

**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 "New technologies in surgery"

Specialty 05/31/01 General Medicine

1. List of competencies formed by the discipline

professional (PC)

Code and name of professional competencies	Indicator(s) of professional achievement competencies
PC-6 ability to determine in a patient main pathological states, symptoms, syndromes diseases, nosological forms in accordance With International statistical classification of diseases and related health problems, X revision	

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

Name competencies	Types of assessment materials	number of tasks for 1 competency
PK-6	Closed tasks	25 with sample answers
	Open type tasks: Situational tasks Interview questions Add-on tasks	75 with sample answers

PC-6:

Closed type tasks:

Task 1. Instructions: Choose one correct answer.

Contraindications for carotid endarterectomy are: 1. occlusion of the internal carotid artery in the intracranial region

2. chronic cerebrovascular accident, stage 3.

3. previous myocardial infarction

4. combined atherosclerotic lesions

5. intolerance to clamping of the common carotid artery

Response standard: 3. previous myocardial infarction Task

2. Instructions: Choose one correct answer. Arterial occlusion is called:

1. narrowing of the lumen more than 50%

2. more than 70%

3. more than 90%

4. any narrowing of the lumen

5. complete closure of the vessel

Response standard: 5. complete closure of the vessel

Task 3. Instructions: Choose one incorrect answer.

Complications of splenic infarction may include:

1. occurrence of spleen abscess
2. formation of a splenic cyst
3. occurrence of peritonitis
4. occurrence of sepsis
5. stomach bleeding

*Sample answer:*5. stomach bleeding

Task 4. Instructions: Choose one correct answer.

Periodic illness is most common in people of which nationality? 1.

1. Russians
2. Eskimos
3. Greeks
4. Mongols
5. English

*Sample answer:*3. Greeks

Task 5. Instructions: Choose one correct answer.

Who was the first Russian scientist to transfuse blood to a person, taking into account group affiliation?

1. Pirogov
2. Bryukhonenko
3. Elansky
4. Yudin
5. Shamov

*Sample answer:*5. Shamov

Task 6. Instructions: Choose one correct answer.

Pancreatic body cancer is characterized by the following symptoms, except: 1. persistent pain syndrome

2. development of jaundice
3. diabetes
4. narrowing of the lumen of the duodenum
5. reduction of enzymes in duodenal contents

*Sample answer:*4. narrowing of the lumen of the duodenum.

Task 7. Instructions: Choose one incorrect answer. The main histological forms of lung cancer:

1. squamous
2. undifferentiated
3. adenocarcinoma
4. skirr
5. oat cell

*Sample answer:*4. skirr

Task 8. Instructions: Choose one incorrect answer.

Methods for studying the thyroid gland:

1. physical methods
2. radiography
3. pneumotomography
4. mediastinoscopy
5. radioisotope scanning *Sample*

*answer:*2. radiography

Task 9. Instructions: Choose one correct answer.

Choose the best treatment option for acute purulent intramammary mastitis: 1. antibiotic therapy only

2. wide opening of the abscess
3. puncture of the abscess with aspiration of the contents and introduction of broad-spectrum antibiotics into the cavity
4. wide opening of the abscess with excision of necrotic masses and active drainage of the wound
5. retromammary blockades with antibiotics

*Sample answer:*4. wide opening of the abscess with excision of necrotic masses and active drainage of the wound.

Task 10. Instructions: Choose one correct answer. What is a late symptom of breast cancer? 1. "lemon peel" symptom

2. nipple retraction
3. flat skin compaction over the mammary gland
4. Weeping nipple

*Sample answer:*2. nipple retraction

Task 11. Instructions: Choose one incorrect answer. In the etiology of acute lung abscess it is important:

1. aspiration
2. pneumonia
3. viral hepatitis
4. pulmonary infarction
5. tonsillitis

*Sample answer:*3. viral hepatitis

Task 12. Instructions: Choose one incorrect answer. X-ray signs of lung gangrene:

1. extensive darkening in the lung
2. multiple cavities in the lung
3. atelectasis of the lung lobe
4. pleurisy on the opposite side of the lesion

*Sample answer:*4. pleurisy on the opposite side of the lesion

Task 13. Instructions: Choose several correct answers. The main producing factors leading to the development of varicose veins: 1. difficulty in the outflow of blood from the veins of the lower extremities

2. decrease in venous pressure in the deep vein system
3. discharge of blood from the deep venous system to the superficial
4. discharge of blood from the superficial venous network into the deep
5. sedentary lifestyle *Sample*

*answer:*12

Task 14. Instructions: Choose one correct answer.

The cause of pulmonary embolism is most often thrombosis of: 1. facial veins

2. deep veins of the lower extremities and pelvic veins
3. deep veins of the upper extremities
4. superficial veins of the lower extremities
5. superficial veins of the upper extremities

*Sample answer:*2. deep veins of the lower extremities and veins of the small pelvis

Task 15. Instructions: Choose one correct answer.

Which of the following congenital heart defects are blue type defects? 1. atrial septal defect

2. ventricular septal defect

3. Tetralogy of Fallot

4. coarctation of the aorta

*Sample answer:*3. Tetralogy of Fallot

Task 16. Instructions: Choose one correct answer. The “adductor loop” syndrome is characterized by everything except: 1. pain in the epigastric region and right hypochondrium

2. radiating pain to the back and right shoulder blade

3. onset of weakness, dizziness, darkening of the eyes while eating

4. vomiting bile or mixed with food

5. disappearance of pain and relief after vomiting

*Sample answer:*3. onset of weakness, dizziness, darkening of the eyes while eating

Task 17. Instructions: Choose one correct answer.

