

TESTS FOR DIFFERENTIATED CREDIT

Medical Practice in Outpatient Clinic of Family Medicine (Therapeutic Department of Polyclinic) for the 5st year students of Medical Faculty

1. According to WHO recommendations, the daily dose of inhaled corticosteroids in persistent bronchial asthma in adults is:

- A. 150-300 mcg
- B. 800-2000 mcg
- C. 200-500 mcg
- D. more than 2000 mcg

2. The patient complains of constant attacks of asthma, which often occur at night. Physical activity is significantly limited due to respiratory discomfort. Peak expiratory rate is less than 60% of the proper level, and daily fluctuations of the peak expiratory rate are more than 30%. What is the probable diagnosis of this patient?

- A. Severe persistent bronchial asthma
- B. Intermittent bronchial asthma
- C. Mild persistent bronchial asthma
- D. Chronic obstructive bronchitis in the acute phase
- E. Moderate persistent bronchial asthma

3. Patient M., 78 years old, has been suffering from type II diabetes for 10 years. Hospitalized with complaints of fever up to 38.0°C, cough, shortness of breath. Patient is ill during one week, diagnosed with community-acquired pneumonia. Ampicillin treatment had some positive effect. But on the 7th day of the disease there is a sharp deterioration of the patient's condition: fever up to 38.6°C, fever, shortness of breath, a significant increase in the amount of sputum, the appearance of blood in it. What is the most likely cause of deterioration of the patient?

- A. Lung abscess formation
- B. Development of inflammatory infiltrate in the right lung
- C. Development of an acute pulmonary heart
- D. Pneumothorax
- E. Thromboembolism of small branches of the pulmonary artery

4. Patient P for 8 years complains of a cough with the release of about 100 ml of purulent sputum per day with blood impurities. Postural drainage improves sputum discharge. During the last three days there is an increase in temperature to 38.0 °C. Objectively: auscultation in the posterior-lower parts of both lungs reveals medium- and large-bubble rales, the number of which decreases significantly after coughing. General blood test: erythrocytes $4.2 \times 10^{12} / l$, HB - 140 g / l, leukocytes - $10.8 \times 10^9 / l$, RS - 20 mm / hour. Multiple ring-shaped shadows are determined on the review radiograph. What research is crucial for diagnosis?

- A. Bronchography

- B. X-ray review examination
- C. Computed tomography
- D. X-ray tomography

5. The student, 22 years old, became acutely ill with a rise in temperature up to 39.0°C, cough, pain under the right shoulder blade when inhaling and coughing. After 3 days, shortness of breath at rest increased to 32 per minute. Down from the corner of the right shoulder blade percussion is determined by a dull sound, weakened vocal tremors, respiratory noises are not heard. The most effective method of treatment is?

- A. Appointment of furosemide
- B. Strict bed rest
- C. Appointment of cephalosporine
- D. Pleural puncture
- E. Physiotherapeutic therapy

6. The patient was diagnosed with "bronchial asthma, moderate persistent course." Which medicine would you prefer for the planned treatment of the disease?

- A. Budesonide -forte
- B. Becotide mite
- C. Intal
- D. Salbutamol
- E. Berotec

7. Patient P., 40 years old, complains of prickly pain on the right under the shoulder blade, fever, and severe dry cough. Is ill acutely after hypothermia. Condition of moderate severity. Above the lungs on the right to the third rib, the percussion sound is shortened, there are audible moist small bubble rales. Blood test: leukocytes $12.3 \times 10^9 / l$, eisinophiles 1%, stab neutrophils 4%, neutrophils 82%, lymphocytes 10%, monocytes 3%, RS 26 mm/h. Mantou test is negative, in the sputum BT is not detected. On the X-ray examination on the background of an enhanced pulmonary pattern by a massive inhomogeneous infiltration of the upper lobe on the right with a clear lower edge is determined. Which scheme of empirical antibacterial therapy should be preferred?

- A. Macrolides + cephalosporins of II-III generation, ftorhinolones
- B. Macrolides
- C. Semi-synthetic penicillins + aminoglycosides
- D. Cephalosporins of II-III generation +rifampicin
- E. Third generation of cephalosporins+ metronidazole }

8. Which variant of chronic gastritis is most likely in a patient with angina pectoris, functional class III, who has been taking acetylsalicylic acid at 325 mg / day for the last 3 years?

