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EXAMINATION TASK

of Objective Structured Clinical Examination (OSCE) of State Final Certification
in Education and Qualification Level "Specialist"
in the Specialty 7.1201000 "General Medicine"

Discipline "Internal, Occupational and Infectious Diseases"

Variant No. 1

Station 2

A 34-year-old patient consulted by a dentist about acute toothache. 3 minutes after lidocaine injection general weakness, nausea, sensation of warmth in the whole body, itching, dry cough, shortness of breath appeared. An allergic history without features.

Objectively: the patient is conscious. The skin is pale. Heart sounds are decreased in intensity, the rhythm is regular, heart rate – 121 beats/min., blood pressure – 80/50 mm hg. Body weight – 60 kg. Lungs auscultation – whizzing sound, respiratory rate – 31/min., the exhalation is extended.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 2

Station 2

A 29-year-old woman in the early postpartum period developed severe shortness of breath, cyanosis, tachycardia, and decreased of blood pressure. Wheezing rales are heard over the entire surface of the lungs, crepitation – in the lower sections. The patient was connected to a pulmonary ventilation. After a day, the condition remains extremely serious – PaO_2/FiO_2 – 105 mm Hg. On the X-ray, bilateral focal shadows are revealed.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
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4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 3

Station 2

A 28-year-old man comes to a therapist, complaining about dry cough and chest pain, aggravated by coughing and taking a deep breath, which he associated with a chest injury. Previously the patient wasn't sick. On the chest X-ray a thin line of the visceral pleura is visualized which is removed from the chest wall; left aperture dome went down.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 4

Station 2

The 30 years old woman was hospitalized with complaints of a feeling of "constriction in the chest", shortness of breath (especially difficult to exhale), cough with sputum, 6 inhalations of “Berodual” did not relief symptoms. The deterioration of the condition was noted after suffering an upper respiratory infection. From the anamnesis: a similar situation has been observed over the past two years, provoked by contact with animals and strong smell; applying of “Berodual” during attacks relieved symptoms.

Objectively: the patient is concerned with forced position of the body. The skin is pale, moist. In inspection difficult breathing, involving *accesso*r*y* muscles accompanied by audible wheezing at a distance. Body weight – 60 kg. Respiratory rate – 32/min. The chest is barrel-shaped, tympanic sound is above the lungs in percussion. On auscultation, a large number of dry wheezing on the background of diminished breathing. Pulse – 130/min, low intensity. Blood pressure – 100/60 mmHg. The borders of the heart are extended to the right by 1 – 1.5 cm, the souds are muffled, tachycardia (130 beats/min), the accentuated of the second sound over the pulmonary artery. The liver is increased by 2 cm from under the costal arch.

Laboratory research data:

Blood test: RBC – 3.8 • 10^{12}/l; Hb – 132 g/l, WBC – 7.8 • 10^{9}/l; eosinophils – 12 %, stab. – 4 %, segmented neutrophils – 36 %, lymphocytes – 42 %, monocytes – 6 %, ESR – 15 mm/hour. FEV_1 – 55 %, SaO_2 – 88 %.

Sputum is mucous, with Kurshman spirals and Charcot-Leyden crystals, single leukocytes.

X-ray of the chest: increased transparency of the lung tissue, increased pulmonary pattern.

Questions:

1. Identify patient’s preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 5
Station 2

A 58-year-old man has been worried about the lack of air over the past 24 hours. Symptoms appeared suddenly, also complains of cough with sputum mixed with blood.

Anamnesis: the patient suffers from hypertension, exertional angina for a long time. A day ago he was discharged from the hospital, where he was in bed for 15 days due to acute cerebrovascular accident.