Which of the following types of transplantation is classified as organ transplantation from an individual of a different species:

1. autotransplantation

2. allotransplantation

3. xenotransplantation

4. implantation (prosthetics) *Sample*

*answer:*3. Xenotransplantation

Task 18. Instructions: Choose several correct answers. Your tactics for combined chest and abdominal trauma:

1. pain relief

2. identifying the dominant symptom

3. elimination of shock and respiratory failure

4. urgent surgery

5. refusal of operation

Standard answer: 1, 2, 3

Task 19. Instructions: Choose one correct answer. The placement of an external opening on the trachea is called: 1. gastrostomy

2. cystostomy

3. tracheostomy

4. esophagostomy

5. colostomy

*Sample answer:*tracheostomy

Task 20. Instructions: Choose one correct answer. Name the signs of foreign bodies in the respiratory tract: 1. pain in the mouth and along the esophagus

2. dysphagia, vomiting

3. pain when swallowing, impaired passage of food

4. shortness of breath, cough, cyanosis

*Sample answer:*4. shortness of breath, cough, cyanosis

Task 21. Instructions: Choose one correct answer. Varicose veins of the esophagus cannot occur with: 1. thrombosis of the splenic vein

2. liver cirrhosis

3. splenomegaly due to chronic myeloid leukemia

4. obliteration of the portal vein

Sample answer: 3.splenomegaly due to chronic myeloid leukemia Task

22. Instructions: Choose one correct answer.

Obstructive jaundice against the background of choledocholithiasis is characterized by everything

except: 1. connection of jaundice with a painful attack

2. darkening of urine

3. stool discoloration

4. history of attacks such as hepatic colic

5. Courvoisier syndrome

*Sample answer:*5. Courvoisier syndrome

Task 23. Instructions: Choose one correct answer.

Instrumental methods for examining the mediastinal organs include everything except: 1. mediastinoscopy

2. pre-scaling biopsy

3. puncture of bifurcation lymph nodes

4. bronchoscopy (under anesthesia)

5. sternal puncture

*Sample answer:*5. sternal puncture

Task 24. Instructions: Choose one correct answer.

Fundoplication surgery is performed when:

1. cardiospasm

2. for esophageal cancer

3. with scar stricture
4. for reflux esophagitis
5. with a short esophagus

*Sample answer:*4. for reflux esophagitis

Task 25. Instructions: Choose one correct answer. The most common cause of obstructive jaundice is: 1. stenosis of the papilla of Vater

2. cystic duct stone
3. choledocholithiasis
4. liver cancer
5. Vater's nipple cancer

*Sample answer:*3. Choledocholithiasis

Task 26.

Pylephlebitis is thrombophlebitis of _____ veins. *Sample answer:*hepatic Task 27.

First aid for bleeding from esophageal varices in a patient with portal hypertension is to install a _____ probe.

Sample answer:

Blackmore. Task 28.

When a patient complains of dysphagia, first of all it is necessary to exclude _____ of the esophagus.

*Sample answer:*cancer

Task 29.

Thymomas are localized in the _____ mediastinum. *Sample answer:*front Task 30.

The accumulation of fluid in the abdominal cavity during cirrhosis of the liver is called _____.

*Sample answer:*ascites

Task 31.

A disease caused by excessive secretion of parathyroid hormone and characterized by a severe disturbance in the metabolism of calcium and phosphorus is called _____. *Sample answer:* hyperparathyroidism Task 32.

X-ray examination of the mammary glands without the use of a contrast agent is called _____.

*Sample answer:*mammography

Task 33.

The complete absence of lungs in a newborn is called _____.

*Sample answer:*agenesis Task 34.

The purulent cavity, delimited on all sides by the pyogenic capsule in the process of gradual destruction of the lung tissue, is called the _____ of the lung.

*Sample answer:*abscess

Task 35.

Irreversible cylindrical or sac-like dilations of the lumen of segmental and subsegmental bronchi are called _____.

*Sample answer:*bronchiectasis

Open type tasks: Task 36.

Situational task.

A patient with suspected acute arterial insufficiency of the extremities has been admitted to your department.

What research should you start with?

*Sample answer:*determination of pulse in peripheral arteries.

Task 37. Situational task.

A patient undergoing surgery for acute arterial insufficiency caused by iliac artery embolism developed swelling in the area of the postoperative wound and a feeling of heaviness on the 2nd day after surgery. Body temperature is normal. The blood test showed moderate leukocytosis.

What complication occurred?

*Sample answer:*infiltrate of a postoperative wound.

Task 38. Situational task.

A woman who is breastfeeding a child has mastitis. The mammary gland is dense in the upper-outer quadrant, sharply painful on palpation, and hyperemic. Temperature up to 39 degrees. Because of the pain, he hasn't slept for two days.

Your actions?

*Sample answer:*surgical treatment including opening, sanitation and drainage abscess.

Task 39. Situational task.

The parents of an 8-year-old child drew attention to the pronounced development of the muscles of the shoulder girdle in comparison with the underdevelopment of the muscles of the lower extremities. Objectively: disproportion in development. Systolic blood pressure in the upper extremities 150 mm Hg. Art., and on the lower extremities – 60 mm Hg. Art.

What is your diagnosis?

*Sample answer:*Coartation of the aorta. Task 40. Situational task.