- A. Chronic gastritis type A
- B. Chronic gastritis, type B
- C. Chronic gastritis type C
- D. Chronic gastritis type AB
- E. Chronic gastritis type neither A nor B

9. At paraclinical examination of the patient with liver cirrhosis, thrombocytopenia in combination with leukopenia is a sign of:

- A. Cholestatic syndrome
- B. Cytolytic syndrome
- C. Syndrome of hepatocellular insufficiency
- D. Immuno-inflammatory syndrome
- E. Hypersplenism syndrome

10. Which of the following antibacterial agents is not used in the treatment of exacerbation of chronic cholecystitis due to poor bile penetration?

- A. Amoxicillin
- B. Streptomycin
- C. Rifampicin
- D. Ciprofloxacin
- E. Furazolidone

11. The patient 35 years old, was admitted to the therapeutic department with complaints of pain in the epigastric region and vomiting after eating. At X-ray examination the stomach in an empty state contains liquid which quantity in the course of inspection increases. In the middle third of the small curvature of the stomach body, there is a “niche” measuring 0.5x0.7 cm, surrounded by an inflammatory shaft, painful at palpation. The folds of the mucosa are thickened, tortuous. Peristaltic of the big curvature is strengthened, evacuation from the stomach is slowed down. Your diagnosis?

- A. Gastric ulcer
- B. Chronic erosive gastritis
- C. Stomach body cancer
- D. Gastric diverticulum
- E. Compensated goalkeeper stenosis

12. The patient 50 years old, was admitted to the surgical department on suspicion of intestinal obstruction. Which method should be used to start the examination of the patient to clarify the diagnosis ?

- A. Review X-ray examination of the thoracic and abdominal cavities in a vertical position;
- B. Review X-ray examination of the abdominal cavity in a horizontal position
- C. Ultrasound examination of the abdominal cavity
- D. Irrigoscopy
- E. Computed tomography of the abdominal cavity

13. What drug can be used to treat itchy skin in patients with intrahepatic cholestasis?

- A. Nerobol
- B. Cholestyramine
- C. Papaverine
- D. Omeprazole

E. Nitroglycerine

14. A 56-year-old man has been suffering from a duodenal ulcer for three years with frequent recurrences. Proton pump inhibitor therapy responded positively. He was admitted to the hospital with a bleeding ulcer. After 4 weeks of proton pump inhibitor therapy, the ulcer healed. What are the further treatment tactics?

- A. Intermittent course therapy of proton pump inhibitor
- B. Proton pump inhibitor maintenance therapy
- C. Sucralfate therapy
- D. Course therapy with omeprazole
- E. Surgical treatment

15. Which of the methods is the most informative for determining the cause and localization of bleeding from the upper gastrointestinal tract?

- A. Portomanometry
- B. Laparoscopy
- C. Gastroduodenoscopy
- D. X-ray examination
- E. Celiacography

16. At 50 years old woman long pain and feelings of expansion in the right hypochondrium are noted. On examination: no jaundice, a positive Kerr symptom, subfebrile temperature, RS 30 mm/h. What is the presumed diagnosis?

- A. Chronic pancreatitis in remission
- B. Gastric ulcer in the acute phase
- C. Chronic cholecystitis in the acute phase
- D. Chronic hepatitis
- E. Another disease

17. A patient with acute leukemia, on the background of cytostatic treatment developed jaundice, and dyspepsia. Moderate enlargement and pain of the liver, increased levels of both direct and indirect bilirubin, ALT 2.1, AST 2.2. The reaction to hepatitis B and C antigens is negative. What complication did the patient have?

- A. Viral hepatitis B
- B. Cholecystitis
- C. Gastritis
- D. Toxic hepatitis
- E. Hemolytic anemia

18. Patient R., 38 years old, who suffered from acute glomerulonephritis 10 years ago, complains of swelling of the face, legs, lower back, headache, aching pain in the lower back. Blood pressure 220/130 mm Hg. Urine test: protein 9.9 g / l, leukocytes 3-4, erythrocytes 10-12, hyaline cylinders 3-4, waxy cylinders 2-3. Creatinine 102 μmol / l. Which of the following antihypertensive drugs should be prescribed to the patient

- A. Clofeline
- B. Anaprilin
- C. Dopegit
- D. Prazosin
- E. Captopril

19. Patient M., 23 years old, was taken to the admission department with complaints of severe headache, aching pain in the lower back, swelling under the eyes and legs, and general weakness. He suffered a paratonsillar abscess one month ago. Objectively: pale skin, swollen face, swelling of the legs. BP180/110 mm Hg. The boundaries of the heart are normal, and the heartbeats are normal. Heart tones are sonorous, pure, accent of the II tone over an aorta. Lungs without pathology, abdominal organs without features. Urine test: specific gravity 1025, protein 3.2 g / l, erythrocytes changed 10-15 in p / s, leukocytes 3-5 in p / s, hyaline cylinders 1-3 in p / s, daily diuresis - 400 ml. Your diagnosis?

