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**EXAMINATION TICKET № \_\_\_\_\_\_1\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Gallstone disease. Clinic, diagnosis, treatment.
2. Thrombosis, embolism. Etiology. Pathogenesis. Clinic, diagnosis, treatment.
3. Situational task.

A 31-year-old woman had pain in the epigastric region, nausea, and fever reached 37.3 ° C. A few hours later, pains spread throughout the abdomen, and then localized in the right ileal region. With palpation of the abdomen, the muscle tension in the right lower quadrant is found. The pain is worse when the patient is on the left side. Vaginal examination determines the painfulness of the right arch. The difference in temperature of the rectal and in the axillary region is 1.3 ° C.

What disease is caused by this clinical picture? What are the symptoms?

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**EXAMINATION TICKET № \_\_\_\_\_\_2\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Thyroiditis, struma. Clinic, diagnosis, treatment.

2. Obliterating endarteritis. Clinic, diagnosis, treatment.

3.Situational task.

А patient 47 years 5 days ago there were pains in the right side, a nausea, a single vomiting. He did not go to the doctor, hr drank no-shpu. He was at home, he did not measure the temperature. However, the pains continued to bother, began to feel a "feeling of heat." Upon examination, the skin of the face is slightly hyperemic, the pulse rate is 92 beats per minute. The abdomen is soft and painless in palpation, in the right ileal region it is palpated dense, painful, without clear boundaries, 12x8 cm displacement is not displaced, the Shchetkin-Blumberg symptom is negative.

What is the diagnosis of this patient? What treatment should I apply?

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**EXAMINATION TICKET № \_\_\_\_\_\_3\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Diffuse thyrotoxic goiter. Clinic. Conservative and surgical treatment.

2. Obliterating atherosclerosis. Clinic, diagnosis, treatment.

3.Situational task.

A patient of 63 years after lifting of gravity in the field of a belly-button there was a round formation in size with an apple, strong pains in a stomach, repeated vomiting. Earlier this, only of smaller sizes, formation emerged, but in the lying position spontaneously recovered. At the moment, education was not eradicated in a horizontal position and did not get into the abdominal cavity.

When viewed - on the face grimace of pain, in the umbilical region rounded formation 8x10x5 cm, painful, elastic consistency, cough impulse is not carried out. The skin over the formation is slightly cyanotic. With palpation of the abdomen, moderate soreness in all parts, with percussion - tympanitis.

What is the diagnosis of this patient? The tactics of a doctor in this situation?

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**EXAMINATION TICKET № \_\_\_\_\_\_4\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1.Complications of operations on the thyroid gland, prevention, treatment.

2. Varicose veins of the lower extremities. Clinic, diagnosis, treatment.

3.Situational task.

Within three hours the patient, 37 years old, experiences a sharp attack of pain in the epigastric region to the right ("as if struck with a knife"), nausea. From his youth he suffers from a peptic ulcer of the duodenal ulcer. As the pains were very intense, the relatives called for an ambulance.

At admission: the situation forced on the right side. The tongue is dry, coated with a brown coating. The stomach is drawn in, it does not participate in the act of breathing. Positive symptom Dzbanovsky-Chuguev. At palpation, the anterior abdominal wall is sharply painful and tense in all parts. With percussion, hepatic dullness is absent. In the right iliac region, the symptom of Schetkin-Blumberg is positive.

What is the diagnosis of this patient? What methods of instrumental diagnostics should be applied?

What is the treatment tactic?

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**EXAMINATION TICKET № \_\_\_\_\_\_5\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1.Esophageal cancer. Classification. Clinic. Diagnostics. Treatment.

2. peptic ulcer disease of the stomach and duodenum, complicated by bleeding. Classification. Clinic. Diagnostics. Treatment.

3.Situational task.

Patient 64 years after eating fried fish felt pain in the right hypochondrium, nausea. Three times there was vomiting of bile.

