

QUESTIONS FOR THE EXAMINATION IN THE DISCIPLINE:
"TEORETICAL SURGERY, UROLOGY"

1. What is not characteristic of gastric outlet stenosis in the compensation stage?
2. What operation is considered the operation of choice for bilateral inguinal hernia?
3. What is not a characteristic complication of acute cholecystitis?
4. What studies are most informative during an attack of acute cholecystitis?
5. Is pain in the left costovertebral angle in acute pancreatitis a symptom?
6. After the operation - cholecystectomy, drainage of the common choledochus, X-ray contrast study was performed. What is the name of the study and how is choledochus drained?



7. The picture shows the R-picture 12 hours after taking barium orally. What is your diagnosis?



8. What are the absolute indications for surgical treatment of hemorrhoids?
9. What is not characteristic of an abscess of the Douglas pouch that arose after an appendectomy?
10. What class C according to the CEAP classification corresponds to an active trophic ulcer in CVI?

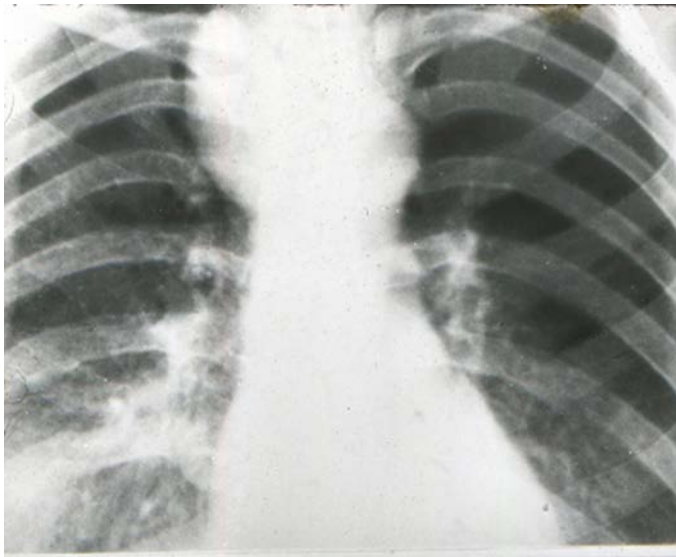


11. How should the examination algorithm end with an unclear diagnosis of acute appendicitis?
12. Where does the appendicular artery come from?
13. Branch of which vein is the appendicular vein?
14. What is the most common cause of an arteriovenous fistula?
15. Where are atherosclerotic aneurysms most often located?
16. Who is most likely to get femoral hernias?
17. Is pain on percussion in the right iliac region a symptom?
18. Pain when pressing between the legs of the right sternocleidomastoid muscle - is this a symptom?
19. Soreness when tapping on the right costal arch is a symptom of:
20. When examining the patient: the mammary gland is infiltrated, edematous, sharply compacted and enlarged, the skin of the gland is covered with red spots with uneven "tongue-like edges", the nipple is retracted and deformed. What is your diagnosis?
21. The patient complains of hand tremor, tachycardia, and hot flashes. What is your preliminary diagnosis?

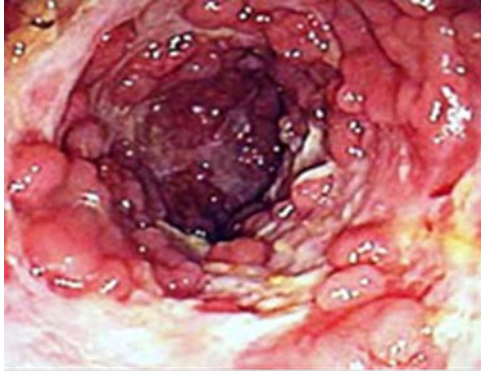


22. Where does the major duodenal papilla most often open?
23. What treatment is indicated for the 1st stage of thromboangiitis obliterans?
24. What is not used in the diagnosis of cholelithiasis?
25. What is not used in the diagnosis of foreign bodies in the esophagus?
26. What is not informative in the diagnosis of acute pancreatitis?

27. What is not taken into account in the differential diagnosis between acute venous and arterial thrombosis?
28. What plexus is not involved in the innervation of the pancreas?
29. What artery is not involved in the blood supply to the pancreas?
30. What should be used to treat diffuse peritonitis of appendicular origin?
31. What is not used to treat acute pancreatitis in the toxemia phase?
32. What drugs are currently not used for the prevention and treatment of hemorrhoids?
33. What is the normal diameter of the common choledochus?
34. What is the normal shock index?
35. What theory has received the most recognition in substantiating the pathogenesis of varicose veins?
36. What cells are not present in pancreatic islets?
37. Disappearance of a breast tumor in the supine position is a symptom of:
38. What is the percentage of hemorrhagic gastritis in the structure of gastroduodenal bleeding causes?
39. What is the percentage of Mallory-Weiss syndrome in the structure of causes of gastroduodenal bleeding?
40. What is the percentage of peptic ulcer in the structure of causes of gastroduodenal bleeding?
41. What is the main thing in the diagnosis of Douglas pouch abscess?
42. What is your probable diagnosis according to X-ray data?



43. What is the leading symptom in anal fissures?
44. Image of the colonic mucosa during colonoscopy. What is your preliminary diagnosis?



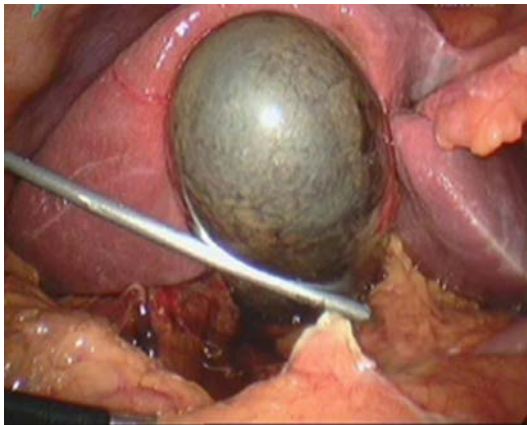
45. Image of the colonic mucosa during colonoscopy. What is your preliminary diagnosis?



46. What should be done if the ampullary section of the rectum is perforated during sigmoidoscopy?

47. What is always characteristic of congenital inguinal hernia?

48. An Image of diagnostic laparoscopy 4 hours after the onset of the disease. What is your preliminary diagnosis?



49. What is the main symptom of a sliding hernia?

50. What disease is characterized by discharge of blood from the nipple?

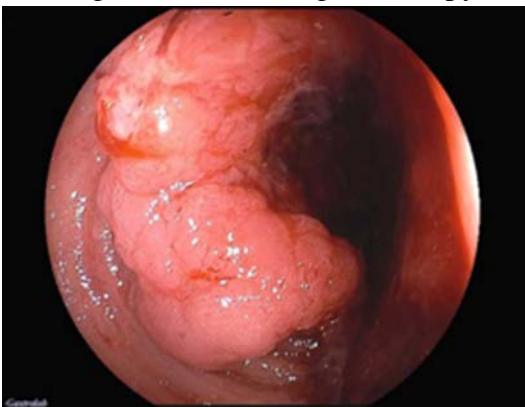
51. What cells produce gastrin?
52. To what organs do pancreatic tumors not metastasize by hematogenous way?
53. At what values of "red blood" should blood transfusion be performed according to absolute indications?
54. What is not a characteristic manifestation of purulent cholangitis?
55. What class C according to the CEAP classification does this picture of CVI correspond to?



56. Image of diagnostic video laparoscopy. What is your preliminary diagnosis?



57. Image obtained during rectoscopy. What is your preliminary diagnosis?



58. What sign is typical for bilateral inguinal hernias?
59. In what type of acute intestinal obstruction does dehydration develop most rapidly?
60. What is the normal diameter of the Wirsung duct at the opening?
61. What is the normal diameter of the Wirsung duct in the region of the tail of the pancreas?