Objectively: The general condition is difficult, the consciousness is clear. The skin is diffuse-cyanotic, moist. Peripheral lymph nodes are not palpable. Swelling of the legs and feet is observed. During auscultation: bronchial breathing in the lungs, breathing is significantly decreased on the right, in the middle lobe. Breathing - 22 per min. Heart sounds are muffled, arrhythmic, the accentuated of the second sound over the pulmonary artery. Heart rate – 120/min, blood pressure – 80/60 mmHg. Body weight – 60 kg. The abdomen is soft, painless, the liver is enlarged (by 3 cm from under the costal arch). The kidney area is not visually changed. Pasternatsky's symptom is negative.

On the ECG: atrial fibrillation, right axis deviation, deep S in lead I, pathological Q in lead III.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 6

Station 2

A 62-years-old patient complains of pronounced general weakness, rapid fatigability, shortness of breath, dizziness, tinnitus at rest, sonitus. Patient considers himself ill for 2 days, after appearing of dark stool, increasing of dyspnea and fatigability feeling. In past medical history – gastric ulcer during 2 years.

Objectively: skin and mucous membranes are pale, low skin turgor, swelling of shins, t° –36,0 C, body mass 70 kg.

By auscultation: vesicular breathing, respiratory rate − 18/min. Heart sounds are rhythmical, apical systolic murmur, heart rate − 96 bpm, blood pressure − 90/60 mm Hg.

On palpation, abdomen is soft, sensitive in epigastric region.

Blood examination:

Units / Parametres	Norm	In the patient
Hemoglobin	women 120 − 140 g/l	82 g/l
	men 130 − 160 g/l	
Red blood cell count	women 3,7 − 4,7x10^{12}/l	3,4x10^{12}/l
	men 4,0 − 5,0x10^{12}/l	
Mean corpuscular volume	80 − 100 mcm^3	72 mcm^3
Mean corpuscular hemoglobin	27 − 35 pg	22 pg
ESR	women 2 − 15 mm/h	13 mm/h
	men 1 − 10 mm/h	
White blood cell count	4 − 9x10^9/l	4,2x10^9/l
Platelet count	180 − 320x10^9/l	162x10^9/l
Leukocyte formula:		
Blasts	0%	0%
Myelocytes	0%	0%
Young neutrophils	0%	0%
Band neutrophils	1 − 5 %	2%
Segmented neutrophils	47 − 72 %	55%
Basophils	0,5 − 1 %	0%
Eosinophils	1 − 5 %	2%
Lymphocytes	18 − 38 %	37%
Monocytes	3 − 11 %	4%

Serum iron	5,83 − 34,5μmol/l	4,26 μmol/l
Ferritin	women**:** 13,0 − 150,0 нг/мл	28 ng/ml
	men**:** 30,0 − 400,0 нг/мл	

ECG: sinus regular rhythm. Sinus tachycardia.

Fibrogastroduodenoscopy: stomach mucous membrane is hyperemic, ulcers in pyloric part of the stomach, 0,3 − 0,5 mm in size, small thrombosed vessels.

Questions:
1. Make a diagnosis of previous emergency.
2. Make differential diagnostics of current state.
3. Identify treatment tactics and list of drug groups.
4. Name the agents in each group.
5. Specify the dose, frequency of use.

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Variant No. 7

Station 2

A 42-years-old patient was delivered by ambulance team with complaints of sudden feeling unwell, fever (t – 38,6 °C), shakes, pain in the back, chest, left hypochondrium, reddish brown urine.

Physical examination: patient is restless, skin is wet, cold, sclerae are icteric, respiratory rate – 18/min, heart rate – 92 bpm, BP – 110/70 mm Hg. Auscultative changes were not found. In palpation: pain in the left hypochondrium, splenomegaly.