Such pains for the first time. Reception no-shpy and rinsing the stomach did not have an effect. In view of incessant pains I went to the polyclinic. The district doctor sent the patient to the hospital on duty. At admission - a state of moderate severity. Patient with increased nutrition, sclera of the eyes are slightly icteric. The tongue is dryish, coated with a yellowish coating. The abdomen is enlarged in volume, limitedly participates in the act of breathing. At palpation, the abdomen is painful in the right hypochondrium, where an enlarged, strained, painful gallbladder is palpable. Here is a positive symptom of Shchetkin-Blumberg. The soreness between the legs t. Sternocleidomasoideus is determined.

What is the diagnosis of this patient? What is the tactic of the doctor in this situation?

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**EXAMINATION TICKET № \_\_\_\_\_\_6\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1.Abscess of the lung. Etiology. Classification. Clinic, diagnosis, treatment.

2. Defect of interventricular septum. Clinic, diagnosis, treatment.

3.Situational task.

A patient, 77 years old, felt cramping pains in the abdomen, expressed nausea. A few hours later there was a double vomiting, first eaten by food, and then bile. He did not go to the toilet for the last three days. He notes the loss of appetite, aversion to meat products, weight loss for the last six months. When examined - a patient undernourished, skin of pale color, eyeballs sunken. The tongue is dry, coated with a brown coating. The abdomen is asymmetrical, the right half of the abdomen is swollen, the left festering, is limited in the act of breathing. At palpation, the abdomen is moderately painful in all departments, the symptom of Schetkina-Blumberg is negative. In the mesogastrium, palpation is determined by the symptom of Valya, while percussion is positive for the symptom of Kivul. Positive symptom Sklyarov. Percussion in the sloping parts of the abdomen is dullness.

What is the diagnosis of this patient? What methods of instrumental diagnosis are the confirmation of the diagnosis? What is the treatment tactic?

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**EXAMINATION TICKET № \_\_\_\_\_\_7\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Peptic ulcer disease of stomach and duodenum. Indications for surgical treatment.

2. Defect of the interatrial septum. Clinic, diagnosis, treatment.

3.Situational task.

A child, 8 years old, began to complain of very severe pain in the abdomen, there was repeated vomiting. He did not go to the toilet for two days. On examination, the boy's behavior is restless, the skin is pale. The tongue is dry, coated with a white coating. The stomach is swollen, does not participate in the act of breathing. At palpation the abdomen is soft, in the right upper quadrant a "sausage" oblong painful formation is defined. Per rectum: on the glove traces of stool and blood.

What is the presumptive diagnosis of a child? What kind of research is needed? What medical measures should be taken?

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**EXAMINATION TICKET № \_\_\_\_\_\_8\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Bronchoectatic disease. Etiology, clinic, diagnostics, treatment.

2.Patent ductus arteriosus (PDA). Clinic, diagnosis, treatment.

3.Situational task.

The patient, 58 years old, felt very severe pain in the epigastric region, which then spread to both hypochondria, and a few hours later became "shrouded". Pain was accompanied by repeated vomiting, not bringing relief. Objectively - the patient's behavior is restless, the skin of marble color. The sclera of the eyes are slightly icteric. The abdomen is moderately inflated, in the breath is not evenly involved, the upper half is behind. When palpating the abdomen is a soft, painful epigastrium, where palpable painful, dense, voluminous formation without clear. There is soreness in the left rib-vertebral corner. Positive symptoms of Chukhrienko, Voskresensky. In urine, the high content of diastase.

What is the diagnosis of the patient? What instrumental diagnostic methods should be used to confirm the diagnosis? What treatment should I apply?

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**EXAMINATION TICKET № \_\_\_\_\_\_9\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1.Peptic ulcer disease, malignancy complications. Clinic, diagnosis, treatment.

2. Coarctation of the aorta, clinic, hemodynamics, diagnostics, methods of surgical treatment.

3.Situational task.