- A. Acute glomerulonephritis
- B. Exacerbation of chronic glomerulonephritis
- C. Acute pyelonephritis
- D. Exacerbation of chronic pyelonephritis
- E. Urolithiasis. Chronic kidney failure

19. Patient M., 37 years old, complains of dull pain in the left lumbar region, which periodically intensifies, fever up to 38.7°C, and frequent urination. The patient is ill for about 4 years, the disease arose after hypothermia. Objectively: pulse 80/min, rhythmic, blood pressure 160/100 mm Hg. No abnormalities were detected in the heart and lungs. There is pain in palpation of both kidneys, more on the left, there is a positive Pasternatsky symptom. There is no edema. Urine test: specific gravity 1012, protein 0.99 g / l, 12-14 leukocytes in the field of view, 2-3 erythrocytes in the field of view. SR 22 mm/h. What is the diagnosis?

- A. Chronic cystitis
- B. Chronic glomerulonephritis
- C. Acute pyelonephritis
- D. Renal colic
- E. Chronic pyelonephritis

20. A woman at 18 weeks of gestation was hospitalized in urological hospital for acute right pyelonephritis. Urine outflow is restored by installing a stent catheter. What antibacterial drugs should be prescribed?

- A. Aminoglycosides and / or fluoroquinolones
- B. Macrolides and / or tetracyclines
- C. Aminoglycosides and/or macrolides
- D. Polymyxin and / or rifampicin
- E. Penicillins and / or cephalosporines

21. A 27-year-old woman complains of general weakness, swelling of the eyelids in the morning. Patient was ill for 3 years. Three days ago there was fever, headache. Objectively: temperature 37.8°C, breathing 18/min, pulse 86/ min, BP 150/95 mm Hg. The skin is pale, the face is swollen,

the feet are pasty. Moderate pain on palpation in the costo-vertebral angle on both sides. In the blood: HB 115 g/l, erythrocytes $3.3 \times 10^{12}/l$, leukocytes $9.9 \times 10^9/l$, stab neutrophils 9%, segmented neutrophils 58%, lymphocytes 31%, monocytes 2%, RS 21 mm / h. Urine test: specific gravity 1015, sugar - negative, protein - 0,132 g / l, leukocytes 55-60, erythrocytes 5-7. What is the most rational antibacterial treatment to be prescribed to this patient?

- A. Ofloxacin
- B. Gentamicin
- C. Penicillin
- D. Tetracyclin
- E. Erythromycin

22. Three weeks after the sore throat, the 17-year-old patient developed weakness, thirst, low back pain, headaches, swelling of the face in the morning, and the color of the urine changed - "meat slops". The skin is dry, pale, the face is swollen. Blood pressure 160/90 mm Hg. Urine test: specific gravity 1018, protein 1.8 g/l, changed erythrocytes (changed) 10-15, leukocytes 4-5, granular cylinders 6-8. What is your previous diagnosis?

- A. Chronic glomerulonephritis
- B. Goodpasture's syndrome
- C. Acute pyelonephritis
- D. Hemorrhagic vasculitis
- E. Acute diffuse glomerulonephritis

23. Patient Y., 60 years old, has been suffering from bronchial asthma for 10 years. When examining is overweight. Heart sounds are weakened, vesicular breathing is weakened over the lungs, wheezing is dry, and breathing is prolonged. The liver is 3.0 cm protruding from the edge of the costal arch, dense, and sensitive to palpation. Blood test: leukocytes $12.6 \times 10^9 / l$, segmented neutrophils 74%, stab neutrophils 8%, RS 45 mm / h. Urine test: specific gravity 1.018, protein 0.99 g/l, hyaline cylinders 5-7. What is your diagnosis?

