, c.p. - 0.74, leukocytes - 15.6x10_{9}l, p-5, s-75, l-15, m-5, ESR-61 mm/hour. Pleural fluid: character - serous-hemorrhagic, rel. density - 1020, reaction. Rivalta (+), er. - more than 5000 in 1 ml. Ultrasound of the abdominal organs - focal shadows in the liver, diffuse changes in the pancreas.

Formulate a preliminary diagnosis. What diseases need a differential diagnosis? Make a plan for examining the patient. Prescribe treatment to the patient.

Correct answer: Stomach tumor. Metastatic lesions of the lungs (carcinomatosis), metastases to the liver. Complications: DN, hemoptysis, anemia.

Differentiate with hematogenously disseminated pulmonary tuberculosis, pneumoconiosis, idiopathic pulmonary fibrosis.

Examination - Complete blood count with platelets and reticulocytes. General urine analysis. General sputum analysis + BC (2-3 times). Tank. sputum culture for BC. Cytological examination of sputum for atypical cells (5-6 times). X-ray of the chest organs in 3 projections. CT. ECG. FBS. FGDS. Ultrasound of the abdominal organs and kidneys. Consultation with ENT and oncologist.

Treatment is hospitalization. Pleural puncture. Symptomatic therapy (painkillers, expectorants). Treatment of concomitant diseases and complications.

Task 35. Interview question.

What non-invasive research methods are needed to clarify the diagnosis of megaloblastic anemia?

Correct answer: determination of vitamin B12 and folate levels in blood serum

Task 36.

Pleural fluid with a relative density of 1.022 and a protein content of 40 g/l, cloudy, thick, yellow-green, purulent. Microscopic examination: against the background of cellular detritus, a large number of leukocytes were found, some of them degeneratively changed (toxogenic granulation, vacuolated, decaying cells), macrophages and eosinophilic granulocytes - single in the field of view, intra- and extracellular abundant microflora. Most likely diagnosis:

Correct answer: purulent pleurisy

Task 37.

A 32-year-old man, when visiting a local general practitioner at a clinic, complains of loose stool mixed with blood up to 10 times a day, cramping pain in the lower abdomen before defecation, weight loss of 7 kg in 3 months. From the anamnesis: blood in the stool and unformed stool have been bothering me for 3 months. The temperature did not rise. He denies contact with infectious patients and has not traveled outside the region. I smoked 1 pack of cigarettes a day for 10 years and stopped a year ago. Denies alcohol abuse or intravenous drug addiction. There are no relatives with gastrointestinal diseases. Works as a manager, no professional hazards. Objectively: the condition is satisfactory. Temperature 36.7°C. The skin is pale and moist. Height – 175 cm, weight – 58 kg. There is vesicular breathing in the lungs, there are no adverse breath sounds. NPV – 18 per minute. On auscultation, the heart rhythm is correct, the tone ratio is normal, and there are no murmurs. Heart rate – 98 beats per minute. Blood pressure – 110/70 mm Hg. Art. (D=S). Upon examination, the abdomen is symmetrical and participates in the act of breathing. On palpation, it is soft and painful in the left flank and left iliac region. Liver according to Kurlov – 9×8×7 cm. Dimensions of the spleen – 6×4 cm. Urination is free and painless. Complete blood count: erythrocytes – 2.7×1012/l, Hb – 108 g/l, color index – 0.6, platelets – 270×1012/l, leukocytes – 7.0×109/l, eosinophils – 1% , band neutrophils – 2%, segmented neutrophils – 65%, lymphocytes – 27%, monocytes – 5%, ESR – 22 mm/h. Coprogram: unformed stool, mucus +++, leukocytes – 10-15 in the field of view, erythrocytes – 5-6 in the field of view Fibercolonoscopy: the mucosa of the descending colon, sigmoid and rectum is diffusely hyperemic, bleeds easily upon contact with the colonoscope, the vascular pattern is blurred . Multiple erosions covered with fibrin were revealed in the rectosigmoid region.

Guess the most likely diagnosis. Draw up and justify a plan for additional examination of the patient. Which groups of drugs are indicated for treating a patient in this situation? Justify your choice.

Correct answer: Ulcerative colitis, left-sided lesion, acute course with gradual onset, moderate severity. Moderate anemia. The patient is recommended: a general urine test, biochemical blood tests (total protein, albumin, total bilirubin, direct and indirect bilirubin, glucose, total cholesterol, AST, ALT, alkaline phosphatase, GGT, potassium, sodium, creatinine, amylase, CRP, iron, TBL , ferritin), histological examination of colon biopsies, bacteriological examination of stool, detection of Clostridium difficile toxins A and B in stool, ultrasound of the abdominal cavity, FGS.

Drug treatment: Mesalazine 4-5 g orally in combination with Mesalazine rectally (suppositories, foam, microenemas) 2-4 g per day for 6-8 weeks. Mesalazine, a derivative of 5-aminosalicylic acid, is the drug of choice for the treatment of UC in this situation: the first attack is of moderate severity, the patient has not previously received treatment. For left-sided lesions, rectal forms of Mesalazine are effective. If iron deficiency is confirmed, replacement therapy (Sorbifer - 1 x 2 times a day, in case of intolerance - parenteral forms).

Task 38.

Patient 40 years old. The stool is copious (350 g 1-2 times a day), the feces are unformed, soft, ointment-like, yellowish-brown. Chemical test: reaction - neutral, reaction to blood - negative, reaction to stercobilin and bilirubin - positive, reaction to inflammatory protein - positive. Microscopic examination: connective tissue - no, muscle fibers without striations - rarely, muscle fibers with striations - no, neutral fat - rarely, fatty acids (drops, needles) - in huge quantities, digestible plant fiber and starch - rarely. What pathology is characterized by coprogram?

Correct answer: insufficiency of exocrine pancreatic function

Task 39.

Patient V., 43 years old, came to the clinic with complaints of aching pain in the epigastric region, which occurs 20-30 minutes after eating; for nausea and vomiting of gastric contents, which occurs at the height of pain and brings relief; to decrease appetite. From the medical history: such complaints first appeared about 6 years ago, but the pain was relieved by taking Almagel and No-shpa. He had not previously sought medical help. Notes spring-autumn exacerbations of the disease. Feeling worse for about two days after drinking alcohol and fried foods. Works as a taxi driver. He eats irregularly and often drinks alcohol. He has smoked up to 2 packs of cigarettes per day for 20 years. Family history: father
- stomach ulcer. Objectively: general condition is relatively satisfactory. Asthenic, low nutrition. The skin and visible mucous membranes are pale pink. Peripheral lymph nodes are not enlarged. Breathing is vesicular, no wheezing. NPV – 16 per minute. Pulse of satisfactory filling and tension, 74 beats per minute. Blood pressure - 120/80 mm Hg. Art. Heart sounds are clear and rhythmic. Heart rate – 74 beats per minute. The tongue is covered with a white coating. The abdomen is soft and painful on palpation

epigastric region, Mendel's symptom is positive, Shchetkin-Blumberg's symptom is negative. The spleen is not enlarged. The effleurage symptom is negative on both sides. Stool daily, without pathological impurities. Data from additional research methods. Complete blood count: hemoglobin – 130 g/l, erythrocytes – 4.2×1012/l, leukocytes – 6.5×109/l, eosinophils – 1%, band neutrophils – 1%, segmented neutrophils – 60%, lymphocytes – 30%, monocytes – 8%, ESR – 10 mm/h. General urine analysis: relative density - 1018, epithelium - 2-4 in the field of view, protein, casts, salts - not detected. Biochemical blood test: glucose – 4.5 mmol/l, fibrinogen – 2.9 g/l, total protein – 68 g/l. FGDS: the esophagus is freely passable, the mucous membrane is not changed, the cardiac sphincter closes. The stomach is of normal shape and size. The mucous membrane is hyperemic, the folds are of normal shape and size, in the cardiac section, along the greater curvature, an ulcerative defect of 1.0-1.5 cm is determined, with smooth edges, shallow, the bottom is covered with fibrin. The duodenal bulb is of normal shape and size, the mucous membrane is pale pink. Helicobacter pylori was detected.

Formulate and justify the diagnosis. What diseases should this pathology be differentiated from? List the basic principles of treatment.

Correct answer: Gastric ulcer, acute stage, newly identified, H-associated. The diagnosis was made on the basis of complaints (early epigastric pain after eating); anamnesis data: presence of risk factors (alcohol consumption, irregular diet, smoking, family history), seasonal exacerbations (spring and autumn); FGDS data; HP detection. It is necessary to differentiate with chronic gastroduodenitis, symptomatic ulcers, chronic pancreatitis, chronic cholecystitis, and malignant neoplasms of the stomach. The principles of treatment are adherence to nutrition and diet, eradication of HP (standard triple therapy for 14 days - Maastricht-3), a course of basic antisecretory therapy for 6-8 weeks.

Task 40.

A pensioner consulted a doctor with complaints of pain in the epigastric region, radiating to the back and not associated with eating. Urine is dark, stool is light. Laboratory data: serum total protein - 72 g/l, albumin - 40 g/l, total bilirubin - 380 μmol/l, alkaline phosphatase - 510 U/l. Probable diagnosis:

Correct answer: obstructive jaundice

Task 41.

Patient K., 45 years old, consulted a local general practitioner with complaints of pressing pain in the epigastric region, periodically girdling, occurring 40 minutes after eating fatty and fried foods, accompanied by bloating; vomiting, which does not bring relief, belching air. History of the disease: he considers himself sick for about two years, when pain appeared in the left hypochondrium after eating fatty and fried foods. He did not seek medical help. 3 days ago, after an error in diet, the pain resumed, bloating, belching of air, nausea, and vomiting appeared, which did not bring relief. Objectively: the condition is relatively satisfactory, consciousness is clear. The skin is of normal color. In the lungs, breathing is vesicular, there is no wheezing. NPV - 18 per minute. Heart sounds are clear and rhythmic. Heart rate - 72 beats per minute. The tongue is moist, coated with a white-yellow coating. The abdomen is soft on palpation, painful in the epigastrium and left hypochondrium. The liver is not palpable, dimensions according to Kurlov are 9×8×7 cm, the effleurage symptom is negative bilaterally. Complete blood count: red blood cells – 4.3×1012/l, hemoglobin – 136 g/l, color index – 1.0; ESR – 18 mm/h, platelets – 320×109 /l, leukocytes – 10.3×109 / l, eosinophils – 3%, band neutrophils – 4%, segmented neutrophils – 51%, lymphocytes – 32%, monocytes – 10 %. General urine analysis: light yellow, transparent, acidic, specific gravity - 1016, leukocytes - 1-2 in the field of view, epithelium - 1-2 in the field of view, oxalates - a small amount. Biochemical blood test: AST – 30 U/l; ALT – 38 U/l; cholesterol – 3.5 mmol/l; total bilirubin – 19.0 μmol/l; direct – 3.9 μmol/l; amylase – 250 units/l; creatinine – 85 mmol/l; total protein – 75 g/l. Coprogram: color – grayish-white, consistency – dense, smell – specific, muscle fibers +++, neutral fat +++, fatty acids and soaps +++, starch ++, connective tissue – none, mucus – none. FGDS: the esophagus and cardia of the stomach are without features. The stomach is of normal shape and size. The mucosa is pink, with areas of atrophy. The folds are well defined. The duodenal bulb is without features. Ultrasound of the abdominal organs: liver of normal size, homogeneous structure, normal echogenicity, ducts not dilated, common bile duct - 6 mm, gallbladder of normal size, wall
– 2 mm, stones are not visualized. The pancreas has increased echogenicity, heterogeneous, the duct is 2 mm, the head is increased in volume (33 mm), heterogeneous, increased echogenicity.

Formulate a diagnosis. Evaluate the coprogram data. What additional studies should be prescribed for the patient? What is your treatment strategy for this disease?

Correct answer: Chronic pancreatitis, Withviolation exocrine pancreatic function, exacerbation stage.

Additional studies: CT of the abdominal organs, endoscopic retrograde cavities, cholangiopancreatography, analysis of tumor markers (Ca-19 - 9) for differential diagnosis with malignant neoplasms of the pancreas.

Treatment tactics Diet No. 5; relief of pain syndrome (Platifillin, Baralgin, Glucosonovacaine mixture), drugs that reduce the activity of the pancreas (Octreotide or Sandostatin); inhibitors of proteolytic enzymes (Trasylol, Kontrikal, Gordox); PPI (Omeprazole, Esomeprazole intravenous drip); pancreatic enzymes (Creon, Ermital, Microzim, Mezim-Forte), infusion therapy (Reamberin, Saline solution).

Task 42.

The patient's urine volume is 160 ml; yellow color; transparency - cloudy; pH - 5.0; smell - normal; relative density - 1.010; protein - 0.99 g/l.; the sediment is voluminous, viscous. Microscopy: mucus - in moderate quantities; leukocytes - predominantly neutrophilic granulocytes, individually and in groups of up to 100 per cell; red blood cells are changed, 2-3 in the p/z; renal epithelial cells - 1-2 in the p/z; transitional epithelium - 1-3 in the subsection; cylinders - hyaline, granular and epithelial, 3-4 in the preparation; salts - urates. Most likely diagnosis?

Correct answer: pyelonephritis

Task 43.