A 15-year-old patient, entered the thoracic department with complaints of coughing with purulent sputum, especially in the mornings. He has been sick since childhood, was repeatedly treated for pneumonia, an increase in the number of cough phlegm notes in the spring and autumn. In 4 years of age he suffered measles.

Objectively: high growth, asthenichen. The skin is pale. The thorax is asymmetrical, the left half, especially in the lower parts, is sunken. With percussion, the mediastinal boundaries are shifted to the left. To the left, behind the scapula, are numerous moist fine-bubbling rales. In the analysis of blood Le 10х109 / l, ESR 28 mm / hour.

What is the preliminary diagnosis of this patient? What X-ray methods should be used? What kind of treatment should be prescribed?

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**EXAMINATION TICKET № \_\_\_\_\_\_10\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Acute appendicitis. Clinic, differential diagnostics.

2. Stenosis of the pulmonary artery, clinic, hemodynamics, diagnostics, methods of surgical treatment.

3.Situational task.

Patient, 45 years old, entered the therapeutic department with complaints about high

temperature (up to 39 ° C), pain in the right half of the chest, dyspnea, cough with

poor sputum, sharp weakness. Two weeks are sick, despite the ongoing treatment for

the condition continues to deteriorate. Objectively – bad situation.

The situation is involuntary - the patient sits, leaning his hands on the edge of the bed. Skin

the covers are earthy, the mucous membranes are cyanotic, the veins of the neck are swollen, especially on the right, the right half of the chest lags behind with breathing, the intercostal spaces are smoothed. When percussion - left pulmonary sound, right blunting over all pulmonary fields. Borders

The mediastinum is displaced to the left. Auscultatory - on the right breath is not audible, on the left - vesicular with individual wheezing.

What is the presumptive diagnosis? By what method of investigation is it possible to establish a definitive diagnosis? How should I treat a patient?

Составил зав. кафедрой: Чарышкин А.Л. Подпись\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EXAMINATION TICKET № \_\_\_\_\_\_11\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Clinical features of the acute appendicitis children, pregnant women and people of elderly and old age.

2.Aortic stenosis. Clinic, hemodynamics, diagnostics, methods of surgical treatment.

3.Situational task.

Patient is 56 years old, entered the surgical department with complaints of severe pain throughout the abdomen, a constant unvoiced vomiting with an unpleasant odor, and no escaping of gases. Is sick for 6 days. Initially, the patient noted the occurrence of pain in the epigastric region, which after a few hours moved to the right iliac region, nausea. I did not go to doctors, I drank vodka with salt. The condition gradually worsened, pains spread throughout the abdomen, frequent vomiting joined. Relatives delivered the patient to the hospital. The patient's condition is severe. Lies on the right side with the legs brought to the stomach. The facial features are pointed, the eyes are sunken. Pulse-124 ud, in min. weak filling, blood pressure 100/70 mm Hg. The tongue is dry, covered with a brown coating. The abdomen is evenly swollen, does not participate in the act of breathing, is strained at palpation, sharply painful. Positive symptom is Shchetkin-Blumberg in all departments. Percussion - tympanitis, with auscultation - a single intestinal noise. The chair was not from the moment of the disease, the gases do not depart.

What is the diagnosis of this patient? What instrumental methods should I use to confirm the diagnosis? Which treatment method should be used?

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**EXAMINATION TICKET № \_\_\_\_\_\_12\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Acute appendicitis. Classification. Clinic. Diagnostics.

2.Duodenal ulcer disease.complicated by stenosis. Classification. Clinic. Treatment.

3.Situational task.

Patient, 48 years old, complained of general weakness, dizziness, vomiting of the color of the "coffee grounds", a tarry stool. A similar state is noted during the last 24 hours. Earlier, about 2 years, moderate pains in the epigastrium in the mornings, which passed after eating, were disturbed.

The patient is of moderate severity. Skin and mucous pale color, subcutaneous fat layer is weakly expressed. Pulse 104 beats per minute, blood pressure 95/80 mm Hg. The tongue is moist, densely covered with a touch of "coffee grounds". The abdomen is involved, participates in the act of breathing in all departments. At palpation the stomach is soft, painless.