- A. Secondary renal amyloidosis
- B. Diffuse pneumosclerosis
- C. Perifocal pneumonia
- D. Chronic pulmonary heart syndrome
- E. Chronic pulmonary heart failure

24. Patient A., 40 years old, was admitted to the nephrology department with a diagnosis of primary chronic glomerulonephritis, nephrotic syndrome, hypertensive stage. Objective: swelling of the whole body, face, and limbs. Lung effusion, ascites. Pathogenetic treatment should be prescribed. Which of these drugs should be prescribed in the first place?

- A. Antibiotics
- B. Desensitizing
- C. Glucocorticoids
- D. Diuretics }

25. A 30-year-old woman with a 15-year history of insulin-dependent diabetes was admitted to the department with complaints of severe edema. On objective examination, there is swelling on the face, lower extremities, pasty anterior abdominal wall, and lumbar region. A small amount of free fluid is detected in the abdominal cavity. Blood pressure 140/80 mm Hg, pulse 72/min. Urine test: special gravity 1030, protein 2.4 g / l, sugar 5%, leukocytes 2-4, erythrocytes 0-1. For the treatment of edema in a patient, you can use all of these drugs, except:

- A. Verospiron
- B. Furosemide
- C. Heparin
- D. Anabolic steroids
- E. Glucocorticosteroids

26. Patient Z., 44 years old, has been under dynamic observation for 6 years for chronic glomerulonephritis. Received regular preventive treatment. Due to the long, stable remission of the disease (more than a year) and the absence of contraindications, the patient is recommended for prophylactic sanatorium treatment. At which resorts is the treatment of the patient with this pathology indicated?

- A. Hydrogen sulfide resorts
- B. Mud resorts
- C. Southern climatic seaside resorts
- D. Rodon resorts
- E. Carbon resorts

27. Patient V., 37 years old, suffered from acute hepatitis B a year ago, with a prolonged, aggressive course. Complaints of weakness, fever (37.5 0C), heaviness, and pain in the right hypochondrium. Objective: yellowing of the skin. The liver is 2.0 cm protruding from the costal arch, painful, and dense. Lab examination: high titer of HBV-DNA, HBeAg, HBc Ag, IgM. What drugs would be the drugs of choice?

- A. Glucocorticoids
- B. Hepatoprotectors
- C. Antibiotics
- D. Lactulose
- E. $\alpha 2$ -interferons

28. Patient M., 52 years old, complains of paroxysmal pain in the epigastric region, left hypochondrium with irradiation to the left costal-vertebral angle, diarrhea, and bloating. In the anamnesis - did not follow a diet. Smokes 20 cigarettes a day from the age of 22, abuses alcohol. Is ill for 4 years. Objectively reduced power. Pulse 94/min, rhythmic. The tongue is moist, and covered with white layers. The abdomen is mild, and sensitive to palpation in the epigastrium and left hypochondrium. The liver and spleen are not enlarged. In the lab tests of feces steatorrhea, creatorrhea, amiloria. In the analysis of urine - amylase activity 66 un/l . Which of the following diagnoses is most likely?

- A. Chronic (alcoholic) pancreatitis
- B. Chronic cholecystitis

- C. Chronic enterocolitis
- D. Helminthiasis
- E. Chronic hepatitis

29. Patient V., 48 years old, notes weakness, weight loss, loss of appetite, especially to meat, heaviness in the abdomen. On examination: pale skin, blurred pain in the epigastrium, resistance of the abdominal wall. Lab test: HB-82g / l, RS 52 mm / h. In the stool: a positive reaction to occult blood, FGDS - in the body of the stomach ulcer with an infiltration shaft. Your previous diagnosis?

- A. Malignant tumor of the stomach
- B. Gastric ulcer
- C. Duodenal ulcer
- D. Chronic gastritis
- E. Chronic pancreatitis

30. Patient V., 45 years old, complains of constant pain in the right hypochondrium, which is aggravated by tilting the torso forward, various movements of the right hand, and nausea. Increase in body temperature to 37.2 ° C. The general condition of the patient is relatively satisfactory, pulse 84/min. The tongue is covered with a yellowish layer, the abdomen is painful on palpation in the right hypochondrium, a positive Gausman syndrome, and pain at the Boas point. Your diagnosis?