A 17-year-old patient was admitted with complaints of shortness of breath, worsening with physical activity, fatigue, and palpitations. Objectively: there is a lag in physical development, pale skin. Auscultation reveals a rough “machine-like” systolic-diastolic murmur in the 2nd intercostal space to the left of the sternum. Aortography shows simultaneous contrast enhancement of the pulmonary artery.

What is your diagnosis and treatment tactics?

*Sample answer:*patent ductus arteriosus, surgical treatment in volume closure of the duct.

Task 41. Situational task.

A patient with recurrent chest pain and repeated elevations of the S-T segment 18 hours after the onset of myocardial infarction underwent coronary angiography, which revealed thrombotic occlusion of the main trunk of the left coronary artery.

What's your tactic?

*Sample answer:*thrombolytic therapy Task 42. Situational task.

An 18-year-old patient was admitted to the cardiology department with complaints of shortness of breath with slight physical exertion, a feeling of heaviness in the chest, interruptions in heart function, pain in the knee joints, and an increase in body temperature to 38.5 °C. From the anamnesis it is known that about 2 weeks ago she suffered from a sore throat.

What complication of this disease can be observed in the patient?

*Sample answer:*infectious myocarditis. Task 43. Situational task.

After gastric resection according to Billroth-I, the patient developed anastomosis. Up to 1.5 liters of gastric contents are removed from the stomach every day. The issue of repeat surgery has not yet been decided.

What hydroion disorders can be expected in the patient?

*Sample answer:*hyperkalemia.

Task 44. Situational task.

The child needs a kidney transplant. The mother is ready to donate her kidney, and the child also has a twin brother.

Your tactics for choosing a donor, which transplant would you prefer - syngeneic or isogenic?

*Sample answer:*syngeneic. Task

45. Situational task.

Upon objective examination of the patient: severe cachexia, enlarged abdomen, dilation of the veins of the peri-umbilical region and the lateral surfaces of the abdomen in the form of a "jellyfish head", enlargement of the liver and spleen.

What disease can you think about?

*Sample answer:*Liver cirrhosis complicated by portal hypertension

Task 46. Situational task.

During laparocentesis, the patient received blood that did not clot within 40-120 seconds (Ruvilois-Gregoire test).

How to assess the condition?

*Sample answer:*bleeding continues Task 47.

Situational task.

After cholecystectomy, jaundice gradually increases in the immediate postoperative period; intraoperative cholangiography data do not indicate pathology of the bile ducts.

What is the most likely cause of jaundice? *Sample*

*answer:*Iatrogenic damage to the common bile duct

Task 48. Situational task.

After gastric resection, a patient developed complaints of heaviness in the epigastrium and weakness - up to fainting after eating sweet or dairy foods. What post-resection condition occurred?

*Sample answer:*dumping syndrome

Task 49. Situational task.

A 39-year-old patient suddenly developed pain and swelling of the left lower limb, a cord-like compaction along the superficial veins.

What disease can you think about?

*Sample answer:*acute thrombophlebitis of the superficial

veins Task 50. Situational task.

In a patient admitted to the department with postthrombophlebitic syndrome of the left lower limb, segmental occlusion of the external iliac vein, partial recanalization of the deep veins of the leg, dilation of the saphenous veins, the surgeon proposes to perform what type of operation?

*Sample answer:*cross autovenous shunting (Palma-Esperon operation) with saphenectomy and ligation of the communicating veins of the leg according to Linton Task 51. Situational task.

A patient underwent thrombectomy due to acute thrombosis of the femoral vein. On the second day after surgery, pain, swelling, cyanosis, a feeling of heaviness and parasthesia in the lower limb resumed.

What complication occurred?

*Sample answer:*rethrombosis of the femoral vein Task 52. Situational task.

In a patient admitted to the department with thrombosis of the iliofemoral segment, what studies should be performed to clarify the type of surgical intervention?

*Sample answer:*ultrasound duplex scanning of the arteries of the lower extremities and aortoarteriography

Task 53. Situational task.

A patient admitted to the department with iliac artery embolism and grade 2A ischemia. The surgeon proposes to perform what operation?

*Sample answer:*embolectomy

Task 54. Situational task.

In a patient with thrombosis of the left iliac artery, resulting from atherosclerotic stenosis of up to 90% of the external iliac artery and grade 3A ischemia. What operation does the surgeon intend to perform?

*Sample answer:*thrombectomy from the iliac segment and iliofemoral bypass surgery

Task 55. Situational task.

In a patient who underwent replacement of the iliac artery due to its thrombosis, the postoperative period proceeded with suppuration of the postoperative wound. On the 7th day after the operation, about 80 ml of scarlet blood came out of the wound.

What complication occurred? *Sample answer:*arrosive bleeding Task 56.

Situational task.

A 35-year-old female patient consulted her local physician with complaints of a tumor-like formation in the neck area. Two years ago I noticed a knot up to 2 cm in diameter in the lower third of the front surface of the neck. She did not seek medical help. Over the past 6 months, the node has increased in size, which forced the patient to see a doctor. Denies hereditary diseases. Works in a bank, unmarried, no children. Objective examination data: general condition is satisfactory. Correct physique. Pulse - 80 beats per minute. Blood pressure - 120/70 mm Hg. Art. Upon palpation, a node up to 5 cm in diameter, dense, round in shape, displaced with the gland when swallowing, is detected in the right lobe of the thyroid gland. With indirect laryngoscopy, both halves of the larynx are movable. Regional lymph nodes of the neck are not enlarged.

What is your suspected diagnosis? What research should I do?

Sample answer: thyroid cancer T3N0M0, stage I, puncture biopsy Task 57.

Situational task.