A 53-year-old woman consulted a local general practitioner with complaints of heartburn and chest pain that appeared after eating and physical activity. He also notes increased pain when bending over and in a horizontal position. From the anamnesis it is known that heartburn has been bothering me for about 20 years. Not examined. Over the past 2 months, evidence of chest pain has appeared. On examination: condition is satisfactory. Body Mass Index (BMI)
- 39 kg/m2. The skin is of normal color and clean. In the lungs there is vesicular breathing, no wheezing. Heart sounds are clear, rhythmic, heart rate - 72 beats per minute, blood pressure - 120/80 mm Hg. Art. On palpation, the abdomen is soft and painless. Liver along the edge of the costal arch. Dimensions
- 10×9×8 cm. The spleen is not palpable. Fibergastroduodenoscopy data: erosions were detected in the lower third of the esophagus, occupying about 40% of the circumference of the esophagus.

Guess the most likely diagnosis. Draw up and justify a plan for additional examination of the patient. Prescribe therapy. Justify your choice.

Correct answer: Gastroesophageal reflux disease. Esophagitis II degree. Obesity II degree.

The patient is recommended to: perform fluoroscopy of the esophagus and stomach to exclude a hiatal hernia; conducting 24-hour intraesophageal pH measurements to determine the criteria for pathological reflux; ECG; carrying out tests with physical activity (exclude ischemic heart disease).

Treatment: Proton pump inhibitors - a basic group of drugs for the treatment of acid-dependent diseases (Omeprazole, Lansoprazole, Esomeprazole, Pantoprazole, Rabeprazole), antacids (Maalox, Almagel, Phosphalugel, etc.) - symptomatic therapy, prokinetics (Etapride) affects the tone of the lower esophageal sphincter, improve antroduodenal coordination. Task 44.

The young man had mild jaundice after the flu. Laboratory analysis results: hemoglobin - 110 g/l; in serum total bilirubin - 60 μmol/l (reference limits - up to 19 μmol/l), indirect bilirubin - 56 μmol/l (up to 6.8 μmol/l), alkaline phosphatase - 74 U/l (<150 U/l), AST - 35 U/l (<40 U/l) -, there is no bilirubin in the urine. What is the most likely diagnosis of a complication after the flu?

Correct answer: hemolytic anemia. Task 45.

A 60-year-old man consulted a local general practitioner with complaints of pain in the epigastrium 20 minutes after eating, vomiting, which brought relief, and lost 7 kg in a month. Epigastric pain has been bothering me for about 2 months. On examination: condition is satisfactory. The skin is of normal color and clean. In the lungs there is vesicular breathing, no wheezing. Heart sounds are clear, rhythmic, heart rate - 72 beats per minute, blood pressure - 120/80 mm Hg. Art. On palpation, the abdomen is soft, painful in the epigastrium. Liver along the edge of the costal arch. Dimensions - 10x9x8 cm. The spleen is not palpable. Fibrogastroduodenoscopy was performed: in the middle third of the stomach there was an ulcerative defect 3 cm in diameter, a biopsy was taken.

Formulate a preliminary diagnosis. Make a plan for differential diagnosis and additional examination. What drug treatment would you recommend to the patient?

Correct answer: Peptic ulcer disease first identified, exacerbation: ulcer of the body of the stomach 3 cm in diameter. Differential diagnosis with peptic ulcer and gastric cancer. Additional examination: FGDS with biopsy of 6-8 fragments

(rule out stomach cancer, H. pylori). X-ray of the gastrointestinal tract with barium (to exclude complications of peptic ulcer).

Treatment: Proton pump inhibitors - a basic group of drugs for the treatment of acid-dependent diseases (Omeprazole, Lansoprazole, Esomeprazole, Pantoprazole, Rabeprazole), antacids (Maalox, Almagel, Phosphalugel, etc.) - symptomatic therapy, prokinetics (Etapride) affects the tone of the lower esophageal sphincter, improve antroduodenal coordination. If H.Pylori is detected, eradication therapy (Amoxicillin + Clarithromycin). If stomach cancer is confirmed, consult an oncologist.

Task 46.

Assume the most likely diagnosis when a patient presents with an acute attack of pain in the chest or abdomen and a relative increase in serum activity CK > AST > ALT » GGT > amylase.

Correct answer: myocardial infarction Task 47.

A relatively healthy elderly man underwent a clinical examination. The only deviation from the norm is increased activity of serum alkaline phosphatase - 400 U/l. Could this increase in enzyme activity be related?

Correct answer: osteodestruction due to metastases in bone tissue

Task 48.

A 32-year-old woman, on the recommendation of a gynecologist, consulted a therapist with complaints of irregular heavy menstrual bleeding over the past 6 months; over the past year, the patient began to get tired faster, gained about 6 kg in weight, and experienced constipation. On examination, blood pressure was 150/90 mm Hg. Art., pulse - 58 per minute, thyroid gland enlarged by 1.5-2 times, slowed tendon reflexes. Laboratory tests: T4, T3 - below normal, thyroid-stimulating hormone (TSH) is 5 times higher than normal, antibodies to thyroid peroxidase (anti-TPO) are increased 15 times. Most likely diagnosis?

Correct answer: Primary hypothyroidism

Task 49.

A 51-year-old woman was examined after 2 ureteral colics; an x-ray revealed calcium-containing stones. The patient complained of constipation, although intestinal motility was normal. In blood serum: total calcium - 2.95 mmol/l (reference values 2.20-2.50 mmol/l), phosphate - 0.7 mmol/l (0.87-1.45 mmol/l), immunoreactive PTH - 150 ng/l (10-65 ng/l), urea, albumin, alkaline

phosphatase is normal. X-ray of bones - without pathology. What causes the patient's condition?

Correct answer: renal osteodystrophy. Task 50.

A 38-year-old woman consulted a doctor with complaints of weakness, dizziness when standing up and increased fatigue; she lost 4.5 kg for no reason. There have been no menses for the past 4 months. The skin color has changed: the patient looks very tanned, and a strange craving for salty foods has appeared. During examination: supine blood pressure 90/50 mm Hg. Art., when standing up it decreases to 80/30 mm Hg. Art., pulse ranges from 90 to 120, the thyroid gland is not enlarged. In the blood: sodium content is reduced, potassium is increased, blood urea nitrogen is increased by 1.5 times the upper limit of normal. What is the most likely preliminary diagnosis?

Correct answer: adrenal insufficiency. Task 51.

Over the past 6 months, a 27-year-old woman began to notice fatigue, a feeling of heat, irritability, interruptions in heart function, amenorrhea, and lost 7 kg. Ultrasound revealed diffuse enlargement of the thyroid gland by 2-3 times. The content of T3 and T4 is increased in the blood; TSH is much lower than normal, radioactive iodine uptake is 4 times higher than normal. Most likely diagnosis?

Correct answer: diffuse toxic goiter Task 52.

A 25-year-old patient complains of a sore throat, bleeding gums, fever up to 40 °C, and chills for a week. The skin and visible mucous membranes are pale. There are pinpoint hemorrhagic rashes on the skin, mucous membrane of the mouth and soft palate, and necrotic plaques on the palatine tonsils. The cervical and supraclavicular lymph nodes are palpable, the size of beans, and painless.
The spleen is not enlarged. In peripheral blood: red blood cells - 2.8 - 1012/l, Hb - 80 g/l, platelets - 20 - 109 /l, reticulocytes - 1%, leukocytes - 40 - 109 /l, blast cells - 48%, band neutrophils -1%, segmented neutrophils - 30%, eosinophils
- 1%, lymphocytes - 20%, normoblasts - 2 per 100 leukocytes, ESR - 43 mm/h. Clinical and laboratory data are most typical for which disease?

Correct answer: acute leukemia

Task 53.

A 27-year-old patient was admitted to the clinic in serious condition. The skin and visible mucous membranes are pale. Puffy face, swelling in the legs and feet. Liver

protrudes 1 cm from under the costal margin, the spleen is not enlarged. Blood analysis: erythrocytes - 1.2 - 1012/l, hemoglobin - 40 g/l, reticulocytes - 0.3%, leukocytes - 2.5 - 109 /l, platelets - 80 - 109 /l, myelocytes - 1%, metamyelocytes - 1%, band neutrophils - 8%, segmented neutrophils - 22%, lymphocytes - 67%, monocytes - 0.5%, eosinophils - 0.5 %. ESR - 38 mm/h. Significant aniso- and poikilocytosis, erythrocytes up to 12 μm in diameter predominate, polychromatophilia, erythrocytes with Jolly bodies and basophilic punctation are found, schizocytes are found. Large-sized normoblasts with pyknotic budding nuclei - 3 per 100 leukocytes. Based on laboratory data and clinical presentation of the disease, a presumptive diagnosis.

Correct answer: megaloblastic anemia

Task 54.

An examination of a 24-year-old patient revealed pale skin, with a slight icteric tint, and icteric sclera. The liver protrudes from under the costal arch by 2 cm, is soft and painless. The edge of the spleen is 4 cm below the costal arch, soft, painless. Body temperature 39.8 °C. Blood test: red blood cells - 0.98 - 1012/l, hemoglobin - 25 g/l, platelets - 360 - 109 /l, leukocytes - 38 - 109 /l, myelocytes - 3%, metamyelocytes - 5%, band neutrophils -10%, segmented neutrophils - 67%, lymphocytes -12%, monocytes - 3%. Erythrocytes are predominantly normochromic, pronounced anisocytosis, spherocytosis are noted, macrocytes are found, erythrocytes with pitted edges and polychromatophilia are found, normoblasts - 8 per 100 leukocytes, reticulocytes - 22%. Indirect bilirubin - 174 μmol/l. Urobilinuria. Positive direct Coombs test. Presumptive diagnosis?

Correct answer: autoimmune hemolytic anemia Task 55.

The patient consulted a therapist with complaints of weakness and weight loss. The skin is moderately pale, the liver is 5 cm below the edge of the costal arch, the spleen is 10 cm below the edge of the costal arch. Further examination, in the hemogram: red blood cells - 3.7 - 109 /l, hemoglobin - 110 g/l, platelets - 760 - 109 /l, leukocytes - 250 - 109 /l, blasts - 4%, promyelocytes - 2%, myelocytes - 22%, metamyelocytes - 7%, band neutrophils - 16%, segmented neutrophils - 35%, eosinophils - 5%, basophils - 2%, lymphocytes - 4%, monocytes - 3%, normoblasts - 2 per 100 leukocytes. Reduction of neutrophil alkaline phosphatase in cytochemical study. In the myelogram, cellularity is sharply increased due to the cells of the granulocytic lineage. The cellular composition repeats the picture of peripheral blood. Presence of the Philadelphia chromosome in cytogenetic

study, the presence of the BCR -ABL gene in a PCR study. Presumptive diagnosis?

Correct answer: chronic myeloid leukemia.

Task 56.

Patient 50 years. Anemia developed after reception non-steroidal anti-inflammatory drugs. Peripheral blood test: WBC - 2.7 - 109 /l,
RBC - 2.08 - 1012/l, Hb - 62 g/l, Ht - 18.5%, MCV - 89.0 fl, MCH - 30.0 pg, MCHC - 338 g/l, RDW15.1%, PLT 90.0 - 109 /l. Reticulocytes - 0.2%. Specify the type of anemia.

Correct answer: normocytic normochromic Task 57.

A 26-year-old patient from Azerbaijan has suffered from anemia since childhood. She was repeatedly treated with iron supplements - without effect. The examination revealed moderate splenomegaly. Peripheral blood test: WBC - 6.7 - 109 /l, RBC - 3.27 - 1012/l, Hb - 79 g/l, Ht - 24.9%, MCV - 76.3 fl, MCH - 24.1 pg, MCHC - 317 g/l, RDW - 15.5%, PLT - 285 -109 /l. Reticulocytes - 25%. Presumptive diagnosis for this case. **Correct answer: hemolytic anemia due to mechanical destruction of red blood cells.**

Task 58.

The patient is concerned about general weakness, cough, chest pain, high temperature, severe sweating. Sputum analysis: color – yellow; character - purulent; consistency – viscous; impurities - rice grains; microscopic examination: leukocytes - up to 80 in the field, partially with fatty degeneration; red blood cells - single in the field of view; alveolar macrophages and bronchial epithelium - occasionally; elastic and coral fibers in rice grains - in large quantities. Presumptive diagnosis?

Correct answer: malignant tumor. Task 59.

A 70-year-old woman consulted a doctor about a painful ulcer on the sole of her left foot. On examination, the limb is cold to the touch and looks ischemic; Below the femoral arteries on both legs, pulsation is not detected. The concentration of glucose in the blood is 15 mmol/l, the concentration of glucose in the urine is 2.5 g/l. The patient denied the presence of thirst and polyuria. Probable diagnosis?

Correct answer: diabetes mellitus complicated by angiopathy.

Task 60.