- A. Chronic cholecystitis non-stone exacerbation
- B. Chronic cholecystitis non-stone
- C. Chronic cholecystitis non-stone complicated by pericholecystitis
- D. Chronic active hepatitis
- E. Chronic pancreatitis pain form

31. In a patient with chronic cholecystitis, X-ray examination (intravenous cholecystography) revealed "soft" shadows of stones in the gallbladder, which was interpreted as the presence of cholesterol stones. What is the mechanism of the formation of cholesterol stones?

- A. Decreased synthesis of deoxycholic acid
- B. Decreased fatty acid synthesis
- C. Decreased hyaluronidase synthesis
- D. Development of hypercholesterolemia
- E. Development of hyperbilirubinemia

32. Patient A., 54 years old, complains of frequent up to 15 times a day defecation with the release of blood-mucous fluid with pus, tenesmus, abdominal pain, nausea, weight loss, T37,8°C. Patient is ill for 4 years. About: vesicular respiration without wheezing. Pulse 88/min, rhythmic. BP 100/60 mm Hg. The abdomen is swollen, and painful on palpation along the colon. Liver +3.0 cm, painless. The spleen is moderately enlarged. Daily diuresis is 500-600 ml. Lab test: Hb-87 g / l; leukocytes 3.5×10^9 / l; RS 3 mm / h. Urine: specific gravity 1128, protein 0.066 g / l, leukocytes 5-6. Biochemical analysis: total protein 56 g / l; albumin 49.7 g / l. What are your treatment tactics?

- A. Delagil
- B. Amoxicillin
- C. Bifidum-bacterin

- D. Ursodeoxycholic acid
- E. Salofalk (mesalazine)

33. Patient M., 45 years old, was admitted to the hospital with an exacerbation of peptic ulcer of the duodenum. The doctor found tympanitis during percussion of the liver. What does this indicate?

- A. Right pneumothorax
- B. Pulmonary emphysema
- C. Perforation of duodenal ulcer
- D. Reverse location of organs
- E. Flatulence

34. Patient O., 54 years old, has been suffering from chronic pancreatitis for 7 years. Over the past 5 months, began to notice polyfaeces with an unpleasant odor, severe bloating and rumbling in the abdomen, diarrhea, weakness, fatigue, and weight loss. The development of which syndrome can be suspected in this case?

- A. Paraneoplastic syndrome
- B. Syndrome of exudative enteropathy
- C. Irritable bowel syndrome
- D. Malabsorption syndrome
- D. Hepatocellular insufficiency syndrome

35. Patient O., 45 years old, complains of periodic dull pain in the right lower abdomen, low-grade fever, general weakness, and intermittent joint pain. The patient is ill for about 2 years. Has a history of appendectomy. Objectively: the abdomen is moderately swollen, in the right iliac region at deep palpation the painful formation is defined, in a projection of the terminal department of a longitudinal gut. At colonoscopy thickening of folds of a mucous membrane and thorny protrusions of the ileocecal department are revealed; on a relief of a mucous membrane spots of hyperemia are defined, and the ileocecal department is narrowed. What is your diagnosis?

- A. Chronic enterocolitis
- B. Whipple's disease
- C. Nonspecific ulcerative colitis
- D. Intestinal tuberculosis
- D. Crohn's disease

36. In a 21-year-old patient, by X-ray, endoscopic and histological examination Menetrie's disease was verified. What is the duration of dynamic observation of this patient?

- A. 1 year
- B. 2 years
- C. For life
- D. 5 years
- E. 6 monthes

37. Patient K., 42 years old, complains of a constant feeling of fullness in the epigastric region, which is exacerbated by eating large amounts of food, a feeling of bloating, pain, intermittent nausea, vomiting with signs of food eaten in the previous days. It is ill for 5 years. For the last 3 months lost 4 kg. He was not treated. On objective examination: the skin is dry, the tongue is moist, covered with white layers; on palpation of the abdomen - "splash noise". The lower limit of the stomach is 4 cm below the navel. Indicate for which state these changes are typical?

- A. Pylorostenosis due to peptic ulcer of the specified area of the stomach
- B. Chronic gastroduodenitis
- C. Stomach cancer
- D. Chronic gastritis with increased secretory function
- E. Peptic ulcer of the duodenum, exacerbation stage

38. Patient P., 54 years old, complains of heaviness in the right hypochondrium, bitterness in the mouth, itchy skin, increase in the size of the abdomen. At a liver puncture fatty dystrophy of hepatocytes, growth of connecting tissue, and eccentric placement of a vein in a hepatic lobe are revealed. Which of the laboratory parameters are most characteristic in this case?