62. Where is Meckel's diverticulum located?
63. What causes dysfunction of the neuro-regulatory apparatus of the appendix?
64. What diseases should be differentiated from acute pancreatitis?
65. What is the normal length of the Wirsung duct?
66. What is the normal length of the pancreas?
67. What is not typical for acute small bowel obstruction?
68. What is not typical for the 2nd degree of severity of gastroduodenal bleeding?
69. What is not typical for the 3rd degree of severity of gastroduodenal bleeding?
70. What is not typical for the 4th degree of severity of gastroduodenal bleeding?
71. What is not typical for high small bowel obstruction?
72. What test is used to detect incompetence of superficial vein valves?
73. What is not typical for the gangrenous form of appendicitis?
74. What is not typical for gastroduodenal bleeding?
75. What is not typical for destructive pancreatitis?
76. What is typical for destructive pancreatitis: 1) Hypotension, 2) Hypervolemia, 3)
77. What method can be used to diagnose neoplasms of the mediastinum?
78. What methods are used to diagnose acute appendicitis?
79. What is not used to diagnose acute appendicitis?
80. What is not used to diagnose acute intestinal obstruction?
81. What is not used to diagnose pancreatic cancer complicated by jaundice?
82. What is not used to diagnose peptic ulcer?
83. What is uninformative in differential diagnosis between lower lobe right-sided pneumonia and acute appendicitis?
84. What is not typical for insulinoma?
85. What is not typical for carcinoid of the appendix?
86. What is not used to treat paralytic ileus?
87. Which lymph nodes are not regional for the mammary gland?
88. What is not typical for low colonic obstruction?
89. What symptom is not typical for acute appendicitis?
90. What is characteristic of acute appendicitis with pelvic localization of the appendix?
91. What is not typical for acute arterial insufficiency?
92. What is not typical for acute limb ischemia of 1B degree?
93. What is not typical for acute limb ischemia 2B degree:
94. What is not typical for paralytic ileus?
95. What is not typical for the first degree of severity of gastroduodenal bleeding?
96. What is not typical for the period of imaginary well-being in ulcer perforation?
97. What is not typical for the period of primary shock in ulcer perforation?
98. What is characteristic of perforated appendicitis?
99. What is not typical for subclavian-axillary venous thrombosis?
100. What is not typical for the period of late peritonitis in ulcer perforation?

101. What is not typical for the late stage of peritonitis?
102. What is not typical for complete femoral artery embolism?
103. What is not typical for post-thrombophlebitis syndrome?
104. How is citrate shock prevented during blood transfusion?
105. What symptoms are not typical for pancreatic head cancer?
106. What is not typical for breast cancer?
107. What is not typical for Zollinger-Elisson syndrome?
108. What is not typical for the stage of decompensation of stenosis of the gastric outlet?
109. What is characteristic of breast cancer stage 2 B?
110. What is not typical for the stage of sub compensation of stenosis of the gastric outlet?
111. What is not typical for small-colonic intussusception?
112. What is a characteristic manifestation of ulcerogenic adenoma?
113. What is not typical for phlebothrombosis of the iliac-femoral segment?
114. Specify a reliable laparoscopic sign of destructive pancreatitis?
115. How much pancreatic juice does the pancreas secrete per day?
116. What type of intestinal obstruction is volvulus of the small intestine?
117. In what form of acute pancreatitis are protease inhibitors most effective?
118. Where does the innervation of the appendix come from?
119. What does not refer to the signs of non-viability of the intestine in case of infringement?
120. What is not referred to as radiographic signs of cancer of the body of the pancreas?
121. What does not apply to variants of the location of the appendix?
122. Which form does not belong to diffuse forms of breast cancer?
123. What type of intestinal obstruction is intussusception?
124. What drugs are not used for conservative treatment of acute cholecystitis?
125. What does not apply to the methods of endoscopic hemostasis?
126. What does not apply to the clinical and morphological forms of acute appendicitis?
127. What symptom does not occur in the initial phase of peritonitis?
128. What method of surgical treatment is not aimed at removal of saphenous veins?
129. What is not a complication of strangulated hernia?
130. What does not apply to the complications of varicose veins?
131. What is not a complication of acute appendicitis?
132. What does not apply to the complications of peptic ulcer?
133. What is not a feature of the course of acute appendicitis in children?
134. What operation does not apply to palliative surgical interventions for pancreatic cancer?
135. What symptoms of acute appendicitis are classified as peritoneal?
136. What is not a direct radiological sign of a stomach ulcer?
137. What is not an early complication of acute pancreatitis?
138. What does not apply to the factors of aggression?
139. What does not apply to protection factors?
140. What is the name of this study?



141. What research is shown in the picture? What is your diagnosis?



142. What changes in the blood are observed in purulent cholangitis?

143. What changes in the pancreas occur in edematous pancreatitis?

144. What symptoms are not typical for dropsy of the gallbladder?

145. Which of the anatomical formations is not part of the hepatoduodenal ligament?

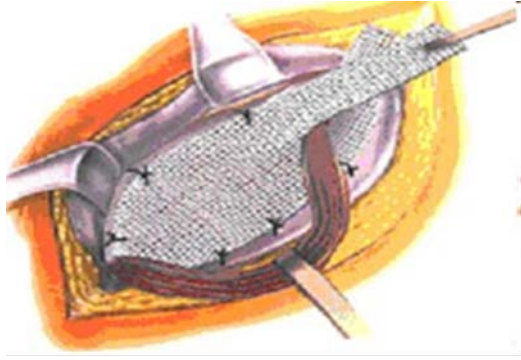
146. Which of the anatomical formations is not the boundary of foramen epiplocum (vinslow)?

147. Which of these studies belongs to the group of invasive?

148. What complication of acute cholecystitis is not extra vesical?

149. What type of inguinal hernioplasty involves the use of an allograft?

150. What type of plastic surgery of the inguinal canal is shown in the figure?



151. Which type of vagotomy does not violate the function of the pylorus?
152. Which of the factors is an absolute indication for surgery in spontaneously reduced strangulated hernia?
153. What is the main intraoperative sign of congenital inguinal hernia?
154. What is the most common symptom of acute appendicitis?
155. What level of diastasia indicates the presence of acute pancreatitis?
156. What operation is used for subcutaneous-submucosal fistulas?
157. What wall of the inguinal canal is preferable to strengthen in adult men with an inguinal hernia?
158. For what disease is characteristic in the form of "raspberry jelly"?
159. What data is used to classify stenoses of the gastric outlet?
160. What is not a characteristic sign of a strangulated abdominal hernia?
161. What disease can clinically simulate an attack of acute appendicitis?
162. What is not a clinical symptom of pulmonary embolism?
163. What determines the clinical picture of VIPoma?
164. Image obtained during a colonoscopy. What are your next steps?



165. What does conservative treatment of anal fissure not include?
166. In what case is conservative treatment of intestinal obstruction performed?
167. At what type of intestinal obstruction is conservative treatment ineffective?
168. In whom are oblique inguinal hernias more common?

169. What criterion is not decisive when deciding whether to perform gastric resection, in case of perforation?
170. In which case of intestinal obstruction is blood circulation in the mesentery of the intestine not disturbed?
171. What is the lethality rate in acute appendicitis?
172. What will be the treatment tactics in case of spontaneous reduction of a strangulated hernia in a medical institution?
173. What is the therapeutic effect of local intragastric hypothermia in pancreatitis?
174. What is the treatment for insulinoma?
175. What is the best treatment for aortic aneurysm?
176. What is the average weight of the pancreas?
177. Which method does not belong to the methods of external drainage of common choledochus?
178. What does not affect the choice of treatment tactics for intestinal obstruction?
179. What can suggest mesenteric thrombosis?
180. What is the radical method of treating hemorrhoids?
181. Specify non-drug conservative treatment of acute cholecystitis?
182. Specify the factors contributing to the formation of postoperative hernias: 1) wound suppuration 2) intestinal paresis in the postoperative period; 3) subcutaneous eventration; 4) violation of the innervation of the abdominal muscles; 5) getting out of bed early after surgery. Choose the correct combination of answers?
183. After what method of hernioplasty is the most pronounced pain syndrome observed?
184. With what diseases is the differential diagnosis of acute appendicitis most difficult?
185. What is the most informative x-ray sign of ulcer perforation?
186. What is the most informative method for diagnosing acute pancreatitis and its forms?
187. What is the most informative method for diagnosing gastroduodenal bleeding?
188. What is the most informative method for diagnosing insulinoma?
189. What is the most informative method for diagnosing choledocholithiasis?
190. What is the most dangerous complication of hiatal hernia?
191. What is the most dangerous complication of deep vein thrombosis?
192. What is the most radical method of treatment of intrarectal fistulas?
193. What symptom is the earliest manifestation of esophageal cancer?
194. What is the most rational method for treatment of the appendix stump in adults?
195. What is the most informative method for diagnosing pulmonary embolism?
196. What form of acute paraproctitis is the most severe?
197. What is not characteristic of late complications of acute pancreatitis?
198. What is the most frequent sign of acute pancreatitis in gastroduodenoscopy?
199. What is the most common form of acute paraproctitis?
200. What operation is most often used for necrotizing pancreatitis?