Laboratory report:

Parametres \ Units	Norm	In the patient
Hemoglobin	women 120 − 140 g/l	78 g/l
	men 130 − 160 g/l	
Red blood cell count	women 3,7 − 4,7x10^{12}/l	2,6x10^{12}/l
	men 4,0 − 5,0x10^{12}/l	
Mean corpuscular volume	80 − 100 mcm^3	98 mcm^3
Mean corpuscular hemoglobin	27 − 35 pg	34 pg
Reticulocytes	0,2 − 1,2 %	12%
ESR	women 2 − 15 mm/h	73 mm/h
	men 1 − 10 mm/h	
White blood cell count	4 − 9x10^9/l	8,2x10^9/l
Platelet count	180 − 320x10^9/l	186x10^9/l
Leukocyte formula:		
Blasts	0%	0%
Myelocytes	0%	0%
Young neutrophils	0%	0%
Band neutrophils	1 − 5 %	2%
Segmented neutrophils	47 − 72 %	55%
Basophils	0,5 − 1 %	0%
Eosinophils	1 − 5 %	2%
Lymphocytes	18 − 38 %	37%
Monocytes	3 − 11 %	4%
Indirect bilirubin	5 − 20 μmol/l	308 μmol/l
Coombs sample	negative	positive

Questions:

1. Make a diagnosis of previous emergency.
2. Make differential diagnostics of current state.
3. Identify treatment tactics and list of drug groups.
4. Name the agents in each group.
5. Specify the dose, frequency of use.

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Variant No. 8

Station 2

A 22-years-old patient with a profuse uterine bleeding was delivered by ambulance team after criminal abortion. Consciousness is confused. Blood pressure – 70/40 mm Hg., heart rate – 124/min., thready pulse.

Laboratory report:

Units / Parametres	Norm	In the patient
Hemoglobin	women 120 − 140 g/l	58 g/l
	men 130 − 160 g/l	
Red blood cell count	women 3,7 − 4,7x10^{12}/l	1,6x10^{12}/l
	men 4,0 − 5,0x10^{12}/l	
Mean corpuscular volume	80 − 100 mcm^3	85 mcm^3
Mean corpuscular hemoglobin	27 − 35 pg	31 pg
Reticulocytes	0,2 − 1,2 %	16%
ESR	women 2 − 15 mm/h	73 mm/h
	men 1 − 10 mm/h	
White blood cell count	4 − 9x10^9/l	8,2x10^9/l
Platelet count	180 − 320x10^9/l	60x10^9/l
Leukocyte formula:		
Blasts	0%	0%
Myelocytes	0%	0%
Young neutrophils	0%	1%
1	2	3
Band neutrophils	1 − 5 %	8%
Segmented neutrophils	47 − 72 %	62%
Basophils	0,5 − 1 %	0%
Eosinophils	1 − 5 %	1%
Lymphocytes	18 − 38 %	20%
Monocytes	3 − 11 %	8%

Blood clotting time – 25 min. Prothrombin time – 30 sec. (normal 11-14 s.), fibrinogen – 1,5 g/l. Clot retraction is sharply reduced, fibrin degradation products are increased.

Questions:

1. Make a diagnosis of previous emergency.
2. Make differential diagnostics of current state.
3. Identify treatment tactics and list of drug groups.
4. Name the agents in each group.
5. Specify the dose, frequency of use.

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Variant No. 9
Station 2

A 46-years-old woman was delivered to intensive care unit with complaints of loss of appetite, metallic taste in mouth, lowing of sensitivity, especially in legs and hands, stable fatigue, shaking hands, nausea that ended with vomiting 2 times, nose bleeding, shortbreathing, legs` edema and hands swelling, bruises on all body, pain in low back region. Patient admits poor urine output. For the last 2 weeks she has had treatment of acute osteochondrosis. She took Diclofenac sodium 75 mg 2 times a day, Omeprazol 20 mg once a day. Patient informs about episodes with increasing of blood pressure, that are stabilized with Captopril.

On physical examination: patient is anergic, with clear consciousness and inhibited reaction. Specific smell from mouth is present, bruises on all body, edema and hands tremor are noticed. By auscultation: crackles over lungs, pleural friction rub is heard, systolic murmur above apex of heart. BP 80/40 mm Hg.