Patient B, 63 years old, pensioner, complains of weakness, sweating, enlarged lymph nodes, pustular rashes on the skin. From the anamnesis: enlarged lymph nodes

first noted a year ago, but did not attach any importance to it. Recently, the condition has worsened, sweating and pustular rashes on the skin have appeared. Objectively: satisfactory condition, normosthenic, satisfactory nutrition. The skin is pale pink, there are many pustular elements on the trunk and limbs. Lymph nodes - cervical, axillary, inguinal, up to 3 - 4 cm in size, soft, mobile, painless. When percussing over the lungs, there is a percussion sound with a boxy tint, and auscultation weakened vesicular breathing. Heart sounds are muffled and rhythmic. Pulse 80 beats/min. The stomach is soft. The liver is not enlarged. The spleen protrudes 4 cm from under the edge of the costal arch and is dense. Additional data: General blood test: hemoglobin - 100 g/l, erythrocytes - 3.0 × 1012/l, CP - 0.85, platelets - 125 × 109/l, leukocytes - 45 × 109/l, ESR - 52 mm /h. Leukocyte formula: eosinophils - 1%, band - 1%, segmented - 8%, lymphocytes - 87%, prolymphocytes - 1%, monocytes - 3%. A general urine analysis revealed no pathology.

Formulate a preliminary diagnosis. Name the necessary additional research.

Correct answer: Preliminary diagnosis: chronic lymphocytic leukemia. Additional studies required to confirm the diagnosis: 1) CBC: in the initial period, lymphocytosis is observed, without significant leukocytosis; in the advanced stage, leukocytosis of varying severity is noted in the blood with a lymphocyte content of up to 80 - 90%, the presence of cellular shadows in blood smears is characteristic - the Botkin-Gumprecht shadow; with the progressive course of the disease, anemia and thrombocytopenia develop; increase in ESR; 2) sternal puncture: lymphocytes predominate in the bone marrow puncture; in severe cases, from the very beginning of the disease, up to 50 - 60% of lymphocytes are present; in later stages, total lymphoid metaplasia of the bone marrow is found (95 - 98%); bone marrow trephine reveals diffuse lymphocytic infiltration; 3) ultrasound examination, X-ray examination, radioisotope lymphography can reveal an increase in para-aortic, mediastinal, mesenteric and other groups of lymph nodes. Task 61.

Patient P, 23 years old, went to the clinic at his place of residence with repeated severe nosebleeds. Complains of weakness, dizziness, headache. On examination: condition is satisfactory. Skin with pinpoint hemorrhagic rashes. Enlarged elastic lymph nodes of all groups are palpated, painless on palpation. The liver is not enlarged. The spleen protrudes 2 cm

from under the costal arch. Additional data: General blood test: leukocytes - 24 × 109/l, erythrocytes - 3.7 × 1012/l, hemoglobin - 100 g/l, CP - 0.8, ESR - 44 mm/h. Leukocyte formula: undifferentiated blast cells - 65%, band cells - 12%, segmented cells - 10%, lymphocytes - 13%, platelets - 20 × 109/l.

Formulate a preliminary diagnosis. Name the necessary additional research.

Correct answer: Preliminary diagnosis: acute leukemia. Necessary additional studies to confirm the diagnosis: 1) CBC: determination of the number of platelets, reticulocytes, determination of coagulation and bleeding time. The diagnosis of acute leukemia can be assumed in the presence of unexplained cytopenia: leukocytopenia, thrombocytopenia, anemia; increased ESR, presence of blasts, absence of eosinophils and basophils; 2) sternal puncture: high percentage of blast cells: from 20 to 90%, inhibition of red and platelet germs of hematopoiesis; 3) cytochemical study to establish the morphological variant; 4) if necessary, trephine biopsy and lymph node puncture are performed to clarify the diagnosis.

Task 62.

Patient K., 62 years old, came to the clinic with complaints of rashes on the skin of the face and general weakness. Considers himself sick for 4 months. The disease began with the appearance of redness on the skin of the face, fever, pain in the joints, soon the hair on the head fell out, and a sharp weight loss occurred. She was independently treated with antihistamines, lubricated the lesions with corticosteroid ointments - without effect. Objectively: nutrition is reduced, hair in the frontal and parietal areas has fallen out, the skin of the face is hyperemic, swollen, especially in the forehead and around the eyes, against this background there are scattered in large numbers of whitish scales that sit tightly on the skin. As a child, she suffered from typhoid fever, pneumonia, and was operated on for uterine fibroids. Concomitant diseases: coronary heart disease, deforming arthrosis of the knee joints.

During examination: OAK: Hb 120 g/l, er. 3.7x1012/l, l. 6.9x109/l, e. 2%, p. 69%, lymph. 25%, mon. 5%. ESR 45 mm/hour. TAM is within normal limits. LE cells were found in large numbers in the blood.

Formulate a preliminary diagnosis. Name the necessary additional research.

Correct answer: Systemic lupus erythematosus, subacute course. Additional studies required to confirm the diagnosis:

Immunological criteria: ANA, Anti-Sm, Anti-Sm, Coombs test, complement determination; Hemostasiogram to determine the functions of platelet adhesion and aggregation - in thrombocytopenia and the presence of secondary APS.

Task 63.

Patient K., 25 years old, came to the clinic with complaints of shortness of breath, worsening with physical activity, and a dry cough. The day before there was hemoptysis. The deterioration of the condition is noted within a month. Two years ago I suffered from rheumatism. Objectively: temperature 37.20C. General condition of moderate severity. The skin and visible mucous membranes are cyanotic. Vesicular breathing, silent moist rales in the lower parts of the lungs. NPV 26 per minute. Upon palpation in the area of the apex of the heart, the symptom of "cat purring" is determined. The upper limit of relative cardiac dullness is determined in the second intercostal space. On auscultation at the apex of the heart, the 1st sound is popping, diastolic murmur, the accent of the 2nd tone is on the pulmonary artery. Heart rate 110/min. Blood pressure 110/70 mm Hg. No abdominal pathology was detected.

Formulate a preliminary diagnosis. Name the necessary additional research.

Correct answer: Rheumatic heart disease, stenosis of the left atrioventricular orifice. CHF, II a. Necessary additional studies to confirm the diagnosis: Ultrasound of the heart, X-ray of the OGK, BC, Antistreptolysin - O, antihyaluronidase. Task 64.

On the 2nd day, a student who visited a sick friend developed chills, a body temperature of 39.1°C, a severe headache in the frontal region, pain in the eyeballs, muscles and joints, nausea, weakness, and lack of appetite. By the end of the 1st day of illness, nasal congestion, sore throat, dry hacking cough with chest pain appeared. An objective examination revealed hyperemia and puffiness of the face, nasal congestion, diffuse moderate hyperemia of the posterior pharyngeal wall and its granularity in the pharynx. In the lungs - hard breathing, isolated dry wheezing. Pulse 102 beats. per minute, rhythmic. Blood pressure – 115/80 mm Hg. Art. Heart sounds are muffled. The abdomen is soft and painless. The liver and spleen are not enlarged. There are no meningeal symptoms.

Formulate and justify a preliminary diagnosis. Make a plan for laboratory examination of the patient to verify the diagnosis

Correct answer: Flu, moderate form, peak period. The diagnosis is confirmed by the presence of the following syndromes: acute onset of the disease, signs of pharyngitis and tracheitis, fever, intoxication syndrome.

Additional studies required to confirm the diagnosis: Express diagnostics - immunofluorescence method (in fingerprint smears in the nasal mucosa). Serological methods of RSK, RTGA with erythrocyte diagnosticum in paired sera (before the 5th day of illness and after the 12th day). Task 65.

Patient F., 35 years old, was taken to the hospital emergency department due to heavy nosebleeds. Complaints of weakness, dizziness. History: over the past 5 years, he has noted frequent nosebleeds and easy bruising of the skin. The mother suffered from the same pathology. I felt satisfactory and did not see a doctor. Objectively: upon examination the condition is satisfactory. The skin is pale, there are abundant petechial hemorrhagic rashes and isolated extensive ecchymoses on the skin of the chest and legs. The liver and spleen are not enlarged. General blood test: hemoglobin - 94 g/l, erythrocytes - 3.6 × 1012/l, CP - 0.68, leukocytes - 6.2 × 109/l, ESR - 20 mm/h Leukocyte formula: band - 3% , segmented - 67%, eosinophils - 2%, lymphocytes - 23%, monocytes - 5%, platelets 15× 109/l.

Formulate and justify a preliminary diagnosis. Name the necessary additional studies and expected results, according to the formulated diagnosis.

Correct answer: Preliminary diagnosis: hereditary thrombocytopenia, continuously relapsing course, exacerbation. Additional studies required to confirm the diagnosis: 1) CBC: thrombocytopenia, signs of anemia, reticulocytosis - after bleeding; 2) coagulation tests: bleeding time is prolonged (Duke's norm is 2 - 3 minutes); blood clot retraction is reduced (normal < 10 µg/ml); blood clotting is normal (capillary blood clotting time (according to Sukharev) is normal: start from 30 s to 2 min, end - from 3 to 5 min); 3) sternal puncture: in the myelogram there is hyperplasia of megakaryocytes, an increase in the number of young megakaryocytes. Task 66.

A 43-year-old patient turned to her local physician with complaints of periodic pain in the epigastric region, sharply associated with food intake in the autumn-winter period. The pain is not very severe and calms down with diet. The patient did not seek medical help for pain. The above complaints have been bothering me for 5 years. During this time, the patient suffered internal bleeding three times, manifested by melena, weakness, and a mild decrease in hematological parameters. After the patient was admitted to the hospital, her bleeding quickly stopped.

What is your presumptive diagnosis? What research is needed to clarify it? What are the treatment tactics?

Correct answer: The patient suffers from peptic ulcer of the upper gastrointestinal tract. To clarify the diagnosis, endoscopic fibrogastroduodenoscopy, determination of H.hilori, and consultation with a gastroenterologist are indicated. In the presence of an acute ulcerative defect, complex conservative treatment is indicated.

Task 67.

A 44-year-old patient, after hypothermia, had a temperature rise to 39°C, pain in the right half of the chest, aggravated by breathing, and a cough. Almost no sputum was produced. The temperature persisted for 8 days, despite intensive anti-inflammatory treatment. Then the patient began to produce large quantities of purulent sputum with an unpleasant odor in the amount of 200 ml per day. The temperature dropped to normal; the patient began to feel better. General condition is satisfactory. Under the right shoulder blade from behind, a shortening of the percussion tone and weakened breathing are determined. No other pathology was identified.

What disease did you suspect in the patient? Differential diagnosis. What additional research methods should be performed to clarify the diagnosis? Principles of treatment of this pathology.

Correct answer: Acute abscess. Bronchiectasis, pulmonary tuberculosis, tumor. The patient needs to undergo Rg, general clinical tests, sputum analysis. Principles of treatment: issue a referral for hospitalization, diet, improvement of drainage (postural drainage, vibration massage, mucolytics, enzymes), bronchosanitation, detoxification, immunocorrection, for a large abscess - puncture and drainage.

Task 68.

An emotionally labile 34-year-old woman has been suffering for 3 years from periodically occurring short-term attacks of severe pain in the right hypochondrium, radiating to the right shoulder and scapula. Periodically, the patient experiences diarrhea, followed by constipation. The pain syndrome is not accompanied by an increase in body temperature and is not associated with food intake. The duration of attacks ranged from 1 to 5 hours. Icterus of the skin and mucous membranes was never noted. When palpating the area of the right hypochondrium, there is no muscle tension. A slight pain is detected at the point of the gallbladder. The patient complains of discomfort that occurs during palpation of the abdominal aorta and large intestine. Leukocytes in the blood 6.0x109 /l. In all three servings,

obtained during duodenal intubation, no deviations from the norm were found. Ultrasound did not reveal any stones in the gall bladder. The bladder is somewhat stretched, and after taking the yolks it slowly contracts. What is your diagnosis and treatment tactics?

Correct answer: In this clinical observation, biliary dyskinesia occurs. The patient should be recommended treatment by a neurologist and a therapist (gastroenterologist).

Task 69.

The patient, 30 years old, has noted an increase in the size and volume of both lower extremities since birth. She was born a full-fledged seven-month-old child. Vertical load was accompanied by a progressive increase in swelling of the limb. Examination in vascular centers showed an unchanged state of the deep and superficial venous network. However, an almost complete absence of the main lymphatic channel was revealed. At the age of 14 years, the patient was offered surgical treatment, which she and her parents refused. Currently, the lower limbs are not proportionately increased in volume. The diameter of the legs at the level of the middle third of both thighs is 48-49 cm, and the diameter of the legs is 37-38 cm. Multiple areas of fibrodema are noted along the anteromedial surface of the leg and on the dorsum of the foot. Active movements in the joints of the foot are difficult.

What research method can be used to prove the absence of major lymphatic vessels in the lower extremities? What type of treatment should be offered to the patient?

Correct answer: Information about the state of the lymphatic system can be obtained using lymphography. The patient needs consultation with a vascular surgeon, with the possibility of performing volumetric dermolipectomies on both lower extremities with excision of fibrodermal areas.

Task 70.

The patient, 31 years old, has been experiencing pain in both lower extremities for the last 5 years, more on the left when walking. Over the past month, I have been experiencing pain at rest at night in my left foot. The skin of both feet and legs is cool to the touch, the distal parts of the toes are bluish in color. Active movements in the ankle joints in full. There is no pulsation on the left common femoral artery; a rough systolic murmur is heard on the right. Libido preserved. Childbearing function is not impaired (3 years ago there were uncomplicated urgent deliveries). Currently, the patient has a fever of up to 37-38o C. In a general clinical blood test -

acceleration of ESR up to 47 mm/h. There are no clinical manifestations of diseases from the respiratory tract or gastrointestinal tract.

What disease should you think about? What should be done to clarify the nature of the pathology? What treatment is indicated for the patient?