201. In what part of the intestine does intussusception most often occur?
202. What is the most common cause of acute arterial thrombosis?
203. What is the most common cause of small intestinal mechanical obstruction?
204. What method of bowel preparation is the most effective in patients with rectal disease?
205. What is the most effective way to treat anaerobic proctitis?
206. What is the most effective means of preventing the progression of varicose veins?
207. What research method is the most effective for breast tumor less than 0.5 cm?
208. To what degree of acute arterial insufficiency of the lower extremities does the patient have numbness, paresthesia, pain in the extremity at rest or during exercise?
209. What sign is not typical for Paget's syndrome, Paget-Schroetter's disease?
210. Which statement would be false for acute appendicitis?
211. What is Lorin-Epstein novocaine blockade used for?
212. What are the indicators of basal secretion of hydrochloric acid in the norm?
213. What are the indicators of stimulated secretion of hydrochloric acid in the norm?
214. The picture shows an overview R-gram of the abdominal organs in a patient with severe pain in the abdomen. What is your preliminary diagnosis and treatment tactics?

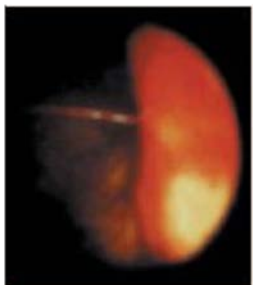


215. The picture shows an overview R-gram of the abdominal organs in a patient with severe pain in the abdomen. What is your preliminary diagnosis?



216. What is the surgical tactics for strangulated inguinal hernia?
217. When is surgical intervention indicated in the early stages of acute pancreatitis?

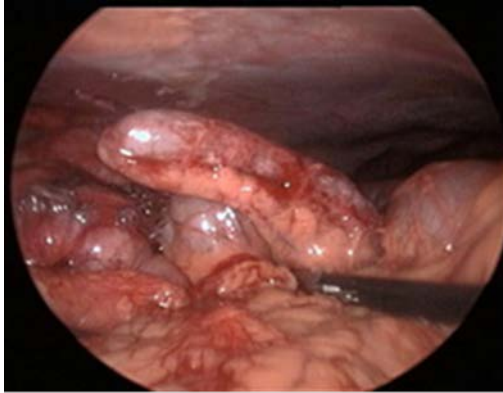
218. With what it is necessary to start the operation for phlegmon of the hernial sac?
219. What test will not help to determine the failure of communication veins?
220. What is the optimal length of the skin incision in an adult with appendectomy according to Volkovich-Dyakonov?
221. Which lymph nodes do not metastasize pancreatic tumors?
222. According to the TNM system, to what stage of the disease should a tumor of the mammary gland with a diameter of 1.5 cm with single enlarged axillary lymph nodes be attributed?
223. What operation belongs to organ-preserving resection of the stomach?
224. What complication can be after local intragastric hypothermia?
225. What is the main criterion for choosing the method of surgery for chronic paraproctitis?
226. What is the main pathogenetic moment in the treatment of acute edematous pancreatitis?
227. What is the main symptom that allows diagnosing the pelvic location of the inflamed appendix?
228. What are the main criteria that determine the tactics of treatment for ulcerative bleeding?
229. What is the main differential diagnostic feature that distinguishes Henoch-Schonlein disease from acute appendicitis?
230. What is the main method for diagnosing anal fissure?
231. What is the main diagnostic method for esophageal diverticulum?
232. What is the main treatment for cardiospasm?
233. What is one of the main pathogenic factors in the development of acute pancreatitis?
234. What is the main symptom of Douglas space abscess?
235. What is the main way of lymph outflow from the mammary gland?
236. What is the main factor determining treatment tactics in acute arterial insufficiency?
237. What is not a component of the kinin system involved in the pathogenesis of acute pancreatitis?
238. What is the reason for the peculiarity of the course of acute appendicitis in pregnant women?
239. What diseases should be differentiated from acute appendicitis?
240. Acute pancreatitis can occur under the influence of: 1) Drugs, 2) Trauma, 3) VHF radiation, 4) Surgical intervention on the abdominal organs, 5) Thyrotoxicosis. Choose the correct combination of answers?
241. From what vessel does a. hepatica?
242. Mark the formation that is not related to the Calots triangle?
243. Assess the state of local hemostasis in the ulcer according to the Forrest classification?



244. Who most often has primary gangrenous appendicitis?
245. What will be the first-priority measure in case of strangulated inguinal hernia many hours ago?
246. Transfer of pain from the epigastrium to the right iliac region after some time from the onset of the disease - is this a symptom?
247. What are the main indications for surgery in patients with hemorrhoids?
248. In what cases, according to modern concepts, it is necessary to perform plastic surgery of the posterior wall of the inguinal canal in case of inguinal hernia in adults?
249. If the shock index rises to 1.0, how much % will the loss of CIRCULATING BLOOD VOLUME be?
250. If the shock index rises to 2.0, how many% will the loss of CIRCULATING BLOOD VOLUME be:
251. What is not an indication for surgical treatment of peptic ulcer?
252. What can serve as an indication for inserting a tampon into the abdominal cavity during appendectomy?
253. What are the indications for "tension-free" inguinal allohernioplasty?
254. Specify the indications for surgical intervention in acute pancreatitis in the phase of toxemia?
255. What are the indications for urgent surgery for acute cholecystitis?
256. What endoscopic picture corresponds to stage II B according to Forrest classification?
257. What endoscopic picture corresponds to stage II C according to the Forrest classification?
258. What endoscopic picture corresponds to stage I B according to Forrest classification?
259. What is a positive symptom of Lotheissen?
260. What type of intestinal obstruction is characterized by a positive symptom of Tsege manteuffels
261. What preparations are prescribed after appendectomy for acute catarrhal appendicitis?
262. What treatment should be taken if after sphincterotomy the patient has an organic insufficiency of the anal sphincter?
263. What is recommended for a patient after surgery - phlebotomy?
264. Image of diagnostic video laparoscopy. What is your preliminary diagnosis?



265. Image of diagnostic video laparoscopy. What is your preliminary diagnosis?



266. Appearance of pain on the right when applying jerky movements in the left iliac region - is this a symptom?

267. What endoscopic picture corresponds to stage II A according to Forrest classification?

268. What is not used in the treatment of diffuse mastopathy?

269. What access is used for appendicitis complicated by diffuse peritonitis?

270. What surgical intervention should be performed in case of unsuccessful conservative therapy of fibrinous-ulcerative reflux esophagitis?

271. What should be done in case of rapidly progressing gangrene of the foot?

272. What operation is not performed for rectal prolapse?

273. What is recommended when detecting microcalcifications during mammography?

274. What symptom is not observed in hemorrhagic pancreatic necrosis?

275. Histological examination of the walls of the pararectal fistula revealed tuberculous granulomas. There are no other manifestations of tuberculosis. What is your treatment strategy?