What instrumental diagnostic methods should be used to confirm the diagnosis? What is the clinical diagnosis of this patient? What treatment should I appoint a patient?

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**EXAMINATION TICKET № \_\_\_\_\_\_13\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Acute appendicitis. Operational access. Types of appendectomy.

2. The tetrad of Fallot. Clinic, diagnosis, treatment.

3.Situational task.

Patient, 53 years old, entered the thoracic department with complaints about a recurring cough with a small amount of purulent sputum, subfebrile temperature, general weakness, poor appetite. Three months ago he was discharged from the pulmonology department, where he was treated for abscessed bronchopneumonia on the right.

On examination, the condition is of medium severity, the skin is pale-earthy in color, light cyanosis of the lips. The subcutaneous fat layer is weakly expressed, the terminal phalanges of the fingers are thickened. The right half of the chest lags behind in the act of breathing. With percussion - a pulmonary sound, with auscultation on the left - vesicular breathing, with auscultation from the right-behind at the level of the crest of the scapula-amphoric breathing. In the analysis of the blood - HB. 105 g / l, Le 9.8 x 109.

What instrumental methods of diagnosis should be used to confirm a clinical diagnosis? What is the preliminary clinical diagnosis of this patient? What treatments should I use?

Составил зав. кафедрой: Чарышкин А.Л.

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**EXAMINATION TICKET № \_\_\_\_\_\_14\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Peptic ulcer of duodenum , complicated by penetration. Clinic. Diagnostics. Treatment.

2. X-ray endovascular methods of treatment of ischemic heart disease.

3.Situational task.

Patient 29 years old, entered the department of vascular surgeons with complaints about the feeling of numbness and burning in the hands of both hands, intense pain in the fingers of the hands (especially in the forefinger) in the cold and when immersed in cold water. She considers herself to be sick for 2 years. I did not go to doctors. In connection with increased pain in the hands hospitalized.

Objectively - the general condition of the patient is satisfactory, the skin of the fingers is pale, with cold and wet palpations (especially the distal phalanges). Pulse on the radial arteries of weak filling and tension. The brush function has been saved. On reovasography of the upper extremities, the nitroglycerin test is negative.

What is the preliminary diagnosis of this patient? What mechanisms are at the heart of the disease? What are the treatment methods?

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**EXAMINATION TICKET № \_\_\_\_\_\_15\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Ileus. Classification.

2. Surgical methods of myocardial revascularization ischemic heart disease.

3.Situational task.

A man, 60 years old, complains of the appearance of severe pain in the calf muscles of both legs after 250-300 meters, a feeling of numbness and chilliness of the feet. A smoker with 35 years of experience. Skin covers of normal color, subcutaneous fat layer is poorly developed. The lower limbs are atrophic, the muscles are flabby, the skin is pale, the hair is almost absent. On the plantar surface, the foot is hyperkeratosis. Pulsation of the arteries on both lower limbs is absent on all three levels. A systolic noise is heard over the abdominal aorta.

What is the preliminary clinical diagnosis of this patient? What methods of treatment can be applied?

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**EXAMINATION TICKET № \_\_\_\_\_\_16\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1.Appendicular infiltration. Etiopathogenesis. Clinic. Treatment.

2. Ileus strangulation. Clinic, diagnosis, treatment, prevention.

3.Situational task.

Mom of a child of 3 years complains about the presence of dyspnea and fast fatigue during physical exertion. Arterial pressure with a large pulse fluctuation due to a decrease in diastolic pressure. Above the heart in the second and third intercostal space to the left of the sternum is a systolic-diastolic murmur. At the Phonocardiogram noise has a rhomboid shape.

What is the clinical diagnosis of this patient? What instrumental methods of examination are needed to confirm the diagnosis? Methods of treatment?