A 56-year-old patient consulted a therapist with complaints of enlarged lymph nodes in the neck on the right. After suffering from a sore throat a year ago, the otolaryngologist discovered enlarged lymph nodes in the neck on the right. Anti-inflammatory treatment was carried out for lymphadenitis. However, the lymph nodes remained the same size. Over the past 2-3 months, the patient has noticed an enlargement of the lymph nodes, which forced her to see a doctor. Objective examination data: general condition is satisfactory. There are no features from the internal organs. On the right side of the neck in the middle third along the anterior edge of the sternocleidomastoid muscle, lymph nodes enlarged to 3 cm in diameter are palpated, dense, mobile, painless. In the right lobe of the thyroid gland, a node up to 2 cm is detected, the left lobe is enlarged to degree II, and 2 nodes up to 1.5 cm in diameter are detected in it.

What is your suspected diagnosis?

Sample answer: thyroid cancer, T2N1M0, III st. Task 58.

Situational task.

Patient 50 years old. History: goiter, observed by an endocrinologist. Family history: grandmother died of thyroid cancer. She complained of an increase in the growth rate of the goiter and the appearance of a compaction in the gland tissue. Objective examination data: body temperature is normal, vesicular breathing in the lungs, no wheezing. Heart sounds are rhythmic, muffled. The abdomen is soft and painless on palpation, the liver is along the edge of the costal arch, the spleen is not palpable. The thyroid gland is enlarged in size; a compaction without clear boundaries is palpated in the tissue of the gland. According to the survey results

Noteworthy is the increased level of calcitonin. Scintigraphy of the skeletal bones revealed foci of increased accumulation of radiopharmaceuticals in the femurs, which were regarded as metastatic.

What is your suspected diagnosis?

Sample answer: thyroid cancer (medullary), TxNxM1, IV st. Task 59.

Situational task.

A 39-year-old woman came to see an oncologist with complaints of swelling and tenderness of the left breast. These symptoms appeared about 1 month ago. Recently, the swelling of the gland has increased, and dense, painless lymph nodes have appeared in the left axillary region. Temperature – 36.6°. Objectively: the left mammary gland is enlarged in size, significantly larger than the right one. Lemon peel-shaped skin. On palpation, the mammary gland is compacted due to edema, without focal formations. There is a local increase in temperature. In the left axillary region, enlarged to 1.5 cm, dense, round, displaceable, unconnected, painless lymph nodes are palpated.

What is your expected diagnosis, clinical group?

Sample answer: breast cancer (edema-infiltrative form), T2N1M0, IIB art. Task 60.

Situational task.

A 50-year-old patient complained of an ulcer in the area of the nipple of the right breast. She considers herself sick for 2 years when she began to notice bloody spots on her underwear and weeping in the nipple area. She did not seek medical help; she was treated with ointments, but without effect. Objective examination data: the mammary glands are symmetrical. In the area of the nipple of the right breast there is an ulcerative defect ~1.5 cm in diameter, extending to the areola. No focal formations were detected in the mammary glands. Regional lymph nodes are not enlarged. Mammography data: fibrous mastopathy and nodular formations in the mammary glands were not detected. Ultrasound data: signs of fibrous mastopathy, lymph nodes of the axillary and supraclavicular areas are not enlarged.

What is the preliminary diagnosis? What research needs to be done?

Sample answer: Paget's cancer of the breast, morpho-immunohistochemical study

Task 61. Situational task.

A 19-year-old patient was taken for surgery 7 hours after injury with a diagnosis of penetrating injury to the abdominal cavity, diffuse peritonitis. During laparotomy, it was determined that there was a through wound to the sigmoid colon, the entire colon was full

intestinal contents, there is diffuse fibrinous-purulent peritonitis. What operation needs to be performed?

Sample answer: form a colostomy or stump from the upper part of the sigmoid colon lower suturing (Hartmann operation as the first stage), sanitation, drainage of the abdominal cavity

Task 62. Situational task.

A 38-year-old patient fell from a height of 3 meters onto his right side. An X-ray examination of the chest organs revealed the presence of fractures of 6-7-8-9 ribs, fluid in the pleural cavity up to the level of the 7th rib.

What complication occurred? What is the treatment strategy?

Sample answer: hemothorax, pleural puncture (drainage), with ongoing bleeding surgical treatment Task 63. Situational task.

A 56-year-old patient was admitted to the clinic with complaints of unbearable itching of the skin, aching pain in the right hypochondrium and epigastric region, weakness, loss of strength, lack of appetite, and the presence of jaundice, which appeared 1.5 months ago and is rapidly growing. I never noticed attacks of severe pain. On examination: the patient's sclera and skin are olive-colored, skin turgor is sharply reduced; she has a lot of scratches on her. The stomach is soft. The liver is enlarged. A slightly painful formation of tight-elastic consistency, ovoid in shape, is palpated in the right hypochondrium. The chair is acholic. There is no urobilin in the urine. According to computed tomography, the duodenum is pushed anteriorly by a space-occupying formation.

What causes jaundice?

Sample answer: pancreatic head cancer Task 64.

Situational task.

A 35-year-old patient complains that after physical or mental stress, as well as during menstruation, she periodically experiences causeless fear, weakness, drowsiness, bouts of profuse sweating, and trembling. Sometimes there are cramps in the limbs and diplopia. This condition goes away within 10-15 minutes. For 2 years, the patient has been bothered by pain and a feeling of "fullness" in the epigastric region, and periodic diarrhea. Over the past 6 months, the condition has worsened, the described attacks have become more frequent. Seizures reminiscent of epileptiform seizures began to occur, speech impairment sometimes appeared, and shortness of breath began to increase. During attacks, hypoglycemia is observed up to 1-1.5 mmol/l.