276. What does not happen in case of decompensation of CIRCULATING BLOOD VOLUME deficiency?

277. What treatment is indicated for diverticulum of the cervical esophagus?

278. What measures are indicated for diffuse purulent peritonitis of appendicular origin?

279. What characterizes the pain syndrome in volvulus of the small intestine at the onset of the disease?

280. What treatment tactics should be taken if ileofemoral venous thrombosis has been diagnosed in a pregnant woman?

281. In what forms of hernia is the hernial sac located in the spermatic cord?

282. What is contraindicated in the conservative treatment of calculous cholecystitis?

283. What surgical aid can be the operation of choice for a bleeding ulcer of the cardia of the stomach?

284. What operation is not performed for a bleeding duodenal ulcer with penetration into the head of the pancreas?

285. What is not indicated for lactostasis?

286. What is not used in the treatment of appendicular infiltrate?

287. What is not used in the treatment of purulent thrombophlebitis of the portal vein branches?

288. What surgical intervention can be the operation of choice for malignant ulcer of the pyloric and antral part of the stomach?
289. What is not observed in the first hours of the disease with massive profuse gastric bleeding?
290. What complication is not observed in massive gastroduodenal bleeding?
291. What diagnostic method is not used for obstructive jaundice?
292. What method is the most appropriate to perform in the presence of stones fixed in the ampulla of the major duodenal papilla?
293. What operation is indicated for unstable hemostasis in an ulcer and a high risk of bleeding recurrence?
294. What access is not used in the surgical treatment of acute appendicitis?
295. What treatment is indicated in the presence of a breast tumor 4 cm in diameter with metastases to regional lymph nodes and lungs?
296. What degree of acute arterial insufficiency of the lower extremities corresponds to the presence of total muscle contracture and extended necrosis of the fingers in a patient?
297. What degree of acute arterial insufficiency of the lower extremities corresponds to the presence of distal muscle contracture and necrotic defects of the fingers in a patient?
298. What symptom is not observed in acute pancreatitis?
299. What symptom is not observed in acute phlegmonous appendicitis?
300. What functional test is used to assess the patency of deep veins?
301. In what way does the infection mainly enter the pararectal tissue in case of paraproctitis?
302. What treatment is indicated for primary varicose veins of the lower extremities?
303. What operation is not performed in case of perforation of a pyloric stomach ulcer?
304. What endoscopic picture corresponds to stage III according to the Forrest classification?
305. What research is carried out first of all in case of suspected acute intestinal obstruction?
306. What is not typical for the loss of 10-15% of the CIRCULATING BLOOD VOLUME?
307. What is the rationale for volume replenishment in case of loss of 20% of CIRCULATING BLOOD VOLUME and decrease in hematocrit to 0.3?
308. What is not typical for the loss of more than 15% of the CIRCULATING BLOOD VOLUME?
309. What measures are taken in diffuse purulent peritonitis of appendicular origin?
310. What treatment is indicated in the presence of cancerous tumor 2 cm. in the upper outer quadrant of the mammary gland 2 cm, without metastases?
311. What operation is indicated for cancer of the head of the pancreas?
312. What operation is indicated for stage 2A breast cancer?
313. What operation is indicated for breast cancer with edema of the upper limb?
314. What operation is indicated for a 45-year-old woman with Paget's cancer with non-enlarged lymph nodes?
315. What treatment is more often used for cancer of the esophagus?
316. What symptom is most often observed in cancer of the mid-thoracic esophagus?
317. What operation is indicated for cancer of the body of the pancreas?

318. What operation is indicated for cancer of the papilla of Vater?
319. What operation is indicated for cancer of the tail of the pancreas?
320. According to the TNM system, to what stage of the disease should a breast tumor with a diameter of 2.5 cm be attributed with non-enlarged regional lymph nodes?
321. What surgical access is a priority in a typical picture of acute appendicitis?
322. What diagnostic studies are not indicated to clarify the diagnosis of acute pancreatitis?
323. What treatment is indicated for breast fibroadenoma?
324. What measures are indicated for chemical burns of the esophagus in the acute stage of the disease?
325. What is the most optimal surgical approach for embolectomy from aortic bifurcation?
326. What cannot be the reason for the development of obstructive jaundice?
327. In what case is washing of the abdominal cavity indicated?
328. What is a contraindication to surgical treatment in acute appendicitis?
329. What are the contraindications for excision of hemorrhoids?
330. What cells produce pepsin proenzyme - pepsinogen?
331. How is a direct inguinal hernia located in relation to the lower epigastric vessels?
332. Where does the cystic artery most often originate from?
333. What does the radical removal of the mammary gland according to Halsted include?

334. Where does the pathological process begin to develop in acute appendicitis?
335. What cannot contribute to the development of acute strangulation obstruction?
336. What organs most often get distant metastases of breast cancer?
337. What is not an early complication after surgery - appendectomy?
338. What prevents the spread of phlebothrombosis in the deep veins of the lower extremities?
339. What organs are least likely to get distant metastases of breast cancer?
340. What is the name of resection of 3/4 of the stomach with end-to-end gastroduodenoanastomosis?
341. What is the name of resection of 3/4 of the stomach with end-to-side gastrojejunostomy?
342. What is the name of gastric resection with Y-shaped gastroenteroanastomosis?
343. How long after surgery - hernioplasty most often does a recurrence of a hernia occur?
344. At what localization of the ulcer is the most common recurrence of gastroduodenal bleeding?
345. What is of decisive importance in the differential diagnosis of acute appendicitis and disturbed ectopic pregnancy?
346. What is the most informative method for diagnosing acute intestinal obstruction?
347. Fistulas in the rectum, depending on its location in relation to the fibers of the sphincter of the rectum, can be: 1. Invasive. 2. Subsphincteric 3. Transficial. 4. Extrasphincteric. 5. Presphincteric. Choose the correct combination of answers?
348. What cells produce secretin?
349. For what disease is sectoral resection indicated?

350. What explains the symptom of "splash noise" in acute intestinal obstruction?
351. For what disease is Pribram's syndrome pathognomonic?
352. What does not apply to the symptoms of appendicular infiltrate?
353. What symptom allows suspecting Crohn's disease?
354. In what disease is Raynaud's syndrome not observed?
355. What is Leriche's syndrome?
356. The cause of thrombosis of which arteries can be Leriche's syndrome?
357. What is the modern theory of the etiology of thromboangiitis obliterans?
358. What tool is used for embolectomy in modern conditions?
359. What is modern methods of diagnosing thrombosis of the inferior vena cava?
360. What cells produce hydrochloric acid?
361. Under what condition does spastic ileus occur?
362. What symptom is specific for acute appendicitis?
363. What tumor is most often found in malignant neoplasms of the esophagus?
364. What tumor is most often found in neoplasms of the pancreas?
365. What is the essence of Oppel's test?
366. Formulate a diagnosis based on the data of fluoroscopy of the stomach?



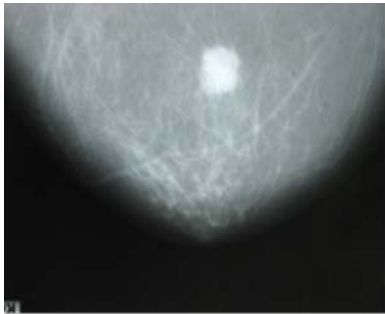
367. Formulate a diagnosis based on angiography data?



368. Formulate a diagnosis on the basis of irrigography data?



369. Formulate a diagnosis based on mammography data?



370. Formulate a diagnosis on the basis of X-ray data?



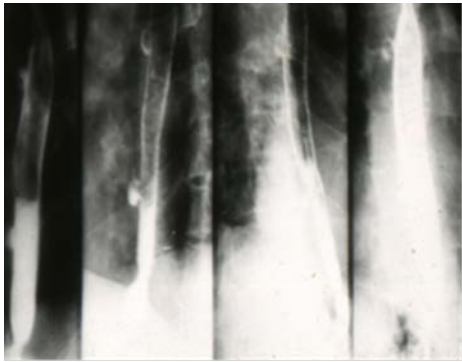
371. Formulate a diagnosis on the basis of X-ray data?



372. Formulate the diagnosis on the basis of esophageal X-ray data?



373. Formulate the diagnosis on the basis of esophageal X-ray data?



374. What is the surgeon's tactics in case of appendicular infiltrate?

375. What is not a typical complication of acute appendicitis?

376. What is the most common cause of obstructive colonic obstruction?

377. What is the thickness of the pancreas?

378. Specify the arteries that supply blood to the ampullar part of the rectum?

379. Specify the most common number of hemorrhoids?

380. What is the main method for diagnosing rectal fistulas?

381. Specify the location of the main internal hemorrhoidal nodes according to the points on the dial (lying on the back)?

382. Specify the level of resection of the non-viable intestine in case of strangulated inguinal hernia?

383. Specify the characteristic triad of symptoms of anal fissure?

384. From what cells does an ulcerogenic adenoma of the pancreas originate?

385. Increased pain in the right iliac region when applying sliding movements of the hand along the anterior abdominal wall - is this a symptom?