Blood analysis: Hb – 98 g/l, erythrocytes – $3,6x10^{12}$/l, leucocytes – $6,8x10^{9}$/l, ESR – 13 mm/h.

Urine analysis: volume – 10 ml, erythrocytes – 3–5 hpf, leucocytes 10–12 hpf , protein – 0,035 g/l.

Biochemical blood analysis – creatinine – 362 μmol/l, other parametres – within normal. Abdominal organs ultrasound shows signs of nephritis.

Questions:

1. Make a diagnosis of previous emergency.
2. Make differential diagnostics of current state.
3. Identify treatment tactics and list of drug groups.
4. Name the agents in each group.
5. Specify the dose, frequency of use.

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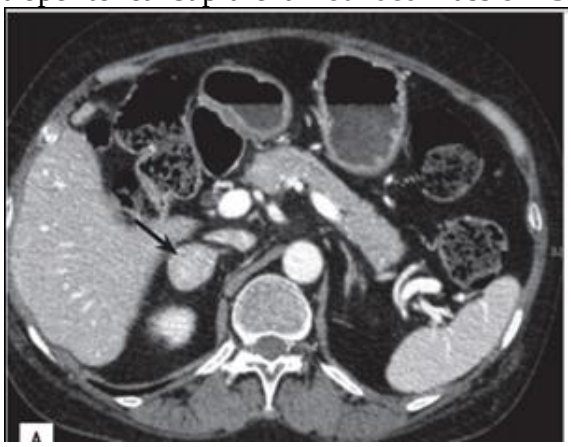
Variant No. 10
Station 2

A 34-year-old woman comes to the emergency department experiencing an episode of hypertension, palpitations, and headache. These episodes have been recurrent for the past three months. She has a past medical history of depression and takes no medications. She denies illicit drug use. Her pulse is 135 per min, the temperature is 37,9 °C, respirations are 14 breath per min, and blood pressure is 155/100 mm Hg. On physical examination, she is tremulous but in no acute distress. The cardiac examination reveals tachycardia with a regular rhythm. A neurologic examination demonstrates normal and equal reflexes in all extremities with cranial nerves II-XII intact. A urine pregnancy test is negative; urine toxicology screening is negative for amphetamines, cocaine, and benzodiazepines. Laboratory tests: sodium – 143 mmol/l, potassium – 3,3 mmol/l, chloride – 110 mmol/l, HCO_3 – 19 mmol/l, urea – 1,4 mmol/l, creatinine – 80 μmol/l. 24-hour urinary metanephrine levels are 483 mcg/24 h (normal range: 6-115 mcg/24 h). A CT scan of the abdomen shows a right-sided retroperitoneal suprarenal rounded mass of 45 mm in diameter with well-defined edges.



Questions:
1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 11

Station 2

A 18-year-old student is brought to the emergency department in an unconscious state. Her family member says she had been complaining of weakness, sleepiness, thirst, nausea for several days. She has never addressed to the doctor. Today she had not gone to college due to fatigue, and in the afternoon, her parents could not wake her up. She had severe respiratory viral disease 3 weeks ago.

Objective findings: she is lethargic and unconscious. She reacts poorly to pain stimuli. Her temperature is 37°C, the pulse is 120 per min, weak, respiratory rate is 26 per min, and blood pressure is 80/40 mm Hg. Her skin and mucus membranes are dry. Skin turgor is decreased, the eyeballs are soft. Breathing is deep, rapid, and labored. The lungs are clear to auscultation. Heart sounds are clear and rhythmic. The abdomen is soft, nontender, and nondistended. Liver is of normal size. There is a smell of acetone on her breath. Hypoactive tendon reflexes were revealed.

Urine dipstick is markedly positive for ketones.