What disease can be suspected in the patient?

*Sample answer:*tumor of the pancreas (islets of Langerhans) - insulinoma Task 65.

Situational task.

A 42-year-old patient underwent surgery for gastric ulcer 8 days ago. Resection of 1/3 of the stomach was performed using the Billroth I method with selective vagotomy. The first days of the postoperative period proceeded smoothly. The patient began to eat. But as soon as the volume of food he took was slightly increased, he began to experience bursting pain and a feeling of heaviness in the epigastric region, regurgitation and vomiting of the food he had eaten, and he began to lose weight.

What postoperative complications should you think about?

*Sample answer:*anastomosis, however, after vagotomy, motor impairment may occur Task 66. Situational task.

A 36-year-old patient was admitted to the surgical department 4 months after gastrectomy according to Finsterer with an anterior anastomosis on a long loop (in front of the transverse colon) without interintestinal anastomosis. The patient complains that periodically for 3–4 days in a row, approximately 40 minutes after each meal, he had a feeling of heaviness in the epigastric region and right hypochondrium, which gradually increases over 2–3 hours, then vomits pure bile in an amount of 300–500 ml. After vomiting, the patient feels relief. After 3–4 days, the attacks stop, then a light interval sets in, lasting 15–20 days. X-ray examination did not reveal any special pathology. The contrast agent from the gastric stump enters the outflow colon.

What complication did the patient develop after gastrectomy?

*Sample answer:*adductor syndrome Task 67. Situational task.

A patient operated on for a gastric ulcer (half of the stomach was resected according to Hofmeister-Finsterer) had profuse tarry stools the next day after the operation. Then there was bloody vomiting, which repeated. The patient became weak, dizzy, and his pulse was 120 per minute. Hemoglobin and the number of red blood cells began to decrease. It became clear that the patient had gastric bleeding.

What caused the bleeding?

*Sample answer:*errors in surgical technique - insufficient hemostasis along the line anastomosis of the stomach with the jejunum Task 68. Situational task.

A 42-year-old patient underwent a gastric resection according to Hofmeister-Finsterer as planned due to a gastric ulcer. On the 3rd day, the condition worsened sharply.

Pain appeared in the epigastric region, which, gradually increasing, spread throughout the abdomen. Breathing became difficult and painful. Hiccups are a concern. Pulse 120 per minute. Vesicular breathing in the lungs. The tongue is dry, covered with a white coating. The abdomen is somewhat swollen, painful, especially in the epigastric region, tense. The Shchetkin-Blumberg sign is positive, peristaltic sounds are not heard. In sloping areas of the abdominal cavity there is dullness of percussion sound.

What complication should we think about in this case?

*Sample answer:*diffuse peritonitis, apparently developed as a result of insufficiency of the gastrointestinal anastomosis or suture of the duodenal stump

Task 69. Situational task.

3 months after resection of 2/3 of the stomach according to Hofmeister-Finsterer, the patient complained of severe weakness that occurred after 15-20 minutes. after eating, accompanied by a feeling of heat in the upper half of the body, sudden sweating. After some time, dizziness, tinnitus, rapid heartbeat, and trembling of the limbs begin. Then a feeling of fatigue, drowsiness, polyuria and loose stools appears. There is no abdominal pain, but the patient notes a feeling of fullness in the stomach at the beginning of the attack. Attacks are more pronounced when eating foods rich in carbohydrates. The patient does not gain weight after surgery. Body weight deficiency is 8 kg.

What happens to the patient?

*Sample answer:*dumping

syndrome Task 70. Situational task.

A 27-year-old patient, during severe physical stress, felt a sharp pain in the lower abdomen, after 10–15 minutes the pain decreased significantly. After 4 hours, the pain intensified again, spread throughout the entire abdomen, bloating appeared, and vomited three times. The patient took a painkiller, which somewhat reduced the pain. Soon he passed a lot of gas, had independent stool, after which his stomach sank and the pain went away. The patient spent the night calmly, and in the morning again there were severe cramping pains in the abdomen, flatulence, gas did not pass, there was no stool, and vomiting appeared. The general condition of the patient at the time of admission (one day after the onset of the disease) remained quite satisfactory. The temperature is normal, pulse 76 per minute. Tongue is wet. The abdomen is evenly swollen, soft on palpation, moderately painful in the right iliac and inguinal region. Increased peristaltic sounds are heard. The doctor on duty diagnosed acute intestinal obstruction, gave the patient a siphon enema,

after which there was a lot of gas and stool. The abdomen sank, peristalsis became normal, and the pain stopped. The patient was sent home, and the next day he was taken to the hospital with symptoms of acute generalized peritonitis.

What happened to the patient?

*Sample answer:*partial intestinal obstruction that occurred at the moment severe physical stress. First of all, one should have thought about strangulating a hernia. But since upon examination the patient did not have any external hernias, one had to think about internal strangulation. The combination of the phenomena of partial intermittent intestinal obstruction with the general satisfactory condition of the patient should have suggested a parietal strangulation of the intestine, i.e., a Richter's hernia.

Task 71. Situational task.