386. Increased pain on palpation in the right iliac region during raising the straight right leg - is this a symptom?

387. Increased pain during palpation of the right iliac region in the position of the patient on the left side - is this a symptom?
388. What disease is characterized by increased peristalsis with simultaneous appearance of cramping pains?
389. What operations allow eliminating the discharge of blood from deep veins into superficial ones?
390. What cells produce the Castle factor?
391. Factors contributing to the occurrence of abdominal hernias: 1) old age; 2) progressive weight loss; 3) features of the anatomical structure of the anterior abdominal wall at the sites of hernias; 4) diseases that increase intra-abdominal pressure; 5) hard physical work. Choose the correct combination of answers?
392. What will be the nature of radical surgery in patients with bleeding hemorrhoids in the presence of portal hypertension?
393. What are the characteristic changes in protein and protein fractions in acute pancreatitis?
394. What is not a characteristic sign of acute mechanical intestinal obstruction?
395. Where is the Zenker's diverticulum of the esophagus located?
396. What is the frequency of bleeding in peptic ulcer?
397. What is Richter's infringement of a hernia?
398. How is an oblique inguinal hernia located in relation to the lower epigastric vessels?
399. What is the width of the pancreas?
400. What causes shock and collapse in acute pancreatitis?
401. In a 50-year-old patient admitted to the surgical department on the 4th day from the onset of the disease, the diagnosis of acute appendicitis is undoubted. Neither on palpation, nor on vaginal and rectal examination, clear data on infiltration were found. It was decided to operate the patient. The abdominal cavity was opened and a dense appendicular infiltrate was found. Formulate treatment tactics in the form of a sequential algorithm of actions?
402. Woman 32 years old. Second pregnancy - 34 weeks. She has a history of chronic calculous cholecystitis. About 8 hours ago, there were slight pains in the epigastric region. There was a single vomiting. After 1.5 hours, the pain shifted to the area of the right hypochondrium. The pains are permanent, without irradiation. Body temperature - 37.7 ° C. Leukocytes - 11.6 x 10⁹ / l. The tongue is somewhat dry. The abdomen is enlarged due to the uterus. Painful on palpation in the right hypochondrium. Shchetkin-Blumberg's symptom is not expressed, Rovsing's symptom is negative, Sitkovsky's is doubtful.
- With what diseases is it necessary to carry out a differential diagnosis and what examination should be used? Surgical tactics when it is impossible to exclude the presence of acute appendicitis? Choose the correct combination of answers.
403. A patient on the 5th day after appendectomy for gangrenous appendicitis with local peritonitis has an increase in body temperature up to 39°C, nagging pain in the lower abdomen, painful tenesmus, leukocytosis up to 17.0 x 10⁹/l.

What complication of acute appendicitis can be thought of and what research should be done to confirm the diagnosis? Surgical tactics?

404. On the 5th day after appendectomy, a patient has a sharp deterioration in his condition, hyperthermia up to 40°C, pulling pains in the right half of the abdomen, on examination, icterus of the skin and sclera, an increase in the size of the liver, there are no symptoms of peritoneal irritation. In the analyzes, leukocytosis - $22.5 \times 10^9 / l$, erythrocytes - $2.7 \times 10^{12} / l$, Hb - 79 g / l, total bilirubin - 112 $\mu\text{mol} / l$, direct - 60 $\mu\text{mol} / l$, indirect - 52 $\mu\text{mol} / l$.

What are the complications of acute appendicitis? Medical tactics?

405. After drinking alcohol, a 40-year-old patient has acute pain in the epigastrium, which after 2 hours moved to the right iliac region. Previously noted periodic pain in the epigastrium on an empty stomach. During the execution of appendectomy in all parts of the abdomen, a large amount of cloudy effusion with fibrin, hyperemia and swelling of the parietal and visceral peritoneum, the appendix is not changed. The revision of the ileum revealed no pathology.

What is your presumptive diagnosis? What examination should have been performed in order to avoid such a mistake? Next steps for the surgeon? Select Rights silly combination of answers.

406. A sick, obese woman, 78 years old, was admitted on the 3rd day from the onset of the disease. He has been suffering from cholelithiasis for over 20 years. Attacks are frequent and severe, however, given the age of the patient, and most importantly the presence of such contraindications as severe pulmonary insufficiency, stage II b circulatory insufficiency, chronic renal failure and obesity, the operation was not offered to the patient before. Despite vigorous conservative treatment, the inflammatory process progressed, and there was a threat of gallbladder perforation.

What should be the tactics of the surgeon?

407. During the morning round, the doctor noticed an 18-year-old young man who was operated on at night by the doctor on duty for acute appendicitis. The patient is extremely restless, rushing about from pain, which is permanent. Breathing is frequent, superficial - chest type, the patient does not breathe with the stomach. Dry tongue. Pulse 120 per minute. The abdomen is tense, even a light touch causes a sharp pain. Peristalsis is almost not auscultated, at the same time the patient says that soon after the operation there was liquid stool three times. Temperature 39°C. The Shchetkin-Blumberg symptom is diffuse, pronounced. Hepatic dullness is determined, there is no fluid in the abdominal cavity. The operating surgeon was called to the patient. He reported that during the operation, an unusual dullness of the peritoneum attracted attention, there was no effusion in the abdominal cavity. Macroscopically they were diagnosed with phlegmonous appendicitis.

What happens to the patient? What should be the surgical tactics?

408. Patient V., 32 years old, was treated in the surgical department with a diagnosis of appendicular infiltrate. Against the background of conservative treatment on the 10th day from the onset of the disease, the patient's condition worsened: pain in the right iliac region intensified, the temperature became hectic. The infiltrate in the right iliac region increased in

size, became more painful on palpation. Peritoneal symptoms over the infiltrate are negative. Intestinal peristalsis is auscultated. Leukocytes in the blood test $16.0 \times 10^9/l$, there was a shift of the leukocyte formula to the left.

What is your diagnosis? What tests are needed to confirm the diagnosis? What is the treatment strategy? Choose the correct combination of answers.

409. A 52-year-old patient has been treated in the surgical department for 2 weeks with a diagnosis of appendicular infiltrate. Against the background of the ongoing conservative treatment, there was some positive dynamics: the temperature decreased to 37.1°C , pain in the right iliac region decreased, and the number of leukocytes in the blood test decreased. But in the right iliac region, a dense, painful, non-displaceable formation with a diameter of about 8 cm remains, the size of which does not become smaller during treatment. Peritoneal symptoms over the infiltrate are negative. Intestinal peristalsis is auscultated.

With what diseases it is necessary to carry out differential diagnostics in this case? Research methods?

410. A 64-year-old patient applied 4 days after the onset of the disease with complaints of pain in the right inguinal region, bloating, and vomiting. Moderate condition. Body temperature - 38°C . When viewed in the right inguinal region, there is a motionless, densely elastic mass 4 x 6 cm in size, sharply painful, around pronounced hyperemia, edema, foci of fluctuation. The stomach is blown up, gases do not depart. There was no stool for 3 days. On the survey R-graphy of the abdominal cavity, there are multiple small intestinal bowls of Kloiber.

Formulate a diagnosis? What should be the surgical tactics in this patient?

411. A 60-year-old patient was admitted for planned surgical treatment with a diagnosis of left-sided oblique inguinal hernia. There are no contraindications to the operation.

What types of operations should be offered to the patient, taking into account current trends in herniology: 1 - Girard-Spasokukotsky; 2 - Kukudzhanova; 3 - Liechtenstein; 4 - Bassini; 5 - Martynov; 6 - laparoscopic hernioplasty with polypropylene allograft; 7 - Posttempo? Choose the correct combination of answers.

412. A 60-year-old patient was admitted for planned surgical treatment with a diagnosis of postoperative ventral hernia. On examination: along the white line of the abdomen in the area of the old postoperative scar, an aponeurosis defect of 6 x 9 cm and a hernial protrusion freely reducible into the abdominal cavity. There are no contraindications to the operation.

What types of operations should be offered to the patient, taking into account current trends in herniology: 1 - Sapezhko; 2 - plasty with a polypropylene graft of the "on lay" type; 3 - plastic surgery with a polypropylene graft of the "in lay" type; 4 - Napalkova; 5 - plasty with a polypropylene graft of the "sub lay" type; 6 - Champion? Choose the correct combination of answers.

413. A 30-year-old patient was operated on for a strangulated inguinal hernia. When opening the hernial sac, two loops of the small intestine were found to be infringed, which are viable in appearance.

Give me a definition the nature of the infringement of the small intestine. What needs to be checked during the operation?

414. A 33-year-old patient was admitted to the hospital with a diagnosis of strangulated inguinal hernia on the right 1 hour after the onset of the disease. When viewed in the emergency department, the hernia spontaneously retracted into the abdominal cavity, the patient notes a significant improvement in the condition and the absence of pain. On examination: heart rate - 78 in 1 minute, blood pressure 120/80 mm Hg. The hernial orifice is 3 cm in diameter, the hernial protrusion is slightly painful and is freely reduced into the abdominal cavity. The rest of the abdomen is painless. There are no symptoms of peritoneal irritation.

Formulate a diagnosis? What is the further surgical tactics?

415. During a planned operation of inguinal hernia repair, after opening the hernial sac, about 50 ml of a transparent yellowish liquid with the smell of urine was released. During the revision, it turned out that the lumen of the bladder was opened.