Correct answer: The patient has damage to the aortic bifurcation, most likely due to nonspecific aortoarteritis. The patient needs consultation with a rheumatologist, followed by aortography or Doppler ultrasound. However, reconstruction of the arterial bed is possible only after the exacerbation of the nonspecific general inflammatory process has been eliminated using a course of pulse therapy. Task 71.

In a patient suffering from hypertension for a long time, a routine fluorographic examination revealed an expansion of the mediastinal shadow, most likely due to the vascular component. What disease should be suspected? What instrumental diagnostic methods should be used to clarify the nature of the existing pathology?

Correct answer: In this clinical observation, the presence of a thoracoabdominal aneurysm should be suspected. The following can help in diagnosis: Echocardiography, preferably CT or MRI.

Task 72.

A 48-year-old patient, after eating a fatty meal, first developed severe pain in the right hypochondrium, radiating to the right shoulder and scapula. Body temperature increased to 38.3°C. There was a single vomiting. Palpation of the right hypochondrium revealed pain and muscle tension. Leukocytes in the blood 12.0x109 /l. After prescribing antispasmodics, antibiotics and performing a novocaine blockade, the patient's condition improved. Body temperature dropped to normal. The pain in the right hypochondrium has decreased. Muscle tension became less, and by the end of 3 days it completely disappeared. Slight pain remained only at the point of projection of the gallbladder. An ultrasound examination of the gallbladder, up to 5-6 cm in length, does not contain any stones in its lumen. Leukocytes in the blood 6.0x10 9 /l. What is your diagnosis and further treatment tactics for the patient?

Correct answer: The patient has acute acalculous cholecystitis. Since such an attack occurred for the first time and was quickly stopped under the influence of conservative treatment, the question of surgical intervention should not be raised at this time. The patient 10-12 days after the attack has stopped

It is advisable to transfer it to a therapist for treatment. In the future, sanatorium treatment and diet are recommended.

Task 73.

Patient L., 36 years old, works as a teacher, turned to her local physician with complaints of a cough with a small amount of mucous sputum, an increase in temperature to ~38.7, slight mixed shortness of breath, severe weakness, and loss of appetite. I do not smoke. She became acutely ill three days ago, when suddenly in the evening the temperature rose, an unproductive cough appeared, there were chills and sweating. The condition was assessed as ARVI, but due to the lack of improvement, a fluorogram was taken, which revealed darkening in the upper lobe on the left. The patient's mother has a history of arterial hypertension.

Objectively: normosthenic build, respiratory rate 24 per minute. On percussion: a slight dullness of the percussion sound in the upper left; on auscultation, crepitus and moist fine bubbling rales are also revealed, above the rest of the surface of the lungs - without any features. Blood pressure 150/90 mm. Hg Art. Heart rate 91 per minute. On auscultation, the heart sounds are rhythmic, slightly muffled, the abdomen is soft and painless on palpation, the liver according to Kurlov: 10-9-8 cm, Pasternatsky's symptom is negative on both sides.

Complete blood count: Eg - 4.1 x 10_{12}/l, Hb - 128 g/l, color. show - 0.89, L -11.5 x 10_{9}/l, e. - 1, p. - 8, p. - 74, l. - 14, m. - 3, ESR - 34 mm/h. General analysis of sputum: yellow, viscous, red blood cells cover all parts of the vision, no MVT were detected. X-ray examination reveals infiltration in S1 and S2 on the left.

What is your preliminary diagnosis? What causative agent of the disease do you suspect in this case? What diseases need a differential diagnosis? Prescribe treatment. Criteria for hospitalization of a patient in a hospital, indications for treatment of this disease on an outpatient basis?

Correct answer: Left-sided bisegmental (SI, S2) pneumonia, moderate course. Sop.: arterial hypertension first detected, stage I, mild risk.

Pathogen -S. Pn. (as the most common causative agent of domestic pneumonia), M. Pn. (works as a teacher, and working in closed groups is associated with the risk of mycoplasma infection).

Differential diagnosis with pulmonary tuberculosis, lung tumor. Treatment must be carried out with 1 antibacterial drug, and the drug can be taken orally. Drugs of choice: aminopenicillins

(amoxicillin) - if pneumococcal nature is suspected or a group of macrolides (azithromycin or others) - in addition to pneumococcus, they act on atypical microflora, including mycoplasma.

On an outpatient basis, treatment of mild home pneumonia is recommended, especially in young people, as well as patients without significant concomitant pathology.

Task 74.

Patient V., 43 years old, turned to her local physician with complaints of daily attacks of suffocation, exhalation was especially difficult, general weakness, and malaise. After an attack, a small amount of viscous, glassy sputum is discharged. She has been ill for 3 years, these complaints occur annually in June, in July all symptoms disappear. He associates his illness with the loss of a loved one. There are two children, 7 and 13 years old, who also have asthma attacks. The mother and grandmother also experienced asthma attacks. The patient is allergic to strawberries and penicillin. Objectively: the condition is of moderate severity. The patient sits, leaning her hands on the edge of the chair. The skin is clear, with a cyanotic tint. The chest is barrel-shaped, the supra- and subclavian areas are smoothed, the intercostal spaces are widened, 6 there is swelling of the jugular veins, the participation of auxiliary muscles, and retraction of the intercostal spaces. Breathing is loud, with whistling and noise, 26 times per minute. Upon percussion, a box sound is noted, the lower border of the lungs along the mid-axillary line is determined at the level of the 9th rib, the excursion of the lungs along this line is 2 cm. Against the background of weakened vesicular breathing with prolonged exhalation, dry wheezing rales are heard. NPV - 26 per minute. Heart sounds are rhythmic, clear, 92 per minute, blood pressure 110/70 mm Hg. No abdominal pathology was detected. Peak expiratory flow during peak flowmetry is 70% of predicted.

Formulate a presumptive diagnosis. Name the necessary additional research. List the possible complications of this disease. Determine your tactics in relation to this patient, tell us about the principles of treatment, prognosis and prevention of this disease

Correct answer: Atopic bronchial asthma, moderate severity. Emphysema.

Examination - general blood test, biochemical blood test, microscopic examination of sputum: eosinophils, collapsing eosinophils (Charcot-Leyden crystals), casts of small bronchi (Courshman spirals). Study of external respiration function - spirography (decrease in Tiffno index). X-ray of the chest organs.

Complications - Status asthmaticus. Respiratory failure. The patient is temporarily disabled. Needs basic treatment for bronchial asthma and consultation with an allergist. Principles of treatment: Semi-bed rest. The diet is hypoallergenic. Short- and long-acting sympathomimetics: Berotec, salbutamol, teopec. Combined drugs: berodual. Inhaled glucocorticosteroids: becotide, beclamet. Breathing exercises. Massage. Psychotherapy. Spa treatment. The prognosis for life is favorable in case of anti-relapse treatment. Prevention of exacerbations: eliminate the effect of allergens (if possible). Conduct peak flowmetry to monitor bronchial patency. If peak expiratory flow rates worsen, treatment should be adjusted; clinical observation, patient education in asthma schools; carrying out specific hyposensitization

Problem 75.

Patient S., 47 years old, was seen by a local general practitioner regarding persistent pain in the upper abdomen that worsened after errors in diet, sometimes radiating to the back, and weight loss. At the age of 40 she underwent cholecystectomy for calculous cholecystitis. Six months after the operation, almost constant pain appeared in the upper abdomen, intensifying after errors in diet, sometimes radiating to the back. When using antispasmodics and following a diet, my health improved. Over the past 1.5-2 years, almost constant unformed stools have appeared, and I began to lose weight (lost 8 kg in 2 years). During the same time, itching of the perineum arose, she began to drink more fluids, and urination became more frequent. 14 Upon examination, the patient's condition is satisfactory. The physique is correct, slightly increased nutrition. Height – 175 cm, weight – 90 kg, BMI – 29 kg/m2. The shins are pasty. With comparative percussion of the lungs, a pulmonary sound is determined. On auscultation, breathing is harsh and is carried out in all parts. Heart sounds are muffled, rhythmic, no murmurs are heard. Heart rate - 80 beats per minute, blood pressure - 156/85 mm Hg. Art. The tongue is moist, covered with a white coating at the root. On superficial palpation of the abdomen, some pain is noted in the epigastrium and right hypochondrium. There are no symptoms of peritoneal irritation. With deep palpation, the sigmoid colon is palpated in the form of a moderately mobile painless cylinder, 1.5 cm in diameter. There is pain in the Shoffar area. Positive Kerthe's symptom, Mayo-Robson's symptom. On percussion of the abdomen - tympanitis. Liver dimensions according to Kurlov –

15×13×11 cm. The liver protrudes from under the costal arch by 3-4 cm, the edge is moderately dense, painless. Pasternatsky's symptom is negative on both sides.

Formulate a preliminary diagnosis. What additional examination methods should be prescribed to the patient? Determine the tactics of treating the patient.

Correct answer: Secondary chronic pancreatitis, biliary-dependent, painful form, moderate severity, often recurrent in the acute stage. Chronic reactive persistent hepatitis. Condition after cholecystectomy (7 years ago). Secondary (pancreatogenic) diabetes mellitus. Examination - biochemical blood test: total protein, protein fractions, transaminases, amylase, lipase, trypsin, antitrypsin, total bilirubin, direct; urine test for diastase; examination of duodenal contents; stool analysis: steatorrhea, creatorrhea, amilorrhea; plain radiography of the abdominal cavity; Ultrasound of the pancreas and hepatobiliary system; RCP; glycemic and glucosuric profile.

Treatment tactics - hospitalization in the gastroenterology department; fasting diet, diet No. 16 pancreatic, liquid and semi-liquid food, 6 meals a day for 3-6 days; H2 blockers (ranitidine, famotidine) or proton pump inhibitors (omeprazole); anticholinergics (Platifillin); antispasmodics (Drotaverine); painkillers; multienzyme drugs; treatment of diabetes mellitus (sulfonylurea drugs).

PC-9:

Closed type tasks:

Task 1. Instructions: Choose one correct answer

Specify the main advantage of using new oral anticoagulants over warfarin for atrial fibrillation:

1. The best prevention of blood clots
2. do not reduce platelet count
3. There is no need to monitor APTT
4. There is no need to monitor INR
5. Does not affect hemotacrit

Correct answer: 4

Task 2. Instructions: Choose one correct answer

If a patient with atrial fibrillation cannot control the INR, he should be prescribed the following for stroke prevention:

1. Dual antiplatelet therapy
2. Warfarin
3. New oral anticoagulants
4. Clopidogrel
5. Acetylsalicylic acid ***Correct answer: 3***

Task 3. Instructions: Choose one correct answer

To restore sinus rhythm, a patient with ischemic heart disease and paroxysmal atrial fibrillation must be prescribed:

1. Propafenone
2. Ethacizin
3. Amiodarone
4. Digoxin
5. Retardated form of metoprolol

Correct answer: 3

Task 4. Instructions: Choose one correct answer

Dry cough in chronic bronchitis is caused by: 1.

Inflammation of the mucous membrane of large bronchi

2. Inflammation of the mucous membrane of the small bronchi
3. Increased sensitivity of reflexogenic zones
4. Hypotrophy of the bronchial mucosa.

Correct answer: 3

Task 5. Instructions: Choose one correct answer

Bronchial obstruction is detected using: 1.

Spirography, pneumotachography

2. Bronchoscopy
3. Blood gas studies
4. X-rays of the lungs

Correct answer:1

Task 6. Instructions: Choose one correct answer

Indicate what is not a component of bronchial obstruction: 1.

Sputum retention

2. Laryngospasm

3. Inflammation of the bronchi

4. Swelling of the mucous

membrane ***Correct answer:2***

Task 7. Instructions: Choose one correct answer

Which combination of symptoms refers to the first type of exacerbation of COPD: 1.

Increased shortness of breath, increased amount and purulence of sputum

2. Increased amount of sputum combined with fever

3. Increased cough due to fever

4. Increased number of dry wheezes, appearance of tachycardia

Correct answer:1

Task 8. Instructions: Choose one correct answer

Which of the following drugs is not a mucoregulator: 1.

Acetylcysteine

2. Trypsin

3. Carbocisteine

4. Ambroxol

Correct answer:2

Task 9. Instructions: Choose one correct answer

Atypical pneumonia is:

1. Pneumonia caused by staphylococcus (S. aureus)

2. Pneumonia caused by Haemophilus influenzae

3. Pneumonia with an atypical course

4. Pneumonia caused by Legionella (L.pneumoniae)

Correct answer: 4

Task 10. Instructions: Choose one correct answer

What does not apply to the characteristics of atypical

pneumonia: 1. Bilateral confluent lesion of lung tissue

2. Ineffectiveness of beta-lactams

3. Possible epidemiological outbreaks

4. Develops mainly at a young age ***Correct***

answer:1

Task 11. Instructions: Choose one correct answer

Pyelonephritis is characterized

by: 1. Moderate proteinuria

2. Minor cylindruria

3. Leukocyturia

4. “Active” leukocytes determined using the Sternheimer–Malbin test

Correct answer: 4

Task 12. Instructions: Choose one correct answer

During exacerbation of chronic pyelonephritis, urinary syndrome is characterized by:

1. Absence of proteinuria

2. Moderate proteinuria

3. High proteinuria

4. Massive proteinuria

Correct answer:2

Task 13. Instructions: Choose one correct answer

Specify a disease that, in the presence of nephrotic syndrome, is very rarely accompanied by hypercholesterolemia:

1. SCR

2. Glomerulonephritis

3. Diabetes mellitus

4. Tuberculosis

5. Sepsis

Correct answer:1

Task 14. Instructions: Choose one correct answer

A young woman, 10 days after an acute respiratory infection, noted the appearance of aching pain in the lower back on both sides, darkening of the urine and headaches. Urine tests: proteinuria 5 g/l, 3 - 4 hyaline casts and red blood cells. Your presumptive diagnosis:

1. Cystitis. Pyelitis

2. Acute pyelonephritis

3. Acute glomerulonephritis

4. Urolithiasis ***Correct answer: 3***

Task 15. Instructions: Choose one correct answer

An indicator that progressively decreases in old age: 1. Blood glucose level

2. Myocardial contractility

3. Number of blood cells\

4. Synthesis of pituitary hormones

5. Total blood cholesterol level

Correct answer:2

Task 16. Instructions: Choose one correct answer

Indicator that progressively increases with age 1.