- A. Blood amylase
- B. Alkaline phosphatase
- C. Level of transaminases
- D. Blood glucose
- E. Creatine phosphokinase

39. The patient M., 35 years old, the driver has been suffering from a duodenal ulcer with a sharply increased acid-forming function of the stomach for two years. After treatment in the hospital, he was discharged in satisfactory condition. Which drug should be recommended to a patient for prophylactic purposes for outpatient treatment?

- A. Platyphylline
- B. No-spa (Drotaverin)
- C. Trichopol
- D. Omeprazole
- E. Atropine

40. Patient N., 32 years old, for 8 years suffering from peptic ulcer disease, exacerbation in the spring-winter period, periodically was treated in the gastroenterology department. What does secondary prevention of this disease include?

- A. Dietary food
- B. Regulary eating
- C. Quitting smoking
- D. Anti-relapse treatment
- E. Non-alcohol consumption

41. A 27-year-old woman complains of shortness of breath, heart pain, palpitations, and cough. Heart tones are arrhythmic, 1 tone at the top is "clapping". Systolic murmur at all points. Moisture rales are heard in the lower parts of lungs. At X-ray examination, the pulmonary drawing is

strengthened at the expense of venous stagnation. The roots of the lungs are dilated, and unstructured. The medial shadow is enlarged, and the arc of the pulmonary artery protrudes along the left contour. In the first oblique position, the retrocardiac space is narrowed by an enlarged left atrium, which displaces the esophagus back in an arc of a small radius. In the second oblique position, there is an increase in the arch of the right ventricle. The aorta is not changed. The most likely conclusion?

- A. Mitral stenosis
- B. Aortic valve insufficiency
- C. Cardiomyopathy
- D. Aortic aneurysm
- E. Tetrad Fallo' s

42. Patient P., 45 years old, was taken by ambulance to the emergency care department with complaints of epigastric pain, vomiting at the height of pain in the form of "coffee grounds", heartburn, general weakness, and dizziness. In the morning there was "black" feces. The patient is ill for 10 years, food is not regular. What complication did the patient develop?

- A. Intestinal bleeding
- B. Gastric bleeding
- C. Bleeding from the veins of the esophagus
- D. Bleeding from hemorrhoidal veins
- E. Thrombocytopenia

43. Patient R., 45 years old, complains of paroxysmal pain in the right hypochondrium with irradiation in the right shoulder, which occurs after eating fried food. Periodically notes an increase in body temperature to subfebrile figures. She is ill for about 5 years. What examinations should be performed to the patient in the first place?

- A. Cholecystography
- B. Ultrasound examination of the abdominal cavity
- C. Duodenal sounding
- D. Review X-ray examination
- E. Examination of gastric contents

44. The patient M., 82 years old, was admitted to the intensive care unit with complaints of acute chest pain, shortness of breath, and weakness. At X-ray examination of a thoracic cavity, the pulmonary drawing is strengthened at the expense of venous stagnation. The transverse size of the shadow of the heart is increased, and the shape of the shadow is triangular with rounded cardiaphragmatic angles. Heart contractions of small amplitude, arrhythmic. The detected radiological signs most likely correspond to:

- A. Aortic stenosis
- B. The Fallo's Triad
- C. Dilated cardiomyopathy
- D. Myocarditis
- E. Exudativ pericarditis

45. A 45-year-old woman has been treated for moderate hypertension for 5 years. The study revealed dilatation of the left atrium to 45 mm. The final diastolic size of the left ventricle was 50 mm, the ejection fraction 68%, the wall thickness of the right ventricle 5 mm, and the systolic pressure in the pulmonary artery was 30 mm Hg. The patient has signs of:

- A. Left ventricular concentric hypertrophy
- B. Cirrhosis of the liver
- C. Acute hepatitis
- D. Chronic cholecystitis
- E. Chronic pancreatitis