What kind of hernia does the patient have? What is characteristic of this type of hernia? How to finish the operation?

416. During an emergency operation for a strangulated femoral hernia in a 60-year-old patient, after opening the hernial sac and dissecting the strangling ring, a 10 cm area of necrosis of the strangulated loop of the small intestine was revealed. small intestine.

What are your next steps? What are the boundaries of the resection of the adductor and efferent parts of the intestine? What is the difference?

417. In a 71-year-old patient with jaundice and cholangitis, a 4 cm choledoch structure was found during surgery. The cystic duct is passable.

What surgical intervention is expedient to perform in this case?

418. A 54-year-old patient was admitted to the surgical department with acute pain in the epigastrium and right hypochondrium, fever up to 38°C, nausea. Ultrasound revealed multiple small stones in the lumen of the gallbladder, thickening of the walls of the gallbladder, expansion of the lumen of the common bile duct up to 8 mm. Conducted conservative treatment for cholelithiasis and acute calculous cholecystitis. After 2 days, the pain syndrome was stopped, the body temperature was normal, but icterus of the skin and sclera appeared. In the analyzes, an increase in the level of total bilirubin up to 114 $\mu\text{mol/l}$, direct 89 $\mu\text{mol/l}$, indirect 25 $\mu\text{mol/l}$. It was decided to perform ERCP, which revealed a sharp expansion of the intra- and extrahepatic ducts, in the distal choledochus a round-shaped filling defect up to 4 mm in diameter, no contrast enters the lumen of the duodenum.

Formulate a diagnosis? Further treatment tactics?

419. A patient is admitted with complaints of severe epigastric pain radiating to the lower back, repeated vomiting, dry mouth. Got sick after eating fatty foods and alcohol. The condition is severe, the patient is pale, there are cyanotic spots on the skin of the anterior abdominal wall. HR-120 in 1 minute, BP 90/60 mm Hg, pulse of weak filling and tension, mild signs of acrocyanosis. In the blood, leukocytosis is up to $13.0 \times 10^9/l$, amylase is 512 U/l. On ultrasound

of the abdominal cavity, an increase in the size of the pancreas, in all parts of the abdominal cavity and in the omental bag, there is free fluid.

Formulate a diagnosis and choose a method of treatment? Choose the correct combination of answers.

420. A 60-year-old patient is admitted to the surgical department with a clinical picture of cholelithiasis, acute obstructive calculous cholecystitis 3 hours after the onset of the disease. The condition is of moderate severity, there are no signs of peritonitis and jaundice.

Choose a surgical tactic in relation to this patient and drugs for treatment?

421. The patient was admitted to the emergency department with complaints of pain in the epigastrium and right hypochondrium. Sick for 3 days. On examination, the skin and sclera are icteric. Hemodynamics is stable. The abdomen is moderately painful in the right hypochondrium. The gallbladder is not palpable. There are no symptoms of peritoneal irritation.

Formulate a preliminary diagnosis and select an algorithm for instrumental examination for this patient. Choose the correct combination of answers.

422. Patient Zh., aged 48, was admitted with complaints of weakness, dizziness, nausea, single vomiting of blood. These phenomena appeared suddenly 6 hours before admission to the hospital. From the anamnesis it was found out that 10 years ago after childbirth the patient suffered from viral hepatitis. On admission he was in a state of moderate severity. The skin is pale, the sclera is subicteric. Pulse 90 in 1-minute, rhythmic, satisfactory filling. BP 100/70 mmHg the abdomen is somewhat enlarged, symmetrical. Expanded venous collaterals are visible on the anterior abdominal wall. On palpation, the abdomen is soft, painless in all departments. Percussion - there is dullness in the sloping areas of the abdomen. The liver protrudes from under the edge of the costal arch by 2 cm, dense. The spleen is enlarged. The kidneys are not palpable, there are no dysuric disorders. Rectal digital examination revealed no pathological formations, traces of black feces on the glove. Blood test: erythrocytes - $3.0 \times 10^{12}/l$; Hb - 100 g/l; platelets - $110 \times 10^9/l$; leukocytes - $6.7 \times 10^9 / l$; E - 1%, P - 7%, C - 69%, L - 17%, M - 2%, ESR - 35 mm / h. Total bilirubin - 30.0 $\mu\text{mol}/l$. Blood glucose - 6.4 mmol / l. Urinalysis: acid reaction, beats. Weight - 1022, protein - 0.08 g / l, leukocytes - 2-3 in the p / line, erythrocytes - 3-4 in the p / line.

Formulate a diagnosis? Treatment strategy?

423. A 38-year-old patient with a history of peptic ulcer was admitted with severe pain throughout the abdomen, nausea 2 days after the onset of the disease, which manifested itself as "dagger pain" in the epigastrium, which later spread throughout the abdomen. Examination revealed free gas under the dome of the diaphragm. Diagnosed with gastric ulcer complicated by perforation, peritonitis. After performing laparotomy, it was found that in all parts of the abdominal cavity there is a large amount of purulent-fibrinous effusion, the peritoneum is hyperemic. On the front wall of the stomach in the area of the pylorus there is a perforated hole up to 0.8 cm in diameter, from which bile flows.

Which operations are appropriate to perform in a particular clinical situation: 1 - Finney pyloroplasty, 2 - Oppel-Polikarpov operation, 3 - Bridge duodenoplasty, 4 - Simple suturing of

the perforation, 5 - Gastric resection, 6 – Heineke-Mikulich pyloroplasty and selective proximal vagotomy, 7 - Pyloroplasty according to Heineke-Mikulich and stem vagotomy? Choose the correct combination of answers.

424. The patient was admitted to the surgical department with a diagnosis of duodenal ulcer, complicated by bleeding. Heart rate-110 per min. AD-90/60 mm Hg In blood tests - Er. $2.25 \times 10^{12}/l$, Hb-70 g/l. Attempts at endoscopic hemostasis are ineffective. The patient was taken for surgery. During surgery, after transverse duodenotomy, an ulcer was found on the posterior wall of the duodenum with penetration into the head of the pancreas and active bleeding.

What operations can be performed: 1 - Resection of the stomach "to turn off" the ulcer, 2 Duodenotomy, stitching of the ulcer crater, 3 - Segmental duodenoplasty, 4 - Excision of the ulcer with suturing of the duodenal defect, trunk vagotomy, 5 - Extraduodenization of the ulcer with stitching of the ulcer crater? Choose the correct combination of answers.

425. A patient is admitted to the surgical department with complaints of "coffee grounds" vomiting, black stools, weakness, dizziness. In blood tests, Er - $2.25 \times 10^{12} / l$, Hb - 70 g / l. On gastroscopy, an ulcer of the posterior wall of the duodenum was revealed, with a black fixed thrombus that completely covers the ulcer crater, there is no leakage of blood from under the thrombus.

How to interpret the endoscopic picture according to the Forrest classification, treatment tactics, is hemotransfusion indicated for the patient? Choose the correct combination of answers.

426. A patient is operated on an emergency basis for peritonitis. The operation revealed a large tumor in the region of the greater curvature of the stomach with invasion into the pancreas and mesentery of the transverse colon, multiple metastases to the liver and lymph nodes of the lesser omentum and para-aortic nodes. Perforation up to 3 cm in diameter in the center of the tumor. Around the perforation, the fabrics are of stony density; when stitched, they crumble and are cut through with a thread. Peritonitis is fibrinous-purulent, diffuse.

Classify the stomach tumor according to TNM classification and choose the method of surgical treatment. Choose the correct combination of answers.

427. A 38-year-old patient was admitted to the hospital with complaints of pain in the epigastrium, heartburn, aggravated in a horizontal position. Sick for 3 years. During further examination, a diagnosis of reflux esophagitis was established.

Conservative treatment was prescribed: 1. Fractional nutrition 2. Elevated position of the body during sleep 3. Normalization of body weight in obesity 4. Diet with low fiber content 5. Wearing loose (not tight) underwear. Choose the correct combination of answers.

428. Video laparoscopy is planned for a patient with acute pancreatitis and enzymatic peritonitis.

The treatment and diagnostic algorithm for this operation should include: 1. Examination of the abdominal cavity and pancreas and assessment of pathological changes 2. Resection of inflamed areas of the gland 3. Sanitation and drainage of the abdominal cavity and omental sac 4. Cholecystectomy 5. Cholecystostomy. Choose the correct combination of answers.