Blood glucose level

2. Myocardial contractility

3. The number of blood cells

4. Synthesis of pituitary hormones

5. Total blood cholesterol level

Correct answer: 4

Task 17. Instructions: Choose one correct answer

An indicator that progressively decreases with age:

1. Oncotic pressure

2. Blood sugar

3. Function of the gonads

4. Sensitivity of organs to hormones

5. Intraocular pressure.

Correct answer: 3

Task 18. Instructions: Choose one correct answer

Indicator that increases with age: 1.

Oncotic pressure

2. Function of the digestive glands

3. Function of the gonads

4. Sensitivity of organs to hormones

5. Intraocular pressure

Correct answer: 4

Task 19. Instructions: Choose one correct answer

All signs are characteristic of aortic insufficiency, except: 1. Strengthening

of the second tone

2. Attacks of anginal pain

3. Increases in the amplitude of R and V6

4. Flint noise

Correct answer:1

Task 20. Instructions: Choose one correct answer

All of the following symptoms are characteristic of aortic stenosis, except: 1. Weakening of the first sound

2. Conducting noise on the carotid arteries

3. Development of pulmonary hypertension

4. Calcification of the aortic valve

Correct answer: 3

Task 21. Instructions: Choose one correct answer

Mitral valve insufficiency is characterized by all of the following symptoms, except:

1. Conducting noise into the axillary area

2. Turbulent flow in the left atrium

3. Frequent development of atrial fibrillation

4. Development of arterial pulmonary hypertension

Correct answer: 4

Task 22. Instructions: Choose one correct answer

Which of the following signs is characteristic of angina: 1. Elevation of the T segment during an orthostatic test

2. T segment depression during hyperventilation test

3. Reversal of a negative T wave during a test with potassium chloride

4. Depression of the T segment during the VEM test ***Correct answer: 4***

Task 23. Instructions: Choose one correct answer

Infectious endocarditis is characterized by all of the following, except:

1. fever and chills, which are common symptoms

2. Corticosteroids should be prescribed from the very beginning of the disease

3. Vascular catheterization is a risk factor

4. At the onset of the disease there may be arthralgia ***Correct answer:2***

Task 24. Instructions: Choose one correct answer

In what situation is the effect of hypothiazide reduced: 1. In combination with potassium-sparing drugs

2. With a decrease in glomerular filtration

3. For hyperaldosteronism

4. For hypernatremia

Correct answer:2

Task 25. Instructions: Choose one correct answer

Adhesive pericarditis is characterized by all of the following symptoms, except:

1. Enlarged liver
2. Pericardial calcifications
3. Collapsing jugular veins
4. Losing weight

Correct answer: 3

Open type tasks:

Exercise 1.

For a patient referred to BMSE and recognized as disabled, the certificate of incapacity for work will be closed_____

Correct answer: the day before the patient is registered in the BMSE Task 2.

Main principles treatment asthmatic status is_____

Correct answer: parenteral administration of GCS

Task 3.

When referring a patient for specialized sanatorium-resort treatment, a certificate of incapacity for work is issued_____

Correct answer: the number of days of incapacity for work is determined by the sanatorium doctor

Task 4.

When a disability is established with a degree of limited ability to work, the period of temporary incapacity ends with the date:_____

Correct answer: immediately preceding the day of registration of documents at the ITU institution

Task 5.

While servicing a home call, the doctor diagnosed the flu. The call was answered on Saturday. The patient is due to start work on Monday. The certificate of incapacity for work must be issued from _____day.

The correct answer is from Monday

Task 6.

The sick person contacted the production doctor on the day when he had already finished his shift. The certificate of incapacity for work must be issued from _____day.

Correct answer: From the next day.

Task 7.

The patient had a certificate of incapacity for work for follicular tonsillitis for 10 days, and was able to work at the next appointment 5 days late. The certificate of incapacity for work must be closed_____

Correct answer: in the afternoon when he showed up for the appointment + a note about violation of the regime

Task 8.

The maximum permissible period within which a higher ITU bureau must review the decision of the primary ITU bureau on a patient's complaint_____.

Correct answer: within 1 month Task 9.

The main method for diagnosing COPD is _____ **Correct answer: spirometry.** Task 10.

A relatively healthy elderly man underwent a clinical examination. The only deviation from the norm is increased activity of serum alkaline phosphatase - 400 U/l. This increase in enzyme activity may be due to:_____

Correct answer: viral, toxic or autoimmune hepatitis Task 11.

A 40-year-old patient undergoes periodic medical examination. Make a preliminary diagnosis if he has a history of alcohol abuse. Biochemical blood test data: AST - 60 U/l, GGT - 220 U/l, total cholesterol - 7.6 mmol/l, triglycerides - 4.2 mmol/l. (diagnosis)

Correct answer: alcoholic hepatitis Task 12.

A pensioner consulted a doctor with complaints of pain in the epigastric region, radiating to the back and not associated with eating. Urine is dark, stool is light. Laboratory data: serum total protein - 72 g/l, albumin - 40 g/l, total bilirubin - 380 μmol/l, alkaline phosphatase - 510 U/l. Make a preliminary diagnosis.

Correct answer: obstructive jaundice

Task 13.

Determine the treatment regimen for a patient with community-acquired pneumonia when treating this disease in a hospital at home.

Correct answer: home mode. Task 14.

Determine the phenotype of COPD in a patient with identified changes: increased body weight, early appearance of hypercapnia, a large number of wheezes on auscultation, moderate emphysema on chest x-ray, large heart size, pathological picture: pronounced signs of endobrochial inflammation in bronchi of different calibers (phenotype name).

Correct answer: Bronchitic phenotype Task 15. Interview question.

What date will the certificate of incapacity for work be closed for a patient referred to the BMSE and recognized as disabled?

Correct answer: The day before the patient is registered in the BMSE Task 16. Interview question.

Name the document regulating the referral of patients to sanatorium-resort treatment.

Correct answer: Order No. 256 of the Ministry of Health of the Russian Federation dated November 4, 2004. "On the procedure for medical selection and referral of patients for sanatorium treatment." Task 17. Interview question.

Determine the approximate period of temporary disability for a patient with severe community-acquired pneumonia (number of days).

Correct answer: 45-60 days.

Task 18.

A 32-year-old woman consulted a gynecologist with complaints of irregular heavy menstrual bleeding over the past 6 months; over the past year, the patient began to get tired faster, gained about 6 kg in weight, and experienced constipation. On examination, blood pressure was 150/90 mm Hg. Art., pulse - 58 per minute, thyroid gland enlarged by 1.5-2 times, slowed tendon reflexes. Laboratory tests: T4, T3 - below normal, thyroid-stimulating hormone (TSH) is 5 times higher than normal, antibodies to thyroid peroxidase (anti-TPO) are increased 15 times. Make a preliminary diagnosis.

Correct answer: autoimmune thyroiditis, hypothyroidism

Task 19.

Define a clinical syndrome characterized by a severe, prolonged attack of bronchial asthma that is not relieved by bronchodilators and

accompanied by acute respiratory failure, hypoxemia and hypercapnia (syndrome name).

The correct answer is status asthmaticus

Task 20. Interview question.

Determine the terms of incapacity for work for a patient registered at the employment center and suffering from acute bronchitis.

Correct answer: A certificate of incapacity for work is issued for the entire period of illness

Task 21. Interview question.

What document will be used to certify the temporary disability of a citizen of Tajikistan who works under a contract with a Russian enterprise at a construction site and falls ill with pneumonia?

Correct answer: certificate of incapacity for work for the entire period of temporary incapacity for work.

Task 22.

A 68-year-old patient complains of a nonproductive cough in the morning, shortness of breath on exertion, a feeling of lack of air, and fatigue. When studying the function of external respiration (after inhalation of a bronchodilator) FVC-92%, FEV1-45%, FEV1/FVC56%. Make a preliminary diagnosis

Correct answer: severe COPD. Task 23.

Male 62 years old. Observed by a local physician with a diagnosis of hypertension stage III, stage 2, risk 4. Atherosclerosis of the aorta and coronary arteries. LVH. Complications: CHF II A (NYHA class 2) Concomitant disease: consequences of ischemic stroke (March 2021).

What groups of drugs are used in the treatment of both hypertension and heart failure?

The correct answer is ACE inhibitors/sartans, diuretics, beta blockers Task 24.

A 58-year-old man works as an economist. Observed by a cardiologist in the clinic for 8 months with a diagnosis of coronary artery disease post-infarction cardiosclerosis (anterior septal myocardial infarction - non Q-wave dated June 12, 2020), exertional angina FC III, CHF II A stage. (III FC according to NYHA). Takes: aspirin, statins, beta blockers, calcium antagonists (amlodipine), ACE inhibitors, diuretics - constantly, nitroglycerin - 4 - 6 times a week during physical activity. In the last 3 weeks, after stress, he has noted inspiratory

shortness of breath with little physical exertion. Objectively: respiratory rate is 24 per minute. In the lungs there are single moist rales over the lower lobes. Heart sounds are clear and rhythmic. Heart rate-62 in 1 min. Blood pressure 130/ 82 mmHg. The liver is at the edge of the costal arch, there is no swelling on the legs.

What drugs should be intensified? **The correct answer is diuretics, ACE inhibitors**

Task 25.

Woman 48 years old. She went to the clinic with complaints of shortness of breath with slight physical exertion, worsening when bending down, swelling in the legs, periodic discomfort in the chest and palpitations, general weakness, and fatigue. Complaints gradually increased over 6 months. Objectively: correct physique. In the lungs there are moist rales in the lower sections, respiratory rate is 26 per minute. Heart sounds are loud, rhythmic, heart rate 98 per minute. A rough systole-diastolic murmur with a predominance of diastolic murmur is heard above the apex, radiating over the entire region of the heart. The noise varies in intensity depending on body position. Blood pressure 150/90 mm Hg. Art. The liver protrudes from under the costal arch by 2 cm. There is swelling on the legs. EchoCG shows left atrial myxoma 3.4 cm x 3.2 cm.

Prescribe prehospital therapy. (Groups of drugs) **The correct answer is treatment of heart failure - ACE inhibitors (sartans), diuretics, beta blockers, aldosterone antagonists. Antihypertensive therapy - ACE inhibitors, sartans, aldosterone antagonists. Antiarrhythmic drugs - beta blockers, non-dihydropyridine calcium antagonists.**

Task 26.

Male 57 years old, engineer. She has been observed in the clinic for 5 years with a diagnosis of coronary heart disease, exertional angina, class II, stage I CHF. (1 FC according to NYHA). Takes: aspirin, statins, beta blockers - constantly, nitroglycerin - 2-3 times a week for heart pain. In the last 3 weeks, after stress, he has noticed inspiratory shortness of breath with little physical exertion. Objectively: respiratory rate is 24 per minute. In the lungs there are single moist rales over the lower lobes. Heart sounds are clear and rhythmic. Heart rate-62 in 1 min. Blood pressure 130/ 82 mmHg. The liver is at the edge of the costal arch, there is no swelling in the legs.

What group of drugs should the patient take due to the presence of CHF, but did not take? What determines the starting dose of this drug?

The correct answer is ACE inhibitors. The dose depends on the patient's blood pressure

Task 27.

A 67-year-old patient diagnosed with stage II hypertension, coronary artery disease, stable exertional angina, FC III, hyperlipidemia (TC - 6 mmol/l, LDL - 4 mmol/l, HDL - 1.0 mmol/l), stage II CHF, FC II, atrial fibrillation, permanent form." Objectively: The skin is of normal color, clean. Blood pressure – 135/95 mm Hg. Pulse 85 beats per minute, arrhythmic, satisfactory parameters. Heart sounds are muffled and arrhythmic. The borders of the heart are expanded to the left, otherwise the organ systems are without features.

What therapy should be prescribed to the patient? (groups of drugs) **The correct answer is ACE inhibitors, β-blockers, statins, long-acting nitrates, anticoagulants**

Task 28.

A 35-year-old patient, a welder, suffers from infrequent (less than once a week) attacks of expiratory suffocation, easily relieved by inhalation of short-acting B2 sympathomimetics. During attacks, dry whistling rales are heard in the lungs; in the interval between attacks, FEV1 is more than 80% of predicted.

What is the severity of asthma?

The correct answer is: According to the classification of WHO experts. the patient has an intermittent form of asthma

Task 29.