Blood chemistry: glucose – 32 mmol/l, sodium –135 mmol/L, potassium – 4 mmol/l, HCO_3^- –16 mmol/L, Cl^- – 99 mmol/L. Levels of lactate, urea, creatinine, transaminase are within normal range.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 12

Station 2

A 69-year old woman with a past medical history of hyperthyroidism, diabetes mellitus, and atrial fibrillation is brought to the emergency department with altered mental status. She is known to be noncompliant with her medications over 2 months since the last prescription was filled. According to her son, she appeared normal approximately three days ago when he visited her.

Her temperature is 38.5°C, the pulse is 120 per min, irregular, respirations are 20 per min, blood pressure is 182/102 mm Hg, and oxygen saturation of 99% on room air. Physical examination reveals she is agitated and oriented only to herself. She is moving all her extremities spontaneously but fails to follow commands. A cardiac examination is significant for tachycardia with an irregular rhythm. Pulmonary and abdominal examinations are unremarkable.

Laboratory studies show: erythrocytes – $3.2*10^{12}$/L, leukocytes – $9.2*10^{9}$/L, hemoglobin – 100 g/L, platelet count – $240*10^{9}$/L, glucose – 13,1 mmol/l, sodium – 140 mmol/L, potassium – 3,5 mmol/L, chloride – 100 mmol/L, calcium ionized – 1,2 mmol/L, creatinine: 123,2 μmol/l, thyroid-stimulating hormone <0.07 mlU/L (normal range – 0,4 – 4,0 mlU/L).

Urinalysis is negative for protein and RBCs, WBCs – 2-3 in hpf.

X-ray of the chest and computed tomography of the head is unremarkable.

On ECG: atrial fibrillation.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 13

Station 2

25-year-old woman is brought to the emergency department with altered mental status.

Examination reveals dry and darken skin on her face, neck, on the backs of her hands, and above postoperation scars (after appendectomy and abdominal pregnancy). Skin turgor testing reveals no tenting. Her temperature is 35.5^0C, the pulse is 98 per min, respirations are 20 per min, and blood pressure is 60/35 mm Hg. Findings on cardiac and pulmonary auscultation are normal. The abdomen is soft, tender in the epigastric region; spleen and liver is not enlarged. Diarrhea occurs twice a day.

She has a medical history of lung tuberculosis, chronic tonsillitis. Her relatives state that she had been complaining of fatigue, headache, unintentional 8 kg weight loss for the past year. She began to experience worsening symptoms a few days ago with psychologic stress.

Laboratory studies show: hemoglobin – 118 g/L, erythrocytes – $3.2*10^{12}$/L, leukocytes – $9.2*10^9$/L, segmented neutrophils – 55%, eosinophils – 5%, basophils – 1 %, lymphocytes – 30%, monocytes – 9%, platelet count – $240*10^9$/L, glucose – 3,8 mmol/l, sodium – 128 mmol/l, potassium – 6 mmol/l (Na:K ratio = 21; normal 30), chloride – 110 mmol/l, HCO_3 – 20 mmol/l, urea – 8 mmol/l, creatinine – 80 μmol/l.

ECG findings: flattened P waves, peaked T waves.

Chest X-ray: lung roots are extended, with spots of calcinations, dense and high-intensity focus in the first segment of lung tissue is noticeable on the right.

CT scan of the abdomen: spots of calcinations in the adrenal glands.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 14

Station 2

A 50-year-old woman was admitted to the department of cardiology with such complaints as increased heart rate, which occurred suddenly, a sensation of throbbing in the head, dizziness, excessive sweating. Symptoms have been started since one hour.

Objectively: pallor of the skin, blood pressure is 100/70 mm Hg, heart rate is high and can not be counted, absence of ascites, the liver does not protrude from the edge of the costal arch.

On electrocardiogram (21.01.2020): heart rate is 180 per minute, QRS is 0,16 sec, discordant placement of the ST-segment and the T wave, the P wave is stratified by the QRST complex and not verified. Pathological changes were not detected according to the laboratory methods.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 15

Station 2

A 42-year-old man complains of sudden heartbeat, deficiency of air. According to his words these symptoms have been appeared at first.