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**EXAMINATION TICKET № \_\_\_\_\_\_17\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1.Mixed form of Ileus. Clinic, diagnosis, treatment.

2.Aneurysms of the heart. Clinic, diagnosis, treatment.

3.Situational task.

Patient, 49 years old, kitchener, appealed to the polyclinic for pain in the legs by the end of the day, swelling and the presence of an ulcer on the left shin. It is sick for many years, the onset of the disease is associated with the last birth at the age of 37. She was treated in a polyclinic by a surgeon, wore elastic stockings.

The skin is of normal color. Lower limbs - extended and convoluted trunks of the large saphenous vein, swelling in the ankle joint, above the left medial ankle, a trophic ulcer measuring 4.0 x 3.5 cm, covered with a purulent coating. Around the ulcers are skin infiltration and maceration. Pulsation of peripheral arteries is distinct.

What is the clinical diagnosis of this patient? Are there any instrumental methods of examination to confirm the diagnosis? Whether operative treatment is shown?

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**EXAMINATION TICKET № \_\_\_\_\_\_18\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Chronic appendicitis. Diagnosis, treatment.

2. Dynamic intestinal obstruction. Kinds. Causes. Differential diagnostics.

3.Situational task.

Patient, 51 years old; entered the department of vascular surgery with complaints of very severe pain in the right leg, numbness of her, inability to walk, general weakness. I got sick suddenly, after I picked up a bucket of water. From the age of 21 he suffers from rheumatism, by the age of 30, a mitral malformation was formed. Twice it has been operated on for mitral stenosis.

Objectively - a serious condition, dyspnea at rest. Skin pale color, mucous cyanotic. Pulse 124 'per minute, arrhythmic (by type of atrial fibrillation). Diastolic noise is heard at the top of the heart. The right leg is pale, cold to the touch, there is no surface sensitivity, the deep one is preserved. Pulse on the right n / extremity is determined only on the femoral artery, on the popliteal artery and arteries of the right foot is absent.

What is the clinical diagnosis of the patient? What instrumental diagnostic methods can be used to confirm the diagnosis? What kind of treatment is indicated by the patient?

Составил зав. кафедрой: Чарышкин А.Л. Подпись\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EXAMINATION TICKET № \_\_\_\_\_\_19\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Abscessed appendicular infiltrate. Clinic. Diagnostics. Treatment.

2. Retrograde infringement. Clinic. Diagnostics. Therapeutic tactics.

3.Situational task.

Patient, 47 years old, complained of pains in the abdomen, a feeling of heaviness in the epigastric region, repeated vomiting, progressive weight loss, constipation. From the youthful age 12 peptic ulcer suffers from peptic ulcer, was repeatedly treated in a hospital, was at the resort. The effect of treatment is short-term. Pain in the abdomen is forced to cause vomiting artificially, which brings relief.

Objectively - the skin is pale, the subcutaneous fat layer is almost absent. The tongue is dry, densely coated with a white coating. The abdomen is involved, participates in the act of breathing, palpation is mild, painless. When the abdominal wall is massaged, the visible peristalsis of the stomach begins. When jerking in the epigastric region, the "splash noise" is determined.

What is the presumptive diagnosis for this patient? Which instrumental diagnostic methods should be used to confirm

diagnosis? Is it possible to use surgical methods of treatment?

Составил зав. кафедрой: Чарышкин А.Л. Подпись\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EXAMINATION TICKET № \_\_\_\_\_\_20\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Obturation intestinal obstruction. Causes. Clinic. Diagnostics. Treatment.

2. Peptic ulcer duodenum, perforation complications. Clinic. Diagnostics. Treatment.

3.Situational task.

Patient is 59 years old, complains of a cough with a small amount of mucous sputum, periodically in the sputum marks blood veins, minor pain in the left side of the chest, not motivated weakness. He is an engineer, he started to smoke since he was a student. He went to the polyclinic, in the direction of the district therapist the patient was made a large-frame fluorography of the chest. In this case, a rounded shadow was found in the upper parts of the left lung.