The patient, 67 years old, suffers from moderate bronchial asthma and ventricular extrasystole against the background of post-infarction cardiosclerosis. I contacted my local therapist to adjust my treatment.

Which of the following aerosols is his means of choice for relieving attacks of expiratory suffocation at the prehospital stage: Novodrin (isodrin); Beroduol (Berotec + Atrovent); Becotide; Bioparox; Tailed (select drug name).

The correct answer is that the drug of choice is Berodual, the use of which is associated with a lower risk of worsening heart rhythm disorders. Task 30.

During a doctor's active home visit to a patient with asthma, the latter developed an attack of suffocation. During the attack, the patient's condition is satisfactory, he speaks in sentences, and is excited. Tachypnea. Wheezing at the end of expiration. Moderately severe tachycardia - heart rate 92 per minute. PSV 79% of what it should be.

What is the standard for stopping an attack at the prehospital stage? **Correct answer -**

The initial stage of treatment is B2-agonists 3-4 times per hour. A good answer is to continue taking B2-agonists every 4 hours for 4 hours.

hours within 24-48 hours. Observation. Incomplete response - within 1-2 hours. Recommended: Add oral corticosteroids. Continue taking B2-agonists every 4 hours for 24-48 hours. Observation. Bad answer: within 1 hour: 1) Add oral corticosteroids. 2) Immediately call an ambulance and hospitalize it in a clinic for emergency treatment

Task 31.

A 66-year-old man consulted a therapist with complaints of weakness, shortness of breath, heart failure, and swelling of the lower extremities. In the anamnesis, he suffered an acute myocardial infarction 2 years ago. Objectively: BMI - 26, skin of normal color and moisture, tongue moist, no symptoms of ophthalmopathy. In the left lobe of the thyroid gland, a nodular formation with a diameter of 1.5-2 cm is palpated, regional lymph nodes are not enlarged. Heart rate - 120 per minute, pulse - 112 per minute, arrhythmic, blood pressure 150/100 mm Hg. Art. There are no wheezes in the lungs. Pastiness of the legs and feet.

The ECG shows atrial fibrillation with a heart rate of 120 beats/min. In the biochemical blood test: glucose 6.0 mmol/l, cholesterol - 4.1 mmol/l, TSH - 0.001 mU/l.

What instrumental examination is necessary to confirm the diagnosis?

Correct answer: thyroid scintigraphy Task 32.

Patient K., 52 years old, has been suffering from coronary artery disease (angina) for 3 years. I did not receive therapy. A year ago I suffered a myocardial infarction. The cardiologist recommended further therapy: aspirin-cardio 100 mg per day, atorvastatin 20 mg in the evening, metoprolol 12.5 mg in the morning, ramipril 2.5 mg per day. I did not follow the recommendations and received aspirin and cardio occasionally. Over the past month, I began to worry about irregularities in the heart area, which is why I called an ambulance several times. At the same time, paroxysms of atrial fibrillation were recorded on the ECG, which were stopped by the administration of some drug (he does not know the name of the drug) for 1-2 hours. This morning, irregular heart function, palpitations, and dizziness reappeared. He called an ambulance and was admitted to the hospital. On examination: blood pressure 135/80 mm Hg. Art. on both hands, heart sounds are muffled, arrhythmic. Heart rate 100 beats per minute. Pulse 74 beats per minute. ECG: atrial fibrillation, heart rate 102 beats per minute. What antiarrhythmic drug should be prescribed?

Correct answer: amiodarone

Task 33.

What types of work and conditions are contraindicated for patients with bronchial asthma? **Correct answer: types of work activities, the sudden cessation of which due to an attack of suffocation can cause harm to the patient and others.** Task 34.

A 64-year-old woman came to the appointment and was being treated with a diagnosis of osteoporosis. She received therapy with zoledronic acid for 4 years. The patient had no fractures before or during the treatment period. Densitometry shows the following dynamics of bone mineral density: T-criterion in the spine –2.1SD, in the femoral neck – 1.5SD.

What tactics regarding antiresorptive therapy are most optimal in this case?

Correct answer: treatment can be completed Task 35.

A 75-year-old woman with type 2 diabetes mellitus, arterial hypertension, osteopenia and pain in the knee joints is visiting her local physician. According to the specialists' prescriptions, the patient takes metformin, lisinopril, amlodipine, indapamide, vitamin D, calcium supplements, meloxicam, and omeprazole daily.

How many medications can a patient take to avoid polypharmacy?

Correct answer: 5

Task 36.

A 28-year-old woman was admitted by ambulance to the emergency department of a hospital with complaints of a throbbing headache, accompanied by a feeling of pressure on the head, palpitations, sweating, and chills. Over the past 6 months, he has lost 7 kg of weight. I measured my blood pressure irregularly. Over the past 8 months there have been frequent hypertensive crises, and she called an ambulance. She did not receive constant antihypertensive therapy; when her blood pressure increased above 150/100 mm Hg. Art. took captopril 25 mg sublingually without significant effect.

Objectively: The condition is of moderate severity. Blood pressure 220/130 mm Hg. Art., pulse 180 beats per minute, rhythmic, tense, hard. Pale skin, tremor, cold hands, photophobia. Therapy was carried out with slow intravenous administration of the drug Urapidil with a decrease in blood pressure within an hour to 160/90 mm Hg. Art.

What examination needs to be performed on the patient to clarify the diagnosis? **Correct answer: determination of catecholamines and their metabolites in the blood and urine**

Task 37.

During the next vacation from 1.08. on August 28, while working in a garden plot, a foreman of a commercial enterprise received an injury to the fingers of his right hand and was incapacitated from work from August 9. to 20.08.

Will a certificate of incapacity for work be issued in this case? If so, then from what day is a certificate of incapacity for work issued and for what period?

Correct answer: Yes, it will be issued from the 1st day of incapacity for work for a period of 9.03. until 20.03.

Task 38.

Due to the initial signs of an occupational disease, a 35-year-old patient was transferred to a job without occupational hazards, but with reduced pay from May 3. Should the issue of issuing a certificate of incapacity for work be resolved in this case? What is the purpose of a certificate of incapacity for work in this case, if it is issued and for how long?

Correct answer: Yes, a so-called "additional" certificate of incapacity for work is issued, the benefit for which compensates for lost wages, up to a maximum of 2 months

Task 39.

Patient M, 30 years old, has been working as a nurse for 3 years in the treatment room of a clinic. About a year ago I noticed that upon contact with penicillin, a sore throat, sneezing, and later a paroxysmal cough appeared, and then attacks of suffocation began to occur. The attacks passed soon after taking euphyllin tablets or inhaling salbutamol. Over the past month, attacks have begun to occur daily upon contact with penicillin. The patient will note that on weekends, at home and during the summer holidays, asthma attacks do not occur. History of rare acute respiratory diseases. The patient and her immediate family had no allergic diseases and did not receive antibiotics.

Formulate a diagnosis and prescribe treatment. Does the patient need an examination of temporary disability?

Correct answer: Occupational bronchial asthma, persistent moderate severity.

Treatment: a) eliminate contact with penicillin and other irritants, b) b2 – short-acting adrenergic stimulants "on demand", but not more than 3-4 times a day (Ventolin 1-2 inhalations 3-4 times a day); inhaled glucocorticosteroids (ICS) – 500 mcg/day (Beclojet 250 mcg/dose 2 times a day),

the dose of ICS can be increased to 1000 mcg/day; b2 – long-acting adrenergic stimulants: foradil 1 dose (0.012 mg) 2 times a day. Duration of treatment is 3 months. If control of bronchial asthma is achieved, we move to a lower level of treatment. If bronchial asthma cannot be controlled with drug therapy, allergen-specific therapy is recommended. Work ability examination. Working with penicillin and other irritating substances is contraindicated. A sick leave certificate is issued for a period of 30 to 60 days. Task 40.

A 17-year-old patient, a student, complains of cough with up to 200 ml of mucopurulent sputum, hemoptysis, fever up to 38.2ºC, malaise, shortness of breath. B often noted a cough. For 5 years there have been annual exacerbations.

The most likely diagnosis. What is the clinical expert decision?

Correct answer: Bronchiectasis. Hospitalization. Task 41.

Worker D., while on leave without pay from March 13 to March 27, fell ill with the flu and was unable to work from March 24 to March 30. Will a certificate of incapacity for work be issued in this case, and if so, for how long?

Correct answer: will be, from 28.0.3

Task 42.

Patient S., 45 years old, complains of alternating constipation and diarrhea, bloating, abdominal pain during bowel movements, hot flashes, and lack of menstruation. Attacks are provoked by psycho-emotional stress. Feces mixed with mucus. The patient is withdrawn and depressed. The abdomen is soft, sensitive to palpation along the course of the large intestine. A complete clinical and laboratory examination did not reveal any pathology. Suggest a diagnosis, treatment plan

Correct answer: Irritable bowel syndrome. A diet excluding intolerant foods (especially milk, apples, canned vegetables and fruits, chocolate, seasonings). Restoration of intestinal microflora (2-3 courses of antibacterial therapy plus prebiotics (hilak-forte, bactisubtil, duphalac) then probiotics (bifiform, bificol); normalization of intestinal motility; multienzyme drugs - for secretory insufficiency.

Task 43.

In what case is a certificate of incapacity for work issued for the entire period of stay in the sanatorium?

Correct answer: during sanatorium treatment of patients with pulmonary tuberculosis

Task 44.

Who issues a certificate of incapacity for work for sanatorium-resort treatment? **Correct answer: medical institutions** Task 45.

Patient S., 60 years old, at an appointment with a therapist. Complains of fatigue, drowsiness, memory loss, swelling of the face and feet, shortness of breath during exercise, increased hair loss, constipation. Notes an increase in body weight of 4 kg over the past year. Heredity - father has type 2 diabetes.

Objectively: increased nutrition, BMI 31 kg/m_2, there is dryness and pallor of the skin, pastiness of the face, hands and feet. Heart sounds are muffled and rhythmic. Heart rate – 62 beats. in 1 min, blood pressure 130/85 mm Hg. On palpation, the thyroid gland is enlarged to degree 1 and has a dense consistency. Clinical blood test: hemoglobin 109 g/l, red blood cells 4.1*10_{12}/l, platelets 200*10_9/l, leukocytes - 5.9*10_9/l, ESR-22 mm/h. In the biochemical blood test: glucose - 5.2 mmol/l, cholesterol - 8.8 mmol/l.

What drug should be prescribed in this situation?

Correct answer: levothyroxine Task 46.

A 65-year-old patient consulted a therapist with complaints of pain in the right hypochondrium, dizziness, nausea, and vomiting. There is a history of chronic cholecystitis. On examination, the liver is enlarged and painful, symptoms of hypoperfusion of peripheral tissues, cyanosis, swelling of the jugular veins. Blood pressure 80/50 mm Hg. art., heart rate 110 per minute, respiratory rate 22 per minute, arterial blood PO2 80 mm Hg. Art. A biochemical blood test revealed bilirubin 32.5 μmol/l, total protein 34 g/l, international normalized ratio 2.0. Ultrasound of the abdominal organs revealed no inflammatory changes in the wall of the gallbladder.

What diagnosis is most likely in this situation? **Correct answer: acute right ventricular failure** Task 47.

Patient O., 36 years old, crane operator, has been experiencing weakness, sweating, pain in the right side when breathing for 2 weeks, fever up to 38°C, breathing 28 per minute, pulse 100 per minute. The right half of the chest lags behind during breathing, with percussion there is intense dullness there, and there is no vocal tremor there. Breathing over the lower part of the right lung is weakened. The borders of the heart are shifted to the left. Blood test: leukocytosis 12 thousand/ml, p.i. -13%, lymph - 13%, ESR - 38 mm/hour.

Make a diagnosis. What is the clinical expert decision?

Correct answer: Acute pneumonia, a certificate of incapacity for work is issued for 24-24 days.

Task 48.

A 45-year-old man, a plasterer, slept on the street for 4-5 hours after an alcoholic excess. After 2 days, his body temperature increased and chest pain appeared. Subsequently, there is a sudden increase in temperature to 39ºC. After 2 weeks, about 200 ml of pus with an unpleasant odor suddenly came out when coughing. Make a diagnosis. What is the clinical expert decision?

Correct answer: Acute lung abscess. Hospitalization. Task 49.

Patient G., 67 years old, a pensioner, called a doctor to her home due to complaints of substernal pain in the left half of the chest and behind the sternum, in the cervicothoracic spine and between the shoulder blades; pain attacks occurred several times at rest; periodically notes interruptions in the work of the heart. From the anamnesis - Pain has been bothering me for 1 week. She did not seek medical help, as she regarded the pain as an exacerbation of osteochondrosis, and therefore repeatedly took NSAIDs with effect. Taking NSAIDs was ineffective. On the advice of a neighbor, she took nitroglycerin 2 times - a severe headache arose, but the patient noted that the pain “subsided” after taking nitroglycerin. Over the last 2 days the pain began to occur at rest. Called a doctor to your home

Life history - Suffering from chronic gastritis and non-calculous cholecystitis. He has no bad habits, with the exception of an addiction to salty foods. Objectively - The condition is relatively satisfactory. The physique is correct, the diet is excessive (height 161 cm, 93 kg, BMI 34.5). The skin and visible mucous membranes are clean and of normal color. RR-18 per minute, pulse 86 beats. in 1 min., satisfactory properties. Blood pressure 130/80 mm Hg. Art. Heart sounds are muffled and rhythmic. The abdomen is soft and painless on palpation. The liver and spleen are not enlarged. On auscultation, breathing is vesicular, there are no wheezes. There is no peripheral edema.