Objectively: rhythmic pulse with weak filling, heart rate – 160 per minute, blood pressure is 100/60 mm Hg.

On the electrocardiogram: presence of P wave before each QRS, heart rate – 160 per minute, the duration of QRS is 0,10 second. Pathological changes were detected during laboratory methods of examination.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 16
Station 2

A 54-year-old man was conveyed to the cardiology department by ambulance team with complaints of constricted chest pain in the left part of thorax near the sternum with irradiation to the left hand, left supraclavicular area and duration more than 20 minutes.

On the electrocardiogram (25.01.2020): ST-segment depression on 2 mm; duration of Q wave is 1 mm (0,02 sec.), it is not more then ¼ of the R wave height in the leads V1, V2, V3. After sublingually administration of one tablet of nitroglycerin (0,5 mg) three times with intervals of 5 minutes the condition is not improved.

The level of troponin (cTnI) is 0,18 ng/ml (normal level is not more then 0,1 ng/ml). On echocardiography there is the region of akinesian the anterior wall and septum of the left ventricle.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 17

Station 2

A 67-year-old patient is hospitalized with such complaints as general weakness, humidity of the skin, acute compressive pain behind the chest with irradiation into the left supraclavicular area and duration of 20 minutes.

Objectively: rales in the lower parts of the lungs, galop rhythm, blood pressure is 130/90 mm Hg, the pulse is 80 beats/min.

Electrocardiogram (since 21.01.2020): ST-segment elevation on 2 mm in the lead I, aVL, V1–V6, R-wave amplitude increased in leads V5–V6 (the normal level is less then 25 mm).

Clinical blood analysis indicators are normal. On the troponin test rapid there are two red strips: one of them is situated in the control area, another one – on the test area (normally only one strip must be determined on the test area for indication the validity of the test). On the echocardiography the area of necrosis is determined in the anterior, lateral wall, LV apex and septum. Left ventricular ejection fraction is 44%.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 18
Station 2

A 50 years old patient, was at home and lost consciousness for 5 minutes. Few minutes before there were severe dizziness, tinnitus, lack of air, shimmering flies before eyes.

Objectively: acrocyanosis, pallor of the skin, heart rate is 40 beats per minute.

The results of clinical blood analysis are normal.

Electrocardiogram: the absence of obligate connection between P waves and ventricular complexes, enlargement and deformation of QRST, the heart rate is 40 beats per minute. P-P and R-R intervals are regular. R-R are bigger compared with P-P intervals.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 19
Station 2

A 60-year-old man complains of squeezing chest pain, shortness of breath. According to the anamnesis this pain was irradiated to the left hand, subclavian area and had become more severe, longer. The less intensive physical activity is associated with the start of the pain.

The levels of troponins, C-reactive protein, creatine phosphokinase are normal.

Electrocardiogram: ST-segment depression on 1,5 mm; duration of Q wave is 1 mm (0,02 sec.) and Q wave amplitude is not more than ¼ of R wave height.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 20
Station 2

After stress a 54 years old man complains of sudden heartbeat, general weakness, darkening in the eyes, feeling of fear. The duration of symptoms is 2 hours. Patient is hospitalized to the cardiology department. According to the anamnesis he has had arterial hypertension I stage, 1 degree, moderate risk (during last two years).

Objectively: pallor of the skin, blood pressure is 120/80 mm Hg, pulse deficit.

Electrocardiogram: absence of P waves in all leads, presence of waves with frequency of 400 per minute, different duration of R-R intervals, normal QRS complex.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 21
Station 2

A 50-year-old woman has intensive compressive headache, shaking fingers, frequent urination without pain appeared after stress. Arterial hypertension I stage, 1 degree, mild risk was confirmed two years ago. Patient is regularly treated by lisinopril 5 mg once daily in the morning.