A 65-year-old patient suffering from hypertension and atrial fibrillation was admitted 3 hours after the onset of the disease with complaints of sudden severe abdominal pain, of a constant nature, without clear localization. The patient moans loudly, rushes about, takes a knee-elbow position. At the time of admission, she experienced repeated vomiting with the smell of intestinal contents, which did not bring relief, and frequent watery stools with a small admixture of blood. The patient's condition is serious, her face is pale, covered with cold sweat, pulse is 112 per minute, arrhythmic, blood pressure is 160/90 mmHg. (reduced for this patient), temperature 36.4°C. The tongue is a bit dry. The abdomen participates in the act of breathing, is not swollen, symmetrical, soft on palpation, pain does not increase on palpation; during percussion – areas of tympanitis alternate with areas of dullness of percussion sound; peristaltic sounds are not heard, although the patient claims that soon after the onset of the disease she heard loud rumbling of the intestines. Rectal examination revealed no pathology. Leukocytes in the blood $2.1 \times 10^9/l$, red blood cells $5.0 \times 10^{12}/l$.

What is your diagnosis? What diseases need to be differentiated?

*Sample answer:*embolism of the superior mesenteric artery or its branches.

Differential the diagnosis must be made with acute intestinal obstruction and foodborne toxic infection.

Task 72. Situational task.

The patient is operated on for a rather large bifurcation diverticulum of the left lateral wall of the esophagus at the level of the tracheal bifurcation, located immediately below the aortic arch. A left thoracoscopic approach was performed. The esophagus is isolated over a considerable length, but despite careful searches, it is not possible to detect a diverticulum.

What mistake did the surgeon make? What should I do?

*Sample answer:*The right thoracoscopic approach should always be used. From In the left-sided approach, the diverticulum, which usually extends high beyond the aortic arch, is difficult to detect and remove. If it is difficult to detect a diverticulum, inflating the esophagus is used.

Task 73. Situational task.

A 20-year-old patient mistakenly took a solution of caustic soda about 3 months ago. Currently, rapidly progressing dysphagia has developed. X-ray contrast esophagography with an aqueous suspension of barium sulfate reveals a cicatricial stricture of the middle third of the esophagus. At the site of narrowing, the diameter of the esophagus does not exceed 2-3 mm.

What treatment method is currently indicated for the patient? What consequences of this process may occur in the future?

*Sample answer:*bougienage of the esophagus with pneumobugs, which may develop in the future extended stricture of the esophagus Task 74. Situational task.

A 34-year-old patient came to see a surgeon with complaints of recurrent dysphagia. The patient associates the onset of the disease with psycho-emotional shock. 2 years ago, based on a comprehensive instrumental examination, she was diagnosed with achalasia cardia. Subsequently, the patient underwent complex treatment 3 times, including cardiodilation. The effect of the therapy was short-lived.

Which treatment method should be used in this case, given the persistent and long-term course of the disease?

*Sample answer:*surgical treatment – cardiomyotomy with fundoplication

Task 75. Situational task.

A 45-year-old patient has been troubled for the last 3 years by complaints of difficulty passing food through the esophagus, regurgitation 1-2 times a day, and periodic chest pain.

Malnourished patient. General and biochemical blood tests of the patient are within normal limits.

Presumptive diagnosis? What examination methods can confirm your assumptions?

*Sample answer:*achalasia of the esophagus, FGDS, contrast study of the esophagus with barium suspension.

Task 76. Situational task.

For several years the patient was treated for ischemic heart disease. Drug treatment had no effect. The ECG showed no convincing evidence of ischemic heart disease. The painful attack occurred most often after eating. As a rule, the pain was localized in the neck or behind the sternum. After vomiting and repeated regurgitation, relief came.

What is your diagnosis? Verification methods?

Sample answer: esophageal diverticulum, FGDS, contrast study of the esophagus with barium suspension

Task 77. Situational task.

A 14-year-old patient aspirated a sunflower seed 2 months ago. After 3 days, the seed was removed through a bronchoscope, but the patient still had a cough, especially in the morning, and a small amount of purulent sputum began to appear. With the slightest cooling, the temperature rose to 37.5-38.0 for 1-2 days. When examining the patient, there was a lag in the left half of the chest during breathing. During percussion, shortening of the percussion sound under the left shoulder blade. Auscultation - weakened breathing in the lower parts of the left lung from behind. Blood test is unremarkable. X-ray examination: the pulmonary fields are transparent, but the left pulmonary field is narrowed, the diaphragm is elevated and the mediastinal shadow is shifted to the left.

What diagnosis will you make? What additional research can confirm this?

Sample answer: against the background of pulmonary atelectasis, atelectatic bronchiectasis developed, perform bronchography

Task 78. Situational task.

A 44-year-old patient's temperature rose to 39 after hypothermia. Pain appeared in the right half of the chest, worsening with breathing, and a cough appeared. 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 do you suspect in the patient?

What additional research methods should be performed to clarify the diagnosis?

Sample answer: acute abscess of the right lung in the breakthrough stage, it is necessary to perform blood, sputum examination, chest x-ray or tomography Task 79. Situational task.

A 50-year-old patient was operated on for multiple chronic abscesses of the right lung. A right pneumonectomy was performed. After waking up the patient 20 minutes later, the anesthesiologist noted tachycardia - 140 per minute. Low filling pulse. Maximum blood pressure up to 50 mmHg. Percussion of the right half of the chest revealed dullness in sloping areas of the chest on the right.

What complication should be considered first in such cases? How can you confirm this assumption?

Sample answer: signs of internal bleeding, puncture of the pleural cavity, examine the blood for the content of hemoglobin and red blood cells Task 80. Situational task.