Objectively, the general condition is satisfactory, the skin of the usual color, the subcutaneous fat layer is sufficiently pronounced. In the lungs percussion - pulmonary sound, respiration vesicular. On the left in the upper sections are single dry wheezes. In the analysis of blood without a special pathology, with the exception of ESR - 31 mm / hour.

What is the preliminary clinical diagnosis of this patient? What research should be done to establish a clinical diagnosis? Which way of treatment should I apply?

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**EXAMINATION TICKET № \_\_\_\_\_\_21\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. The concept of hernia. Etiology, pathogenesis, classification.

2. Mitral stenosis and Mitral insufficiency. Clinic. Treatment.

3.Situational task.

Patient, 71, complained of a difficult passage of rough food through the esophagus, drooling, moderate persistent pain behind the sternum, weakness, weight loss. He was sick for a year, when he noticed a "stuck" meat when swallowing. He has to drink the food with water. After a few months, drooling, the general weakness began to grow. For a year I lost 12 kg. Stool after 5-7 days.

The patient is cachetic. The skin is pale earthy in color, the subcutaneous fat layer is practically absent. There is an unpleasant putrefactive smell from his mouth. The stomach is drawn in, participates in the act of breathing. With palpation soft, painless. The liver is not enlarged. In the analysis of blood - Hb -150 g / l, erythrocytes 4 800 LLC in 1 ml. ESR - 34 mm / h.

What is the preliminary diagnosis of the patient? What instrumental diagnostic methods should be used to establish a clinical diagnosis? What treatment options are possible?

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**EXAMINATION TICKET № \_\_\_\_\_\_22\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Umbilical hernia. Clinic, diagnosis, treatment

2. Raynaud's disease. Clinic, diagnosis, treatment.

3.Situational task.

The patient, 42 years old, complained of constant aching pain in the epigastric region, in the lower back, nausea, occasionally vomiting, aversion to meat, progressive weakness, black faeces. It is sick about half a year, it was treated for an anacid gastritis. Conservative treatment did not have any effect.

Objectively - the patient's condition is satisfactory, nutrition is sufficient. The skin is pale, palpated with an enlarged lymph node in the left supraclavicular area. The tongue is moist, covered with a rich whitish-brown coating. The abdomen is involved in breathing, palpation is mild, somewhat painful in epigastrium, where a 6 x 8 cm formation with fuzzy contours is defined, a dense consistency. The liver protrudes 4 cm from the hypodermic arch, its surface is uneven, the edge is pointed. Percussion - dullness in the sloping parts of the abdomen. In the analysis of the blood: Hb - 90 g / l. ESR - 54 mm / hour.

What is the detailed clinical diagnosis of this patient? What methods of instrumental diagnosis should be used to confirm the diagnosis? What treatment should I apply?

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**EXAMINATION TICKET № \_\_\_\_\_\_23\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Femoral hernia. Clinic, diagnosis, treatment.

2. Acute cholecystitis. Classification. Etiology. Clinic. Diagnostics. Treatment.

3.Situational task.

A 42-year-old patient, suffering from mitral stenosis and atrial fibrillation, had severe painful pains all over his stomach 12 hours ago, was twice vomiting with stagnant gastric contents, liquid black faeces. The patient's condition is difficult. The tongue is dry. The abdomen is swollen, symmetrical, in the act of breathing is not involved, with palpation tense and painful in all departments. The symptom of Shchetkin-Blumberg is positive. When percussion tympanitis, with auscultation, the peristalsis of the intestine is not listened. White blood cells are 21 × 10 \* 9 / L.

What is the preliminary diagnosis of the patient? What instrumental diagnostic methods should be used to establish a clinical diagnosis? What treatment options are possible?

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**EXAMINATION TICKET № \_\_\_\_\_\_24\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Inguinal hernia. Anatomy. Clinic. Diagnostics. Treatment.

2. Mechanical jaundice. Etiology. Clinic. Diagnostics. Treatment.

3.Situational task.