Objectively: pallor of the skin, sweating, blood pressure is 170/100 mm Hg, the pulse is 85 beats per minute.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 22
Station 2

26 years old pregnant woman (32 weeks of gestation) has such complaints as acute dizziness, sudden headache, limb tremor, increase of the edema on the legs. These symptoms appeared at first.

Objectively: skin is pale and moist, edema on the legs, blood pressure is 180/110 mm Hg, pulse is 76 beats per minute. The pathology is not determined according to the neurological consultation.

Electrocardiogram: rhythm is sinus, organic disorders are absent, heart rate – 76 per minute. Protein (250 mg/l) is defined in urine analysis.

Questions:

1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 23
Station 2

A 56-year-old man works in the country house in summer when the weather is hot. He has such complaints as limb tremor, pulsating headache, flickering flies before eyes, acute start of nasal bleeding. His wife called to the emergancy and measured blood pressure (200/100 mm Hg) and pulse (80 beats for minute).

The anamnesis: Arterial hypertension II stage, 2 degree, moderate risk.

Questions:
1. Identify patient's preliminary emergency condition.
2. What diseases should you differentiate this condition from?
3. Define treatment strategy and indicate groups of drugs to be used.
4. Name the representatives of drugs from each group.
5. Specify the dose and frequency of drug administration.

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Variant No. 24
Station 2

A 37 years old patient was hospitalized at the infectious hospital in a state of over-excitement, his face expressing horror and suffering. The voice is hoarse. Objectively: body temperature 37.4 °C, pupils are dilated, tachycardia, inhalation with participation of all respiratory muscles, from bright light and when touched the patient had clonic and tonic convulsions, attempt to drink was accompanied by spasms of swallowing muscles, respiratory disorders. The patient has hypersalivation, hyperhidrosis. It is known from the anamnesis that 40 days ago he was bitten by a dog, who then disappeared.

Questions:

1. Make a clinical diagnosis.
2. Make a plan examination of the patient to confirm the diagnosis, describe the expected results
3. Draw up a treatment plan, indicate the doses of drugs, the frequency of administration, the duration of the course of treatment
4. What diseases do you need to conduct a differential diagnosis?
5. Consequences of the disease.

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Variant No. 25

Station 2

38 years old patient K. hospitalized with complaints of headache, dizziness, general weakness, feeling of "grid", "fog", twin objects in front of the eyes, impaired vision. Subsequently, difficulty in swallowing, dry mouth. The day before the patient consumed canned mushrooms. Objectively: ptosis, mydriasis, anisocoria, voice hoarse, speech unclear. At auscultation in the lungs hard breathing is heard, the respiratory rate is 28 per min. Heart tones are muffled, extension of boundaries of relative dullness of heart to the left, heart rate 95 per minute, blood pressure 140/95 mm Hg.

Questions:

1. Make a clinical diagnosis.
2. Make a plan examination of the patient to confirm the diagnosis, describe the expected results
3. Draw up a treatment plan, indicate the doses of drugs, the frequency of administration, the duration of the course of treatment
4. What diseases do you need to conduct a differential diagnosis?
5. Rules of dispensary supervision of the patient.

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Variant No. 26

Station 2

A 20 years old complains of diarrhea without abdominal pain, which began acutely a day ago. The droppings more than 20 times a day, water-like, resemble "rice watery", and subsequently appeared repeated vomiting without prior nausea. Weakness, dry mouth, thirst. Body temperature is 36.0^0 C. From epidanamnesis it is known that 2 days before the disease he communicated with a patient who had a similar clinic. On examination: pale skin with a bluish tinge, turgor lowered, "hands washed", facial features sharpened, voice flowing, convulsions of the calf muscles. BP - 70/50 mm Hg, pulse is weak, 130 per minute, tachypnoe.