A 48-year-old patient suffered from influenza, which began with a temperature of 39.5°C, I have had a low-grade fever for 3 weeks now. The patient notes a dry cough, weakness, loss of strength, and shortness of breath. Decreased breathing is heard in the left upper part of the lung. ESR-45mm/h. There are many red blood cells in the scanty mucous sputum. X-ray in the upper lobe of the right lung reveals an uneven intensity of darkening without clear boundaries. The lateral image shows atelectasis of the third segment. Bronchography revealed a significant narrowing of the upper lobe bronchus and unevenness of its contours, and the absence of the anterior segment bronchus.

What is your diagnosis? What studies can be used to clarify the diagnosis?

Sample answer: cancer of the upper lobe bronchus of the right lung, computed tomography organs of the chest and abdominal cavity to determine the extent of the tumor and damage to the mediastinal lymph nodes Task 81. Situational task.

A 52-year-old patient complained of chest pain, a hacking dry cough, and shortness of breath. Sputum is determined rarely and with difficulty, scant. Sometimes there are streaks of blood in the sputum. Sick for 2 months. During this time, loss of strength and weakness increase. The temperature was elevated only in the first week of the disease. Now it's normal. Vesicular breathing in the lungs, somewhat harsher on the right. An X-ray examination reveals an intense triangular shadow corresponding to the tender lobe of the right lung.

What disease should you think about?

Sample answer: central form of right lung cancer Task 82. Situational task.

In a 30-year-old patient who considered himself completely healthy, during a preventive examination, a homogeneous, rounded shadow with clear boundaries with a diameter of 6 cm was discovered in the upper lobe of the right lung.

What disease can be suspected?

*Sample answer:*echinococcosis of the right lung or tuberculoma or peripheral cancer lung

Task 83. Situational task.

A 32-year-old patient has been suffering from diffuse toxic goiter of degree II for 2 years. Conservative treatment brings a temporary effect; when the dose of thyreostatics is reduced, a relapse of thyrotoxicosis is noted. For the last 3 months he has not received any therapy. The patient is irritable and tearful. Pulse 132 per minute.

Treatment tactics for the patient? What are the indications for surgical treatment?

*Sample answer:*severe form of thyrotoxic goiter, surgery is indicated - thyroidectomy due to the ineffectiveness of conservative treatment Task 84. Situational task.

A 24-year-old patient was admitted with complaints of irritability, sweating, weakness, and palpitations. She has been ill for 2 years. The thyroid gland is not enlarged. A physical examination of the patient did not reveal any pathology. A computed tomography scan in the anterior mediastinum at the level of the second rib on the right reveals a rounded formation measuring 5x5 cm, with clear boundaries. Lung tissue is transparent.

What additional studies are needed to clarify the diagnosis?

*Sample answer:*thyroid scintigraphy, ultrasound, computed tomography, St. T test4, TSH, AT to rec.TSH.

Task 85. Situational task.

During your evening rounds, your attention was drawn to a patient who had undergone a thyroidectomy in the morning for thyrotoxic goiter. The patient complained of weakness, bursting pain in the left side of the neck, and difficulty swallowing. Upon removal of the bandage, significant asymmetry of the neck was determined due to pronounced swelling of its left half and soft consistency. When pressing on it, a small bloody discharge appeared in the area of the graduate.

What complication did the patient experience and why? How can I help the patient?

*Sample answer:*bleeding with the formation of a hematoma, the ligature has slipped off the vessel, Immediately you need to completely remove the stitches, open the wound wide, remove all clots and stop the bleeding

Task 86. Situational task.

A patient operated on for diffuse goiter with symptoms of moderate thyrotoxicosis developed paresthesia in the area of the fingertips and a crawling sensation the next day after the operation. Then, the symptom of "obstetrician's hand" appeared, pain in the muscles of the forearms.

What complication should you think about? How can you clarify your assumption? *Sample answer:* symptoms of parathyroid insufficiency, should be administered intravenously 10 ml of 10% calcium chloride solution - the disappearance of existing symptoms after infusion will confirm the diagnosis

Task 87. Situational task.

A 56-year-old patient began to experience pain in the right calf muscle after walking 50 m; his leg began to freeze even in the summer and get tired after standing for a short time. On examination, the foot and lower third of the leg on the right are paler than on the left, and colder to the touch. The pulse on the right limb can only be determined in the femoral artery; it is weakened. A systolic murmur is clearly heard above it. The general condition of the patient is satisfactory.

What diagnosis should be made? What studies can be used to clarify the diagnosis?

*Sample answer:*obliterating atherosclerosis with obvious damage to the aortoiliac segment on the right, it is necessary to perform ultrasound and angiographic examination of the artery

Task 88. Interview question.

What parts of the mediastinum do you know?

*Sample answer:*upper anterior, posterior, anterior, middle.

Task 89. Interview question. Classification of congenital heart defects.

*Sample answer:*1) defects with overflow of the pulmonary circulation with cyanosis (atresia of the tricuspid valve with a normal caliber of the pulmonary trunk and a large ventricular septal defect, patent ductus arteriosus with blood flow from the pulmonary artery to the aorta) and without cyanosis (patent ductus arteriosus, atrial or ventricular septal defect, coarctation of the aorta); 2) defects with depletion of the pulmonary circulation with cyanosis (triad, tetrad, pentade of Fallot, tricuspid valve atresia with narrowing of the pulmonary artery trunk or small ventricular septal defect) and without cyanosis (isolated stenosis of the pulmonary artery trunk); 3) defects with little or unchanged blood flow (anomalies of the aortic arch and its branches, absence of the aortic arch, stenosis and coarctation of the aorta, mitral atresia, atresia of the aortic valve, mitral valve insufficiency)

Task 90. Interview question. Surgical methods for treating arterial diseases.