A child of 3 years of age is noted to be backwardness, sometimes shortness of breath and tachycardia worsen. When auscultation in the second intercostal space to the left of the sternum, tender systolic murmur is dried, the second tone above the pulmonary artery and its pulmonary component are strengthened. The phonogram at the fourth point fixes systolic noise, which has a spindle-shaped shape, the second tone is split and strengthened.

What is the preliminary diagnosis of the patient? What instrumental diagnostic methods should be used to establish a clinical diagnosis? What treatment options are possible?

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**EXAMINATION TICKET № \_\_\_\_\_\_25\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Thrombosis of mesenteric vessels. Causes. Clinic. Diagnostics. Treatment.

2. Thyrotoxic crisis. Causes. Clinic. Diagnostics. Treatment.

3.Situational task.

A 72-year-old patient who complains of a painful cough with blood streaks and growing dyspnoea, bronchoscopy revealed that the left main bronchus is concentrically narrowed to 0.5 cm, the mucosa is rough and bleeds easily. The left side of the trachea in the distal part of the trachea is compacted and rigid. Chest X-ray revealed atelectasis of the upper lobe of the left lung and an enlarged mediastinum shadow.

Your conclusion on these studies? What additional research is needed to clarify the diagnosis and what treatment is indicated to the patient?

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**EXAMINATION TICKET № \_\_\_\_\_\_26\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Restricted hernias. Types of infringements. Clinic. Diagnostics.

2. Complications of acute appendicitis. Diagnostics. Prevention and treatment.

3.Situational task.

Patient, 65 years old, was hospitalized with complaints for complete obstruction, fatigue, weakness, exhaustion. For 2 months she lost 15 kg. On the left side under the clavicle, a dense formation of 0.7 x 0.5 cm is palpated. When the esophagus is X-rayed, a sharp narrowing of the esophagus is found in its lower third, below which the contrast does not pass. Diagnosis? What methods of operative treatment can be applied?

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**EXAMINATION TICKET № \_\_\_\_\_\_27\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Postoperative hernia. Causes. Classification. Clinic. Diagnostics. Treatment.

2. Endemic, sporadic goiter. Classification of diseases, clinic, diagnosis, treatment.

3.Situational task.

A 2 years child to the left of a sternum the "hump" is defined, the apical push is displaced to the left. Over the area of ​​the heart is determined systolic trembling. The border of the heart is percussionally enlarged. In the 4th intercostal space to the left of the sternum, a rough systolic murmur is heard. The second tone above the pulmonary artery is strengthened. At the PCG(Phonocardiogram), systolic murmur is recorded with a peak in the middle of the systole.

 What is the preliminary diagnosis of the patient? What instrumental diagnostic methods should be used to establish a clinical diagnosis? What treatment options are possible?

Составил зав. кафедрой: Чарышкин А.Л. Подпись\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EXAMINATION TICKET № \_\_\_\_\_\_28\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Abscess of the Douglas. Clinic, diagnosis, treatment.

2. Autoimmune thyroiditis (Hashimoto's thyroiditis), etiology, clinic, diagnosis, treatment.

3.Situational task.

A 67-year-old patient who complains of pain in the right shoulder joint examined right-sided ptosis, enophthalmos, as well as muscle atrophy of the distal parts of the right arm. Chest X-ray revealed a darkening in the region of the apex of the right lung, the imputation of the I-II rib.

Your conclusion on the nature of the disease? How should I treat a patient?

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**EXAMINATION TICKET № \_\_\_\_\_\_29\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Mellory-Weiss Syndrome. Etiology. Clinic. Diagnostics. Treatment.

2. Thyroid cancer. Classification. Clinic. Diagnostics. Treatment.

3.Situational task.

Patient, 61 years old, when entering the right inguinal area, there is a formation above the inguinal ligament 6x5 cm in size, soft-elastic consistency, painless on palpation, not descending into the scrotum, elements of the spermatic cord and pulsation of the lower epigastric artery is determined outside of the formation, the symptom " cough push "- positive.Easily recedes into the abdominal cavity.