429. A 66-year-old patient has a 3-day obstruction caused by cancer of the sigmoid colon. There are no visible metastases.

To what extent is surgery indicated?

430. An 85-year-old patient has advanced obstruction due to a tumor of the sigmoid colon, with severe somatic pathology and liver metastases.

The most rational tactic?

431. An 80-year-old patient is admitted with complaints of cramping abdominal pain, stool and gas retention, nausea. Sick for 4 days. Due to the consequences of stroke, the anamnesis cannot be clarified. On examination, the abdomen is moderately swollen, with palpation a splashing noise is determined. On auscultation, heart sounds are heard. On rectal examination, tone sphincter is reduced, rectal ampulla is swollen, empty. On the survey R-gram of the abdomen - multiple bowls of Cloiber. When trying to perform a cleansing enema, the patient retains no more than 500 ml of water. This condition is caused by the following factors: 1- Symptom of "splash noise" is explained by the presence of effusion in the abdominal cavity 2 - Acute obstructive intestinal obstruction is characterized by a combination of dehydration with hyperkalemia 3 - A positive symptom of Zege-Mantefeil is characteristic of low obstructive intestinal obstruction 4 - The presence of Cloiber cups on Plain R-graphy of the abdominal cavity is the main radiological sign of acute intestinal obstruction 5 - Listening to heart and breath sounds during auscultation of the abdomen is a positive sign of Lotheissen 6 - Can porphyrin disease cause obstruction in the elderly? Choose the options for the correct statements in this case.

432. A 73-year-old patient, operated on for perforated appendicitis with local peritonitis, on the 7th day after the operation developed pain in the right side of the chest, mild cough, chills. On examination, lagging of the right half of the chest in the act of breathing was noted. On palpation, the lower border of the lungs is somewhat elevated, pain is determined in the right hypochondrium and along the IX-X intercostal space. Chest X-ray revealed the presence of fluid in the right sinus, the rise of the right dome of the diaphragm and the restriction of its mobility, the increase in the size of the liver shadow. Blood leukocytes $21 \times 10^9/l$.

Formulate a diagnosis? Best tactic? Choose the correct combination of answers.

433. A 63-year-old woman complains of chest pain when breathing, dry cough, fever up to 38°C . He is registered in the oncology dispensary with a diagnosis of left breast cancer IV clinical group. When viewed in the left mammary gland, a dense tuberos tumor of large size, inactive, with germination into the pectoral muscles is determined. In the axillary region, enlarged dense lymph nodes. R-graphy of the chest revealed multiple metastases to the lungs and pleura, the presence of a fluid level up to the 5th rib in the left pleural cavity.

What complication can we talk about? What type of chemotherapy is indicated in this case? Choose the correct combination of answers.

434. On examination, a 52-year-old patient complains of enlargement of the right mammary gland. On examination: the condition is relatively satisfactory, body temperature is normal, no enlargement of peripheral lymph nodes was detected. There is a seal and an increase in the size of the entire lower outer quadrant of the right mammary gland, palpation is painless, there is pronounced edema around. There is no discharge from the nipple.

What is your presumptive diagnosis, examination algorithm and treatment plan? Choose the correct combination of answers.

435. On examination, a 50-year-old patient complains of a decrease in the right mammary gland. On examination: the condition is relatively satisfactory, body temperature is normal, hemodynamics is stable. In the right axillary region, a single compacted lymph node up to 1.5 cm in diameter is determined. The right mammary gland is significantly reduced in size, there is a compaction of both the gland itself and the tissues surrounding it, mobility is reduced, the skin over the entire gland is infiltrated, compacted. There is no discharge from the nipple.

What is your presumptive diagnosis, examination algorithm and treatment plan? Choose the correct combination of answers.

436. On examination, a 50-year-old patient complains of weeping and itching of the skin in the region of the right nipple. On examination: the condition is relatively satisfactory, body temperature is normal, hemodynamics is stable. Peripheral lymph nodes are not enlarged. When examining the right mammary gland, its dimensions were not changed, nodular formations and areas of tissue infiltration were not detected. Moderate hyperkeratosis of the nipple and areola is determined, weeping and eczema-like changes in the skin of the areola and paraareolar region with areas of ulceration. There is no discharge from the nipple.

What is your presumptive diagnosis, examination algorithm and treatment plan? Choose the correct combination of answers.

437. Patient Zh, 51 years old, 15 years ago was diagnosed with a nodular euthyroid goiter 3x3 cm in size. All the years the formation did not cause her any concern, over the past 3 months the formation slightly increased in size. The patient notes a deterioration in the general condition: weakness, fatigue. On palpation in the left lobe of the thyroid gland, a tumor-like formation is 4 cm in diameter, the surface is uneven, the consistency is dense. Education is limited in mobility. Lymph nodes along the left sternocleidomastoid muscle are enlarged up to 3 cm, dense.

What would you diagnose? How can the diagnosis be confirmed and what research methods should be used to clarify the stage of the disease? How will you treat the patient? Choose the correct combination of answers.

438. A 36-year-old patient suffering from persistent constipation went to the doctor with complaints of severe pain in the anus, which appear after act of defecation and last about 1.5 hours. Periodically notes streaks of scarlet blood on the feces. At the age of 28, she suffered from dysentery.

What disease are these complaints typical for? What additional research methods should be performed for this patient? With what diseases should a differential diagnosis be made? What is the significance of past dysentery for this disease?

439. A 32-year-old man who has been suffering from hemorrhoids for 2 years, 2 days ago after an error in the diet, had acute pain in the anus. The prolapsed hemorrhoidal nodes have ceased to be set in the rectum, inflammation and edema are noted in the region of the prolapsed nodes. Body temperature increased to 38.1°C.

What is the name of this complication? What instrumental research methods are indicated for this patient? What treatment is indicated for the patient? Choose the correct combination of answers.

440. A 44-year-old patient consulted a doctor with complaints of severe pain in the anus that appears after defecation and lasts about 1.5 hours. Periodically notes streaks of scarlet blood on the feces. When examining the anal canal and the perianal region at 6 o'clock in the anal canal, a linear mucosal defect up to 1 cm long with callused, callous edges is determined. The tone of the sphincter is sharply increased. Finger research is extremely painful. Diagnosed with chronic anal fissure.

Select therapeutic measures that can be applied in the treatment of this pathology: 1) suppositories with anesthesia, antispasmodics and drugs that improve regeneration; 2) sitz baths and microclysters with chamomile decoction; 3) fixing diet; 4) introduction of an alcohol-novocaine mixture under the fissure; 5) electrocoagulation of the fissure; 6) devulsion of the rectal sphincter; 7) bougienage of the anus

441. A young woman, against the background of a normal pregnancy, has 22 weeks. varicose veins appeared on the right lower extremity. The surgeon found that the deep veins of the right leg are passable, there is insufficiency of perforating veins in its lower third. On palpation, the veins are soft, painless, the skin over them is not changed.

Determine the degree of CVI in the patient according to parameter C according to the CEAP classification? Tactics of treatment in this case? Choose the correct combination of answers.

442. A 44-year-old patient, on the 4th day after an emergency hernia repair for a strangulated ventral hernia, complains of pain on the inner surface of the right leg, fever up to 37.8°C. On examination, varicose saphenous veins on both lower extremities, skin pigmentation, and lipodermatosclerosis are determined. Along the course of the great saphenous vein on the right, hyperemia, swelling of the skin and soft tissues, pain on palpation is determined. The next day, the disease progresses and pathological changes along the vein reach the middle third of the thigh.

Determine the degree of CVI in the patient according to parameter C according to the CEAP classification? What complication appeared and tactics of treatment in this case? Choose the correct combination of answers.

443. A 53-year-old patient was delivered to the admission department a day after the onset of the disease. Upon admission, he complained of severe pain in the left leg, of a permanent nature, which appeared suddenly against the background of relative well-being. Moderate condition. The skin of the left foot and lower leg to the level of the upper third is pale, cold to the touch, with a "marble pattern". There are no edema, active movements in the joints of the fingers are preserved, there is no pulsation in the popliteal and arteries of the foot. From the anamnesis of life, it is known that the patient suffered a myocardial infarction about a year ago, there is atrial fibrillation, varicose veins of the lower extremities, chronic venous insufficiency C2 according to the CEAP classification.

What is your presumptive diagnosis? Classify the type and degree of ischemia. What could be the cause of the disease? How will you treat the patient? Choose the correct combination of answers.