*Sample answer:*1) endarterectomy - surgery with removal of the affected intima; 2) bypass surgery; 3) prosthetics; 4) endoluminal dilatation, dilatation with stent installation

Task 91. Interview question.

What are the classic symptoms of pulmonary embolism? *Sample answer:*sudden feeling of lack of air (tachypnea, dyspnea), cough, tachycardia, pain in the chest, swelling of the neck veins, cyanosis of the face and upper half of the body, moist rales, sometimes hemoptysis, pleural friction noise, increased body temperature, collapse

Task 92. Interview question.

What are the boundaries of the retroperitoneal space?

*Sample answer:*the retroperitoneal space is limited anteriorly by the posterior parietal peritoneum, behind - the muscles of the posterior abdominal wall, covered with intra-abdominal fascia, above - the diaphragm, below - the promontory of the sacrum and the border line of the pelvis, below which it passes into the subperitoneal space of the small pelvis

Task 93. Interview question.

What tumors are classified as hormonally active adrenal tumors? *Sample answer:* aldosteroma, corticosteroma, androsteroma, corticoestroma, pheochromocytoma

Task 94. Interview question.

Who can be organ and tissue donors for transplantation?

*Sample answer:*1) living donors - immediate relatives (identical twins, brothers, sisters, parents); 2) living donors who are not related to the recipient (relatives of husband or wife, friends, close acquaintances); 3) dead donors - the corpses of people who suddenly died from cardiac arrest (biological death) and people with brain death, but with a continuing contraction of the heart.

Task 95. Interview question.

What groups of surgical interventions for morbid obesity exist? *Sample answer:-* operations that reduce the area of the suction surface of the thin intestines (various types of intestinal bypass); - gastrorestrictive interventions (surgery on the stomach), which involve limiting the amount of food taken.

Task 96. Interview question.

Classification of spleen diseases.

*Sample answer:*malformations (asplenia, duplication, accessory spleen), spleen injuries (open, closed), heart attack, abscess, cysts, tumors Task 97. Interview question.

What tumors are classified as neuroendocrine hormonally active tumors of the pancreas?

*Sample answer:*insulinoma, gastrinoma, binoma, glucagonoma Task 98. Interview question. Classification of portal hypertension.

*Sample answer:*prehepatic (prehepatic or subhepatic), intrahepatic, suprahepatic, mixed Task 99. Interview question. Classification of diseases of the neck organs.

*Sample answer:*congenital malformations (torticollis, median and lateral cysts and fistulas), damage to neck organs (larynx, trachea, esophagus), abscesses and phlegmon, lymphadenitis, neck tumors (organ, extraorgan, metastatic)

Task 100. Interview question. What is interventional radiology?

*Sample answer:*direction of minimally invasive surgery, developing mainly in two directions - endovascular surgery and percutaneous introduction of various instruments (drains, catheters, endoprotheses, balloon dilators) into the lumen of the hollow, parenchymal organs of the abdominal cavity or their excretory ducts (most often the biliary tract of the liver)

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	student demonstrates independence in application of knowledge skills and abilities to solve educational tasks in full According to sample given teacher, by	student demonstrates independent application of knowledge, skills and abilities when deciding tasks, tasks similar samples that confirms	student demonstrates ability to full independence in choosing a method solutions non-standard assignments within disciplines with

formation competencies indicates negative development results academic discipline	tasks, solution of which there were shown teacher, it should be considered that competence formed on satisfactory level.	Availability formed competencies for higher level. Availability such competence on sufficient level indicates sustainable fixed practical skill	using knowledge, skills and skills, received as in development progress of this discipline, and adjacent disciplines should count competence formed on high level.
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Criteria for assessing test control:

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

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

Interview assessment criteria:

Mark	Descriptors		
	strength of knowledge	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, differs in depth and completeness of the topic; possession terminological apparatus; free mastery of monologue speech, but one or two inaccuracies in the answer are allowed	ability to explain essence, phenomena, processes, events, draw conclusions and generalizations, give reasoned answers, give examples; however one or two inaccuracies in the answer are allowed	logic and subsequence answer

satisfactory really	satisfactory process knowledge subject matter being studied areas, answer, different insufficient depth and completeness of the topic; knowledge of basic theoretical issues. Several are allowed errors in content answer	satisfactory ability to give reasoned answers and provide examples; satisfactorily formed analysis skills phenomena, processes. Several are allowed errors in content answer	satisfactory logic and subsequence answer
will not satisfy really	poor knowledge of the subject area being studied, shallow opening Topics; poor knowledge basic theoretical issues, poor analysis skills phenomena, processes. Serious errors in content answer	inability to give reasoned answers	absence logic and sequences answer

Criteria for assessing situational tasks:

Mark	Descriptors			
	understanding Problems	analysis situations	skills solutions situations	professional thinking
Great	complete implication problems. All requirements, submitted to adania, completed	high benefit analyze situation, draw conclusions	high benefit select method solutions problems, faithful solution skills 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 problems. majority requirements declared to adania, completed	satisfactory 1st ability analyze situation, draw conclusions	satisfactory e skills solutions situations, falsity with choosing a method solutions to the problem	residual level professional thoughts. falls more a bunch of inaccuracies in answer or there is an error in the sequence solutions
will not satisfy really	misunderstanding problems.	izkaya benefit	insufficient solution skills situation	missing

	legs requirements, submitted to I hope not completed. No Tveta. Did not have experiments to solve hello	analyze situation		
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