46. A 68-year-old patient has been suffering from chronic pyelonephritis for 15 years. In the last 3 months, patient complained of inspiratory shortness of breath during exercises, during palpation, there is intermittent pain in the heart without irradiation, and general weakness. Objectively: acrocyanosis on the background of pale skin, pulse 104 / min, rhythmic, intense, blood pressure 190/110 mm Hg. The Left border of the heart is 2.0 cm to the left of the left media clavicular line, above the apex of the first tone of the heart relaxation, systolic murmur, accent of the second tone above the aorta. On the ECG deviation of the electrical axis of the heart to the left, dysmetabolic changes. Blood test: Hb 66 g / l, creatinine 110 mkmol / l. Relative density of urine 1.012. The patient has hypertension:

- A. Essential
- B. Hemodynamic
- C. Renovascular
- D. Renoparenchymal
- E Caused by aortic valve insufficiency

47. A 50-year-old patient in outpatient treatment with a diagnosis of coronary heart disease complains of pain in the heart, which occurs when climbing to the 2nd floor, to remove which is enough to stop exercise. Heart rate at rest 80 beats/min, BP 120/80 mm Hg. There are no pathological changes on the ECG at rest. When cycling ergometry performed a load of 80 W (35% of the maximum frequency of heart beats) with a heart rate of 140 beats/min and blood pressure 150/90 mmHg, reducing ST V 4-6 to 2.0 mm. What does the reduction of the double product (Robinson's index) for the same physical activity after effective dosed walking indicate?

- A. Increase in the contribution of stroke volume to minute blood volume
- B. Reduce in the contribution of stroke volume to minute blood volume
- C. Increased total vascular peripheral resistance
- D. Increased end-systolic blood volume
- E. Increased activity of the sympathetic nervous system

48. A 65-year-old patient with coronary heart disease, stable angina pectoris of functional class II was diagnosed with concomitant chronic obstructive bronchitis. Heart rate 90 / min. Ultrasound examination reveal signs of left ventricular dysfunction (ejection fraction - 37%). Which drug is the best in this case?

- A. Atenolol

- B. Verapamil
- C. Nifedipine
- D. Diltiazem
- E. Isosorbide mononitrate

49. The patient is 23 years old and complains of swelling and pain in the knees, and elbows, palpitation, and fever up to 38.0°C. Two weeks ago he suffered from a respiratory viral disease. Circumstances: pulse 94 beats /min. Heart diameter 14 cm, on auscultation - weakening of the first tone, systolic murmur at the apex, swelling of the knee and elbow joints. In the blood test: leukocytes 9.1×10^9 , RS 18 mm / hour. Urine test: protein 0.033 g/l, leukocytes 6-8. On the ECG: sinus tachycardia, PQ interval 0.24. What is the most likely diagnosis?

- A. Acute rheumatic fever
- B. Rheumatoid arthritis
- C. Reuters disease
- D. Osteoarthritis
- E. Gout

50. A 40-year-old patient complains of headache, pulsation in the temporal area, dizziness, palpitations, and significant muscle weakness. During seizures, which occur mainly at night and are not bought by antihypertensive drugs, she becomes pale, BP rises significantly to 270/160 mm Hg. Blood glucose 9.8 mmol/l. Which of the following drugs is most effective in this case?

- A. Anaprilin (Propranolol)
- B. Pentamine
- C. Rasedil
- D. Phentolamine
- E. Dibazole

51. The 26-year-old addict had a fever of 38-39.0°C for 2 months, shortness of breath, and swelling of the legs. A positive venous pulse of liver pulsation is determined. Above the lower part of the sternum holosystolic murmur, which increases during inspiration is heard. For what diagnosis echocardiographic examination is required?

- A. Aortic valve insufficiency
- B. Exudative pericarditis
- C. Insufficiency of the threecuspidal valve
- D. Mitral valve insufficiency
- E. Pulmonary artery valve insufficiency

52. Patient D., 46 years old, for the first time in his life had pain localized in the lower third of the sternum, and occurred in the background of exercise. On the ECG depression of the ST segment is more than 2.0 mm in II, III, and VF leads. There is no inflammation reaction from the blood. Which diagnosis is most likely?

- A. Progressive angina pectoris
- B. Angina pectoris, which first appeared
- C. Vasospastic angina pectoris

- D. Acute anterior myocardial infarction
- E. Acute posterior myocardial infarction

53. In a 38-year-old patient, 4 weeks after tooth extraction and prosthetics, the temperature rose to 40.0° C, and fever appeared, which was accompanied by significant sweating. Examination: pale skin, hemorrhages on the conjunctiva, labile pulse, weak filling 100 beats/min. BP 140/60 mm Hg. Heart diameter 15 cm, variable systolic murmur over the aorta. In the blood: leukocytosis, RS 28 mm/h, positive formol test. On sonography thickening and blurring of the contour of the aortic valve, regurgitation of the first degree. What is the most likely diagnosis?