444. A 70-year-old patient was admitted to the clinic with complaints of constant pain in the right foot, coldness of the foot, intermittent claudication. It can walk no more than 75 m without stopping. On examination, the pulsation of the femoral artery is preserved, the popliteal artery is moderately weakened, the pulsation of the arteries of the foot is not detected. Triplex scanning of the vessels of the lower extremities revealed stenoses of the anterior and posterior tibial arteries with a narrowing of up to 70% of the lumen. ABI = 0.37.

What is your presumptive diagnosis? Classify the type and degree of ischemia. How will you treat the patient? Choose the correct combination of answers.

445. A 65-year-old patient complained of strong urge, inability to urinate independently, pain in the lower abdomen. These symptoms increase within 14 hours.

What is your presumptive diagnosis?

446. A 70-year-old patient complains of weakness, headache, nausea, vomiting, involuntary excretion of urine from the urethra drop by drop. The skin is pale, the tongue is dry coated with a brown coating. The abdomen is soft, the kidneys are not palpable, effleurage symptom is negative on both sides. Percussion bladder is determined 6 cm above the womb. The prostate gland is evenly enlarged, densely elastic in consistency, its surface is smooth, the interlobar groove is smoothed. Serum urea 12 mmol/l.

What is your presumptive diagnosis?

447. A 32-year-old patient has a typical picture of right-sided renal colic. On the survey radiograph of the urinary system in the projection of the lower third of the right ureter, a stone shadow measuring 0.8 x 0.4 cm is determined. After the injection of baralgin 5 ml intravenously and a warm bath, the pain subsided, but after 30 minutes resumed again. The patient is restless, takes various positions, groans, asks for help.

What should be done to stop recurrent renal colic?

448. A 44-year-old patient, suffering from a stone in the lower third of the left ureter, had an attack of left-sided renal colic 6 hours ago, her body temperature rose to 38.4°C, she had a tremendous chill. The abdomen is painful in the left hypochondrium, the painful lower pole of the left kidney is palpated. On the survey radiograph of the urinary system in the projection of the juxtavesical section of the left ureter, the shadow of the calculus is determined with dimensions of 0.5 x 0.4 cm.

What method of treatment will hope for relief of acute pyelonephritis?

449. A 30-year-old patient was admitted to the clinic with complaints of increased blood pressure up to 190/120 mm Hg, ill after a bruise in the lumbar region. During the year he was unsuccessfully treated in a therapeutic hospital. Pulse 80 beats per minute, rhythmic, intense. Heart sounds are muffled. Emphasis of the second tone on the aorta. The kidneys are not palpable. The symptom of tapping is negative on both sides. Auscultation of the projection of the

renal vessels on the anterior wall of the abdomen reveals a coarse systolic murmur. There is no dysuria.

What is your presumptive diagnosis?

450. A 32-year-old patient complains of pain in the lumbar region, increased blood pressure up to 180/120 mm Hg. Sick for 3 years. Pulse 80 beats s 1 minute, rhythmic, satisfactory filling. The abdomen is soft, the kidneys are not palpable. The effleurage symptom is questionable on the right. In the vertical position of the body, the lower segment of the right kidney is palpated. There is no dysuria. At times gross hematuria.

What is your presumptive diagnosis?

451. A 35-year-old patient was admitted to the clinic with complaints of pain in the lumbar region, fever up to 39°C, chills. Sick 2nd day.

Correct physique. Body temperature 39 ° C. Pulse 100 beats per 1-minute, rhythmic, satisfactory filling. Vesicular breathing in the lungs. The tongue is dry, not furred. The abdomen is soft. The symptom of effleurage is positive on the left. There is no dysuria. Microhematuria, leukocyturia. Ultrasound showed dilatation of the pelvicalyceal system on the left. The mobility of the left kidney is limited. Ultrasound picture of the right kidney is not changed. On the overview picture of the urinary system, at the level of the transverse process of L3 on the left, there is a shadow suspicious of a calculus, 9 x 4 mm in size. There are no pathological formations in the pyelocaliceal system of the right kidney on excretory urograms. The passage of the contrast medium through the ureter is not disturbed. On the left, moderate pyelectasis. Expansion of the ureter proximal to the shadow of the calculus described above. Positive Lichtenberg's sign. With polypositional urography, the shadow of the calculus coincides with the shadow of the ureter, made with a contrast agent.

What method of treatment will allow hoping for relief of an acute inflammatory process?

452. A 55-year-old patient was admitted to a urological clinic with complaints of frequent painful urination, excretion of blood in the urine. Sick for 4 months. The abdomen is soft and painless. The kidneys are not palpable. The symptom of tapping is negative on both sides. The prostate is not enlarged with a smooth surface, painless. In the overview picture of the urinary system, there are no shadows suspicious for calculi. During his stay in the clinic, the patient developed total painless macrohematuria with shapeless blood clots, in connection with which an urgent cystoscopy was performed. On the left side wall of the bladder, a coarse-villous tumor was found in three fields of view of the cystoscope, on a wide base, not casting a shadow. The right mouth of the ureter is located in a typical place, slit-like. The left mouth of the ureter is not defined

What research method should be performed for a more accurate diagnosis of the disease?

453. A 25-year-old patient was brought to the clinic because of pain in the right lumbar region, gross hematuria with clots. From the anamnesis it is known that an hour ago he was struck in the right lumbar region. The position of the patient is forced: there is a pronounced left-sided scoliosis, swelling is determined in the right lumbar region. Pulse 105 beats per minute. Blood pressure 85/50 mm Hg. Art. There are no signs of peritoneal irritation. Free fluid in the

abdominal cavity is not determined. Excretory urograms show the left kidney of normal size, pyelocaliceal system stem has not been changed. The passage of the radiopaque substance through the ureter is not disturbed. On the right, the contrast agent in the projection of the kidney and urinary tract is not determined.

What is your presumptive diagnosis?

454. A 37-year-old patient suddenly developed acute pain in the right lumbar region, radiating to the thigh; behavior restless, frequent urination. In the analysis of urine fresh erythrocytes.

What is your presumptive diagnosis?

455. A 40-year-old patient has pain in the lower back on the left for 3 days, accompanied by fever up to 39-40°C, with chills, pyuria. From the anamnesis it is known that a stone of the upper third of the left ureter measuring 3.0 x 1.0 cm was found a year ago; surgical treatment was offered, which the patient refused.

What study is most appropriate to perform to clarify the diagnosis?

456. A 62-year-old patient has been complaining of difficult urination for the last 3 years, sluggish and thin stream of urine. The skin is of normal color, the tongue is moist, not lined. The abdomen is soft and painless. The kidneys are not palpable, the effleurage symptom is negative on both sides. The bladder percussion is not determined. External genital organs are not changed. On rectal examination, the prostate is moderately enlarged, its right lobe is bumpy, stony, painless. The rectal mucosa over the right lobe is motionless. PSA - 21.4 ng / ml.

What is your presumptive diagnosis?

457. A 59-year-old patient applied to the clinic of nervous diseases due to lumbosacral sciatica. Sick for a year, periodic exacerbations. Treatment, including sinusoidal currents, is not effective. When examining organ systems without features. There is no dysuria. The external genitalia are unchanged. On rectal examination, the prostate is not enlarged, lobulated, soft elastic consistency, smooth. PSA 25 ng/ml.

What study is most appropriate to perform to clarify the diagnosis?

458. A 70-year-old patient complains of weakness, dizziness, poor appetite, thirst. With increasing symptoms, he has been ill for 1-1.5 years. Not treated. Tongue dry, coated. BP 160/100 mmHg the kidneys are not palpable, however, their area is painful. Percussion the bladder is defined above the pubis by three transverse fingers. On rectal examination, the prostate was enlarged, of stony consistency, paraprostatic tissue was infiltrated. Ultrasound showed hydronephrotic transformation on both sides. The content of urea in blood serum is 20 mmol/l, glucose is 5.5 mmol/l, PSA is 120 ng/ml.

What is your presumptive diagnosis?

459. Young man 18 came to the emergency department with complaints of pain in the penis. The head of the penis is edematous, cyanotic due to infringement by the foreskin.

What is your presumptive diagnosis?

460. A 45-year-old man was brought to the emergency department with complaints of a sharply painful erection of the penis, lasting for 18 hours. From the anamnesis it is known that an erection arose after the introduction of 3 ml into the cavernous bodies. papaverine hydrochloride to induce an erection. When viewed from the penis in a state of erection, palpation of the penis is sharply painful.

What is your presumptive diagnosis?