Formulate a presumptive diagnosis. What are the tactics of the local therapist? What is the minimum diagnostic examination required for the patient? Conduct a disability assessment.

Correct answer: IHD: unstable angina. Obesity 1 tbsp. Patients with unstable angina must be hospitalized in the cardiology department. To exclude myocardial necrosis, it is necessary to study troponins T and I, as well as CPK MB, AST, ALAT, coagulogram,

general blood and urine analysis, lipid spectrum. Depending on the results of the troponin test, management tactics will be determined. An examination of disability is not carried out - the patient is a pensioner.

Task 50.

Patient S., 48 years old, disabled group 3, works as a translator part-time, came to the clinic with complaints of a burning sensation in the chest, interruptions and “heart sinking.” Such complaints have been bothering me for several days. Initially, the patient did not pay attention to them, but over the last 24 hours, heart failures have become more frequent. He did not seek medical help. Life history: The patient suffers from type 1 diabetes mellitus and receives insulin in a daily dose of 48 units. Smokes for 10 years - 1 pack Family history of cardiovascular diseases - father died at the age of 52 from myocardial infarction

Objectively - The condition is satisfactory. The physique is correct, normal nutrition. The skin and visible mucous membranes are clean, of normal color. On auscultation, breathing is vesicular, there are no wheezes. RR-14 per minute, pulse 72 beats. in 1 min., satisfactory properties. Blood pressure 140/80 mm Hg. Art. Heart sounds are muffled, rhythmic, systolic murmur at the apex. The abdomen is soft and painless on palpation. The liver and spleen are not enlarged. There is no peripheral edema. Stool and urine output are normal. Fasting blood glucose – 8.4 mmol/l, glycated hemoglobin – 8.2.

Holter ECG monitoring was performed - significant myocardial ischemia - oblique decrease in ST in V4 and V5 more than 3 mm.

Justify the preliminary diagnosis that you will make for the patient. Which Do additional research methods need to be performed on the patient to confirm the preliminary diagnosis? Is it indicated to refer the patient to inpatient treatment? Conduct a disability assessment.

Correct answer: The patient has been suffering from diabetes mellitus for many years, subcompensation. The recorded ECG showed horizontal depression of the ST segment. At the same time, the patient does not have a clearly defined pain syndrome in the chest. Preliminary diagnosis: IHD: silent myocardial ischemia. Diabetes mellitus, type 1, moderate severity in the subcompensation stage.

It is necessary to conduct a study of the lipid spectrum: total cholesterol, HDL, LDL, TG, calculation of the atherogenicity index, daily glucose profile, hemostasis indicators - PTI, fibrinogen, ASAT, ALAT, C-reactive protein, instrumental research methods, fundus examination, MAU, GFR, daily ECG monitoring.

Inpatient treatment is indicated. The patient is a working disabled person of group 3; the disability examination is carried out according to general rules for the entire period of the disease.

Task 51.

A 55-year-old patient, a mechanic, called emergency help from the district clinic to his home due to the appearance of compressive, pressing pain behind the sternum, shortness of breath, and cough. From the anamnesis: The patient has been suffering from coronary artery disease for a long time (about 12 years), angina pectoris 2, atherosclerosis of the aorta, coronary and cerebral arteries, and a permanent form of atrial fibrillation. Receives combined antianginal therapy - metoprolol 100 mg per day, nitrosorbide 20 mg 2 times a day, thromboass - 100 mg daily. Worsening during the day - shortness of breath and cough appeared. The patient took nitroglycerin 2 times, the chest pain decreased, but shortness of breath did not decrease. The patient called a doctor to his home. Life history - Suffering from chronic non-obstructive bronchitis. Due to lung problems, I quit smoking 3 years ago. Before that, I smoked 1-1.5 packs of cigarettes a day for more than 20 years. Heredity for coronary artery disease is burdened - the father suffered from “cardiac arrhythmia”. He does not strictly adhere to the diet recommended by the therapist - he eats a lot of fatty and salty foods.

Objectively: Upon examination: the patient’s condition is of moderate severity. Correct physique, satisfactory nutrition. NPV – 18 per 1 min. In the lungs, auscultation of breathing is weakened, in the upper and middle sections there are dry wheezing rales. Pulse 98 beats per minute, arrhythmic. BP-160/90 mm Hg. Art. The borders of the heart are expanded 2.5 cm from the left midclavicular line. Heart sounds are muffled, atrial fibrillation, systolic murmur at the apex, and the second sound on the pulmonary artery is increased. The abdomen is soft, the liver protrudes 3 cm from under the costal arch, dense with a sharp edge. The patient took nitroglycerin sublingually again. After a few minutes, the pain in the heart area decreased, but the cough remained. 10.0 ml of 2.4% aminophylline solution was injected intravenously. After 30-40 minutes, the patient’s condition improved, suffocation decreased significantly, and dry wheezing in the lungs disappeared. The patient's ECG showed atrial fibrillation. The patient was not hospitalized

What acute condition developed in the patient against the background of chronic diseases? Was the tactics of the emergency doctor who treated the patient and left correct? What are the further tactics of the local doctor for the management of this patient? What is the alternative to elective inpatient treatment? Conduct a disability assessment.

Correct answer: The patient developed an attack of bronchial asthma, which provoked an attack of angina pectoris. The emergency doctor's tactics were correct. The local doctor must prescribe treatment taking into account the concomitant pathology, provide for the prescription of ACE inhibitors, diuretics, calcium antagonists, mononitrates, aspirin, statins, B2 receptor agonists. Currently, the patient is compensated and does not require emergency hospitalization. The patient may be recommended treatment in a day hospital, consultation with a cardiologist and pulmonologist.

A sick leave certificate is issued for the entire period of treatment in a day hospital. Task 52.

Patient G., 20 years old, consulted a therapist with complaints of general weakness, fever, cough with mucopurulent sputum, and shortness of breath. I got sick 10 days ago: I had a runny nose, a cough, a headache, I treated myself, I didn't take sick leave. It got worse yesterday - the temperature rose again to 38.4^{0}C. Objectively: temperature - 38.6^{0}C. General condition of moderate severity. The skin is clear, facial hyperemia. The number of breaths is 30 per minute. When examining the chest and palpation there are no changes. When percussing on the right under the scapula, there is dullness of the percussion sound. When auscultating in this area, breathing is harsher, and sonorous, moist, fine-bubble rales are heard. Heart sounds are muffled. Pulse - 98 per minute, rhythmic, satisfactory filling. Blood pressure 110/60 mm Hg. The tongue is covered with a white coating. No abdominal pathology was detected. Formulate and justify the presumptive diagnosis. Determine your tactics for this patient

Correct answer: Right-sided focal pneumonia. The patient requires hospital treatment.

Task 53.

An 18-year-old patient consulted a local physician with complaints of low-grade fever, general weakness, and mild pain in the heart area. History of frequent sore throats. The last sore throat was two weeks ago. Objectively: temperature 37.4^{0}C. General condition is satisfactory. The skin is pale and moist. Vesicular breathing. The left border of relative cardiac dullness is 0.5 cm outward from the midclavicular line. Heart sounds are muffled, arrhythmic, with a gentle systolic murmur at the apex. Heart rate 96/min. Blood pressure 110/70 mm Hg. The tongue is clean, there are carious teeth. The tonsils are hypertrophied. No abdominal pathology was detected.

Formulate and justify the presumptive diagnosis. Determine your tactics regarding the patient

Correct answer: Rheumatism, rheumatic endomyocarditis. The patient should be hospitalized and receive inpatient treatment. Subsequently - dispensary observation.

Task 54.

A 20-year-old student developed flu-like symptoms, accompanied by loss of appetite, nausea, vomiting and pain in the right hypochondrium. On examination: the liver is enlarged and painful on palpation. After 2 days, jaundice appeared, the urine became dark, and the stool became light. Laboratory data: serum total bilirubin – 48 μmol/l, direct bilirubin – 18 μmol/l, AST – 450 U/l; in urine bilirubin is positive, urobilinogen is positive. Presumable diagnosis, tactics of the general practitioner.

Correct answer: acute hepatitis. Consultation with a gastroenterologist or epidemiologist is recommended.

Task 55.

A 51-year-old woman was examined after 2 ureteral colics; an x-ray revealed calcium-containing stones. The patient complained of constipation, although intestinal motility was normal. In blood serum: total calcium - 2.95 mmol/l (reference values 2.20-2.50 mmol/l), phosphate - 0.7 mmol/l (0.87-1.45 mmol/l), immunoreactive PTH - 150 ng/l (10-65 ng/l), urea, albumin, alkaline phosphatase - normal. X-ray of bones - without pathology.

What could be the reason for the patient's condition and the therapist's tactics? **Correct answer: Hyperparathyroidism, consultation with an endocrinologist is recommended**

Task 56.

A 23-year-old man consulted a therapist with complaints of general weakness, malaise, headache, and an increase in body temperature to 37.5^{0}C, dry cough. I have been sick for two days now, and the illness is associated with hypothermia.

Objectively: body temperature is 37.20C. General condition is satisfactory. Peripheral lymph nodes are not enlarged. The percussion sound over the lungs is clear. Breathing is harsh, scattered dry buzzing and wheezing wheezing. NPV 16 per minute. Heart sounds are clear, rhythmic, heart rate - 72 per minute, blood pressure 120/80 mm Hg. No abdominal pathology was detected.

Formulate and justify the presumptive diagnosis. Determine your tactics for this patient

Correct answer: Acute bronchitis. The patient is temporarily disabled. A certificate of incapacity for work is issued. Treatment is carried out on an outpatient basis. Task 57.

Patient E., 50 years old, called a local physician to her home with complaints of headache, high temperature, sharp stabbing pain in the right side of the chest, worsened by coughing, shortness of breath, cough with rust-colored sputum. The disease began acutely, after hypothermia. Sick for 2 days.

Objectively: temperature 39.4^{0}C. The general condition is serious. The face is hyperemic, herpetic rashes are visible on the lips. NPV - 28 per minute. On examination, the right half of the chest lags behind in breathing; on palpation, vocal tremor on the right is intensified; on percussion on the right above the lower lobe, dullness of sound is determined; on auscultation on the right above the lower lobe, breathing is weakened, vesicular, and crepitus is determined. Heart sounds are muffled. Pulse 110 per minute, rhythmic, blood pressure 110/70 mm Hg. No abdominal pathology was detected.

Formulate and justify the presumptive diagnosis. Determine your tactics for this patient.

Correct answer: Acute, community-acquired right-sided pneumonia, severe course. The patient requires inpatient treatment. Task 58.

A 23-year-old man consulted a therapist with complaints of fatigue, shortness of breath and palpitations when performing physical work. Similar symptoms appeared 2 months ago. Last year he was treated in hospital for infective endocarditis and was discharged in satisfactory condition.

Objectively: temperature 36.8^{0}C. General condition is satisfactory. Upon examination, there is a rhythmic shaking of the head, pulsation of the carotid arteries, and a capillary pulse is determined. The skin is clean. NPV 22 per minute. Vesicular breathing. The left border of the heart is determined by the left midclavicular line. Heart sounds are rhythmic and clear. Diastolic murmur is detected in the second intercostal space to the right of the sternum and at Botkin's point. Heart rate 88/min. Blood pressure 160/50 mm Hg. Art. No abdominal pathology was detected. Formulate and justify the presumptive diagnosis. Determine your tactics for this patient.

Correct answer: Infective endocarditis, aortic valve insufficiency in the compensation stage. The patient requires hospital treatment Task 59.

Determine the approximate period of temporary disability for mild exacerbation of COPD?

Correct answer: 12-14 days;

Task 60.

Patient O., 20 years old, consulted a therapist with complaints of severe abdominal pain that occurs 3-4 hours after eating, on an empty stomach, often at night; the pain goes away after drinking milk. There is a tendency to constipation and weight loss. Appetite preserved. Considers himself sick for a year. From the anamnesis it turned out that the patient smokes a lot and abuses alcohol.

Objectively: general condition is satisfactory, the skin is pale, subcutaneous fat is developed satisfactorily. There is no pathology from the lungs or cardiovascular system. The tongue is covered with a white-yellow coating. On palpation of the abdomen, sharp pain is noted to the right of the midline above the navel. The liver and spleen are not palpable.

Formulate and justify the presumptive diagnosis. Determine your tactics in relation to this patient and the dispensary group.

Correct answer: Duodenal ulcer in the acute stage. The patient needs to consult a gastroenterologist. Dispensary registration group 3a Task 61.

A 67-year-old patient complains of shortness of breath during moderate physical activity and changes in the color of sputum over the past year. The history of shortness of breath began 5 years ago, gradually with less intense exercise. He has been smoking 1 pack a day for 45 years. On examination: body temperature 35.6 C, nails in the form of “hour glasses”, auxiliary muscles are involved in the act of breathing, respiratory rate – 22 per minute, box sound on percussion, hard breathing on auscultation, heart rate 96 per minute, blood pressure 130/80 mmHg. pulmonary function (after inhalation of bronchodilators): FVC – 94%, FEV1 – 28%, FEV1/FVC – 56%.