- A. Bacterial endocarditis
- B. Viral hepatitis
- C. Rheumatic fever
- D. Aspiration pneumonia
- E. Respiratory viral disease

54. A 70-year-old patient, who has been suffering from angina pectoris of the III grade for a long time, developed shortness of breath. Objectively: heart tones are rhythmic, heart rate 90 b/min. BP 140/90 mm Hg. The rhythm of a gallop is listened at auscultation of the heart. The moisture middle-bubble rales are heard in the lower parts of the lungs. The patient developed heart failure. What signs indicate this?

- A. Increased blood pressure
- B. Occurrence of shortness of breath, gallop rhythm, orthopnoe, moisture rales in the low lungs
- C. Long history of angina pectoris
- D. Listening to the rhythm of the gallop
- D. The presence of moisture rales in the lower lungs

55. The patient, 56 years old, was hospitalized. An elevation of the ST segment by 5 mm with the formation of a QR wave in leads V₁-V₄ was detected. On the first day there was a state of clinical death, then frequent episodes of extrasystole. What is the drug of choice for permanent outpatient use for this patient?

- A. Verapamil
- B. Digoxin
- C. Nitrosorbit
- D Atenolol
- E. Novocainamide

56. A 46-year-old woman was admitted to the cardiology department with complaints of frequent attacks of burning pain in the heart, which last more than 20 minutes, and almost do not pass after taking nitroglycerin. BP 100/70 mm Hg, heart rate 86 / min. Rhythmic heart tones, on the ECG depression of the ST segment with inversion of the T wave in I, AVL, V₁-V₃, which are observed for 1 week. Which diagnosis is most likely?

- A. Unstable angina pectoris
- B. Small focal myocardial infarction
- C. Myocarditis

- D. Osteochondrosis of the thoracic spine
- E. Pulmonary artery thromboembolism

57. A 19-year-old patient complains of increased excitability, anxiety, unmotivated weakness, insufficiency with breathing, shortness of breath, palpitations, pain and discomfort in the heart. Systolic BP is often increased. Notes cold and paraesthesia of the extremities. Additional examination revealed lability of the pulse, migration of the rhythm driver, and low tolerance to exercise. Daily BP monitoring indicates lability and peak-like increase in predominantly systolic BP, episodes of nocturnal hypotension. At the base of the eye the expansion of the venules. Which diagnosis is most likely in this case?

- A. Hypertensive disease of the 1 degree
- B. Hypertrophic cardiomyopathy
- C. Symptomatic hypertension
- D. Coarctation of the aorta
- E. Neurocirculatory dystonia with hyperkinetic syndrome

58. A patient with chronic glomerulonephritis with arterial hypertension complained of headache, shortness of breath during exercise. On examination: BP 190/110 mm Hg, glomerular filtration 60 ml/min, blood creatinine 0.2 mmol / l, potassium 4.7 mmol / l, cholesterol 8.6 mmol / l. Which antihypertensive drug is most appropriate?

- A. Enalapril
- B. Nifedipine
- C. Hypothiazide
- D. Atenolol
- E. Clonidine

59. A 22-year-old woman notices rapid fatigue. From an early age, doctors listened to the noise in her heart. Pulse 87 / min, rhythmic. BP 95/60 mm Hg. The percussion boundaries of the heart are not changed. Systolic murmur is best heard in the second intercostal space to the left of the sternum, the second tone is weakened. In the X-ray examination of the chest, the expansion of the trunk and the left branch of the pulmonary artery are identified. Most likely in the patient, there is?

- A. Aortic stenosis
- B. Functional systolic murmur
- C. Mitral valve prolapse
- D. Pulmonary artery stenosis
- E. Pulmonary artery valve insufficiency

60. In a 55-year-old patient with hypertension (BP 150/110 mm Hg, heart rate 100 / min.) Examination revealed coronary heart disease, angina pectoris, II functional class, frequent supraventricular arrhythmias, and heart insufficiency I. Choose a drug for the treatment of hypertension?

- A. Nifedipine
- B. Prazosin
- C. Hypothiazide

D. Bisoprolol
D. Klofelin