What is the preliminary diagnosis of the patient? What treatment is indicated?

Составил зав. кафедрой: Чарышкин А.Л. Подпись\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EXAMINATION TICKET № \_\_\_\_\_\_30\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1.Acute pancreatitis. Classification, clinic, treatment.

2. Pneumothorax, classification, clinic, diagnosis, treatment.

3.Situational task.

A patient, 59 years old, who received a clinical picture of a peritonitis of an unclear etiology with a diagnostic purpose, was laparoscopic. With laparoscopy, it is noted that there is a moderate amount of hemorrhagic effusion in the abdominal cavity, stethonecrosis spots in the large epiploon, and the hepatoduodenal ligamentous area is impregnated with blood. with an urgent study of the effusion of the abdominal cavity on amylase, its content was increased. Your diagnosis and further treatment?

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**EXAMINATION TICKET № \_\_\_\_\_\_31\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1,Surgical treatment of acute pancreatitis. Indications, methods of surgical interventions.

2. Valve pneumothorax, clinic, diagnosis, treatment.

3.Situational task.

A patient, 49 years old, urgently operated for acute phlegmonous cholecystitis and mechanical jaundice, found that the holedoch was enlarged to 12-13 mm, a turbid bile with fibrin flakes and bile sand comes from the lumen through the stump of the vesicular duct. on the intraoperative cholegram a good patency of the terminal department of choledocha was noted.

What pathological process is present in the extrahepatic bile ducts and what should be done in connection with the presence of it?

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**EXAMINATION TICKET № \_\_\_\_\_\_32\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Acute peritonitis. Classification. Clinic.

2. Spontaneous pneumothorax, clinic, diagnosis treatment

3.Situational task.

atient, 39 years old, about 12 hours ago, epigastric pain suddenly appeared, rapidly spreading throughout the abdomen, a sharp weakness. It is known that for 5 years he suffers from a peptic ulcer of 12 duodenum. The condition of the patient is of moderate severity. The skin is pale. Pulse - 100 beats. in min. AD-110/60 mmHg, the tongue is dry. The abdomen is drawn in and is limited to breathing. Palpatory muscle tension and a positive symptom of Shchetkin-Blumberg are determined. Percutaneous hepatic dullness is not determined. Your diagnosis? What methods of research can confirm the diagnosis? What is the treatment tactic?

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**EXAMINATION TICKET № \_\_\_\_\_\_33\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1.Gallstone disease. Clinic, diagnosis, treatment.

2. Purulent pleurisy. Etiology. Clinic. Diagnostics. Treatment.

3.Situational task.

Patient, 36 years old, after 12 hours, after infringement of an oblique inguinal hernia operation is made. In the hernial sac were two viable loops of the small intestine. The operation is completed by hernia repair and plasty of the inguinal canal. The next day the patient developed peritonitis. What kind of infringement did the surgeon encounter? What mistake has he made during the operation? What is the treatment tactic?

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**EXAMINATION TICKET № \_\_\_\_\_\_34\_\_\_\_\_\_\_\_**

Faculty **\_\_\_\_\_\_\_\_\_ faculty of medicine\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specialty **\_\_\_\_ Medical\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Discipline **\_\_\_\_ Faculty of Surgery, Urology** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form of training: **full-time**  course \_\_\_\_\_**4**\_\_\_\_\_

1. Pulmonary embolism (PE). Clinic, diagnosis, treatment.

2. Gangrene of the lung. Etiology. Clinic, diagnosis, treatment.

3.Situational task.

Patient, 40 years old, operation was performed- subtotal resection of the thyroid gland for diffuse thyrotoxic goiter. A day after the operation, the patient became restless, parasthesias appeared in the area of fingertips, a feeling of crawling, a twitching of the face, a symptom of the "hand of an obstetrician". What complication developed? What is the treatment tactic?

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