Make a presumptive diagnosis? **Correct answer:**

extremely severe COPD Task 62.

Patient V., 35 years old, turned to a paramedic with complaints of dull, aching pain in the right hypochondrium, which usually occurs 1-3 hours after eating a large, especially fatty meal and fried foods, a feeling of bitterness in the mouth, belching of air, nausea , bloating, unstable stool. I've been sick for several years. Objectively: temperature 37.20C. General condition is satisfactory. Skin

and visible mucous membranes are clean and pink. Subcutaneous fat tissue is overdeveloped. Lungs and heart without pathology. The tongue is coated with a yellowish-brown coating. The abdomen is soft, moderately painful on palpation in the right hypochondrium. The liver and spleen are not palpable.

Name the necessary additional studies (4 main ones) to make a diagnosis

Correct answer: Hemogram: transaminases, bilirubin, pancreatic amylase; Abdominal ultrasound

Task 63. Interview question.

Tactics for clinical observation of a patient diagnosed with hypertension stage 1, degree 3, risk 4

Correct answer: Patients with hypertension with a high and very high risk of cardiovascular disease are observed by a cardiologist 4 times a year (the intervals between visits to a cardiologist should not exceed 3 months). When prescribing antihypertensive therapy (AHT) to assess the effectiveness of treatment, the frequency of patient visits is carried out on average at intervals of 3-4 weeks until the target blood pressure level is achieved, then it is necessary to monitor the sustainability of maintaining the target blood pressure level. The frequency of visits is determined depending on the patient's condition and the degree of hypertension. Task 64.

Patient, 50 years old, accountant. Calling a polyclinic doctor to your home. Complaints of headache, dizziness, tinnitus. Connects these complaints with changes in weather. From the anamnesis, it was revealed that similar complaints had previously been bothered by changes in weather and psycho-emotional stress for 2 years; the frequency of occurrence of these symptoms was once every 3-4 months, and was self-limited by taking 1 tablet of "Capoten" (on the advice of colleagues). The diagnosis of arterial hypertension was established a year ago, he is not on the D-registration, and does not regularly take enalapril 10 mg 2 times a day. Doesn't smoke, doesn't drink alcohol. Denies tuberculosis, hepatitis, opisthorchiasis. Heredity is burdened: both parents suffered from hypertension and ischemic heart disease, the father died of acute myocardial infarction. Objectively: t 36.50C. Condition is satisfactory. Height – 169 cm, weight –78 kg. The skin and visible mucous membranes are physiological in color, moist, and clean. BH 20 in 1 min. In the lungs, breathing is vesicular, there is no wheezing. Heart sounds are rhythmic, the accent of the second tone is at the apex. Heart rate 90/min, blood pressure 170/100 mm Hg. The abdomen is soft and painless. Symptom of effleurage (-) on both sides. There is no peripheral edema.

Formulate a diagnosis. Determine the tactics of a doctor in an outpatient facility. Determine the need to prepare a document certifying temporary disability indicating the deadlines.

Correct answer: Stage 2 arterial hypertension, uncontrolled course, risk 2. The patient should be given short-term counseling about lifelong and regular blood pressure monitoring, taking antihypertensive drugs, and lifestyle correction. The patient should be registered at the dispensary in group 3a of dispensary observation. The frequency of observation is 4 times a year. In case of a non-severe hypertensive crisis, it is possible to issue a certificate of incapacity for work for 3 days.

Task 65.

What is commonly meant by the term pneumonia caused by atypical pathogens?

Correct answer: pneumonia caused by legionella, chlamydia or mycoplasma;

Task 66.

Patient 56 years old, engineer. I made an appointment with a general practitioner at the clinic with complaints of malaise, fever up to 37.40C, fatigue, and catarrhal symptoms. These symptoms last for about 2 weeks. Objectively: t 37.20C. The condition is satisfactory. Height – 179 cm, weight –78 kg. Visible mucous membranes are icteric, the skin is icteric in color. BH 20 in 1 min. In the lungs, breathing is vesicular, there is no wheezing. Heart sounds are rhythmic. Heart rate 64/min, blood pressure 125/80 mm Hg. The abdomen is soft, sensitive in the right hypochondrium. The liver is 2 cm below the edge of the costal arch. In the right hypochondrium, a painless tumor-like formation of a round shape and dense elastic consistency is palpated. The spleen is not enlarged. Symptom of effleurage (-) on both sides. There is no peripheral edema. With a diagnosis of infectious hepatitis, the patient was hospitalized in an infectious diseases hospital.

Is the diagnosis correct? What is the cause of this syndrome? Resolving the issue of temporary disability. Who should sign the certificate of incapacity for work when a patient is discharged from the hospital?

Correct answer: This diagnosis is not valid, the cause of complaints is compression of the common bile duct by a tumor. For the period of further examination and treatment, the patient is sent to a hospital, where a certificate of incapacity for work must be issued with the signature of the head of the department. If the period of inpatient treatment is exceeded

more than 15 days, the certificate of incapacity for work is extended based on the conclusion of the medical commission.

Task 67.

Approximate period of temporary disability for community-acquired pneumonia of moderate severity?

Correct answer: 25-30 days;

Task 68.

Patient, 46 years old, bulldozer driver. He was treated in a hospital with a diagnosis of: Chronic glomerulonephritis, nephrotic variant, slowly progressive course, exacerbation. Stage 1 chronic renal failure. Upon discharge from the hospital, according to the prognosis of the attending physician, the patient is unable to work. He was discharged under the supervision of a doctor at the clinic, and recommendations were given for lifestyle correction and drug therapy. There is an open certificate of incapacity for work in his hands.

Objectively: t 36.6C. The condition is satisfactory. Height – 179 cm, weight –78 kg. Visible mucous membranes and skin are dry. BH 20 in 1 min. In the lungs, breathing is vesicular, there is no wheezing. Heart sounds are rhythmic. Heart rate 64/min, blood pressure 135/95 mm Hg. The abdomen is soft and painless. The liver is not enlarged. The spleen is not enlarged. Symptom of effleurage (-) on both sides. Swelling of the legs. How should the LN be drawn up? Are there indications for referral to the ITU Bureau?

Correct answer: LN should be extended. Yes, there are indications for referral to the ITU Bureau.

Task 69.

Patient K., 23 years old, programmer, after prolonged overwork, began to notice pressing pain in the precordial area, aching, prolonged, periodically intensifying, not associated with exercise. During the month I also have problems with poor sleep and nervousness. In the morning he feels unrested.

On examination he is emotionally labile. There is persistent red dermographism, hyperhidrosis of the palms, and a pronounced venous network in the lower extremities. Blood pressure 100/60 mm. Hg Art. Ps = 88 per minute non-rhythmic. The ECG shows single ventricular extrasystoles, signs of metabolic disorders in the myocardium.

Formulate a diagnosis. Conduct a work ability assessment **Correct answer: NCD,**

cardiac form, moderate severity, stage of decompensation. The patient is temporarily disabled. The average estimated period of stay on a certificate of incapacity for work is 8-9 days.

Task 70.

How to properly organize sanatorium-resort treatment for a patient diagnosed with NCD, cardiac form, moderate severity, stage of decompensation?

Correct answer: Patients with NCD are sent to a resort at any time of the year, provided there are no general contraindications that preclude referral to a sanatorium-resort treatment. Resorts with a mild climate without sudden changes in atmospheric pressure are preferable. For example, these are resorts in the Leningrad and Kaliningrad regions, the southern coast of Crimea (Yalta), and Sochi. Treatment is effective in sanatoriums, as well as in local suburban sanatoriums.

Task 71.

After what period of time is the initial assessment of the effectiveness of antibacterial therapy in the treatment of community-acquired pneumonia carried out?

Correct answer: 48-72 hours;

Task 72.

Patient F., 86 years old, a WWII participant, was discharged from the hospital with a diagnosis of coronary heart disease, exertional angina, FC III, stage 2 hypertension, risk 4, CHF 2A (NYHA 3). It is recommended to continue the selected drug therapy and clinical observation as an outpatient. How to properly arrange clinical observation of a patient. Features of drug supply for IVOV. Does the patient need a referral for a medical and social examination?

Correct answer: Subject to dispensary observation according to group 3a "D" of registration with examination at least 4 times a year. It is necessary to draw up an introductory epicrisis, a dispensary observation plan, and draw up a "Dynamic Observation Card" account. form No. 30. A WWII participant has the right to additional drug coverage under the Federal program (benefit code 011). The patient should be referred for a medical and social examination to determine the presence of signs of disability.

Task 73.

A 36-year-old patient came to the clinic with complaints of a dry, paroxysmal, nonproductive cough, temperature up to 39°C, chills, severe weakness, and general poor health. Sick for 3 days. He was treated with paracetamol. The dynamics are negative. On the 3rd day, shortness of breath appeared at rest, and weakness increased. Objectively, cyanosis of the lips is noted. RR = 28 per minute, at rest, pulse 96 per minute, blood pressure 110/60 mm. Hg Art. Physically, signs of pneumonia are detected in the lower lobe on the left.

Formulate a diagnosis. Select the patient's treatment location. What should be the average approximate length of time spent on a certificate of incapacity for work?

Correct answer: Community-acquired pneumonia in the lower lobe on the left, severe, DN 3. Emergency hospitalization is indicated (based on severe pneumonia). The average length of stay on a certificate of incapacity for work is 21-25 days.

Task 74.

Patient Ya., 52 years old, a smoker (about 35 years of experience), with a history of chronic bronchitis, came to the clinic about a cough with difficult-to-clear mucous, yellow-green sputum, and shortness of breath when walking. Nocturnal attacks of suffocation once every 3 months. Five days ago I suffered from an acute respiratory infection, after which attacks of suffocation appeared after coughing. Objectively – signs of chronic bronchitis, chronic pulmonary heart disease in the subcompensation stage, RR 26 per minute. Instrumental and laboratory studies - in the analysis of sputum, Charcot-Leyden crystals, Kurshman spirals. Eosinophilia in the blood. PEF is more than 80% of the norm, the spread of PEF is less than 20%, the beta-mimetic test is positive.

Make a diagnosis. What etiology of broncho-obstructive syndrome do you suspect? Please list the criteria for temporary disability and whether there is permanent disability. Assign a follow-up group

Correct answer: Chronic bronchitis stage II. with signs of bronchial obstruction, Art. exacerbations. Bronchial asthma, mild intermittent course, infection-dependent variant. Pulmonary heart in the stage of subcompensation. DN1-2. Temporary incapacity for up to 2 weeks, outpatient, if ineffective, inpatient. DN Sh, subgroup B

Task 75.

Name the dispensary registration group if the patient has bronchial asthma in the acute stage, persistent course, moderate severity, infection-dependent variant. DN 0.

Correct answer: Group III

CRITERIA for assessing competencies and rating scales

Grade "unsatisfactory" (not accepted) or **absence formation** competencies	**Grade "satisfactorily" (passed) or satisfactory (threshold)** level of development competencies	**Rated "good" (passed) or sufficient level** development competencies	**Excellent rating (passed) or high level** development competencies

failure to student on one's own demonstrate knowledge when solving assignments, lack independence in application of skills. Absence availability confirmation formation competencies indicates negative development results academic discipline	student demonstrates independence in application of knowledge skills and abilities to solve educational tasks in full According to sample given teacher, by tasks, solution of which there were shown teacher, it should be considered that competence formed on satisfactory level.	student demonstrates independent application of knowledge, skills and abilities when deciding tasks, tasks similar samples that confirms Availability formed competencies for higher level. Availability such competence on sufficient level indicates sustainable fixed practical skill	student demonstrates ability to full independence in choosing a method solutions non-standard assignments within disciplines with using knowledge, skills and skills, received as in development progress of this discipline, and adjacent disciplines should count competence formed on high level.

Criteria for assessing test control:

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

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

Interview assessment criteria:

Mark	**Descriptors**		
	strength of knowledge	**ability to explain (introduce) the essence of phenomena, processes, do conclusions**	**logic and subsequence answer**
Great	strength of knowledge, knowledge of basic processes subject matter being studied areas, the answer differs in depth and completeness disclosure of the topic; possession terminological apparatus; logic and consistency answer	high skill explain the essence phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples	high logic and subsequence answer
Fine	solid knowledge of the basic processes of the studied subject area,	ability to explain essence, phenomena, processes, events,	logic and subsequence answer

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

Criteria for assessing situational tasks:

Mark	**Descriptors**			
	understanding Problems	**analysis situations**	**skills solutions situations**	**professional thinking**
Great	complete implication problems. All requirements, submitted to adania, completed	high benefit analyze situation, draw conclusions	high benefit select method solutions problems, faithful solution skills situation	high level professional thoughts
Fine	complete implication problems. All requirements, submitted to adania, completed	benefit analyze situation, draw conclusions	benefit select method solutions problems faithful solution skills situation	residual level professional thoughts. drops one or two precision in the answer
satisfactory really	astastic implication	satisfactory 1st ability	satisfactory e skills	residual level professional

	problems. majority requirements declared to adania, completed	analyze situation, draw conclusions	solutions situations, falsity with choosing a method solutions to the problem	thoughts. falls more a bunch of inaccuracies in answer or there is an error in the sequence solutions
will not satisfy really	misunderstanding problems. legs requirements, submitted to I hope not completed. No Tveta. Did not have experiments to solve hello	izkaya benefit analyze situation	insufficient solution skills situation	missing