Questions:

1. To formulate a clinical diagnosis.
2. Draw up a plan of examination of the patient for confirmation of the diagnosis, expected results.
3. Make a treatment plan, indicate the doses of drugs, the frequency of administration, the course of treatment.
4. What diseases do you need to conduct a differential diagnosis?
5. Rules for discharging a reconvalescent from a hospital.

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Variant No. 27

Station 2

A 22 years old patient fell ill two weeks ago: gradually worsened, the temperature rose to 37°C every evening, weakness, sweating, headaches, aggravated by bright light and noise, constipation. A day ago, there was a sudden worsening of all symptoms: the temperature rose to 38.2°C, increased headache intensity, photophobia, red spots spontaneously appear and disappear on the body.

Objectively: the condition is severe. Consciousness is confused. Constitution is normostenic. The skin is clean, pronounced red dermographism, pronounced Trusso spots. Body temperature is 39.2°C. Blood pressure 140/90 mm Hg. Chest is of cylindrical shape. On percussion, clear pulmonary sound over the lungs, on auscultation – vesicular breathing. Heart tones are muffled, tachycardia - 92 beats per minute. The abdomen is recessed in the form of a boat. There is constipation. Urination is not impaired. Meningeal symptoms (rigidity of occipital muscles, Kernig, Brudzinski) are positive. There is left-sided ptosis, converging strabismus.

In the hemogram: leukocytes $12{,}8 \times 10^9$/l, eosinophils - 3%, segmented - 51%, lymphocytes - 8%, monocytes - 11%, ESR - 32 mm/h.

Cerebrospinal fluid analysis: fluid is opalescent, flowing. The number of cells $0{,}15 \times 10^9$/l, lymphocytes 70%, neutrophils - 30%. Spider - web clot appeared. Glucose - 16 mmol/l, chlorides 92 mmol/l.

Liquor analysis for MBT: mycobacterium tuberculosis was not detected.

X-ray: pulmonary fields are clear, Ghon focus is visible in C_2 segment of the right lung.

Questions:

1. What is your diagnosis?
2. What speaks in favor of this diagnosis?
3. What research methods are needed to confirm the diagnosis?
4. Methods of treatment of this patient?
5. Prognosis of the disease and possible complications of the disease?

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Variant No. 28

Station 2

Patient, 70 years old female, felt numb and weak in her right leg and right arm in the morning, after sleeping. During the day, weakness grew and changed with paralysis. The disease was preceded by headaches, rapid fatigue and increased irritability.

Objective data: Borders of heart extended in both directions, atonic. BP 110/60 mm Hg The heartbeat is rhythmic, 80 beats per minute.

Neurological status: pupil D = S, smoothed right nasolabial fold, tongue when protruding deflects to the right. Active movements in the right extremities are absent; muscle tone in them is increased in spastic type. Tendon and periosteal reflexes ar higher in the right than left; Pathological reflexes of Babinsky and Oppenheim on the right are present. Right-sided hemianesthesia, hemianopsia.

Blood test: ESR - 6 mm / h, leukocytes - 7000 in 1 μl, prothrombin index 116%, cholesterol 340 mg /%.

Ophthalmoscopy: borders of the optic nerves are clear, the arteries of the retina are narrowed, tortuous and sclerosing.

Questions:

1. Make a preliminary diagnosis.
2. Identify additional testing methods required.
3. Identify treatment tactics.
4. Identify list drug groups.
5. Identify secondary prevention methods.

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Variant No. 29
Station 2

Patient P., 35 years old. Since childhood, she suffers from epilepsy after suffering an early age of meningoencephalitis. Twelve years ago, tonic-clonic seizures appeared, the last 2.5 years indicate an increase in their frequency, he was hospitalized.

Neurological status: Unconscious, tonic-clonic seizures lasting up to 40-60 seconds are repeated every 4-5 minutes, pupils dilated, reaction to light preserved, corneal reflexes sluggish, muscular hypotonia, tendon reflexes reduced, pathological reflexes are not present. Cyanosis of the skin, shallow breathing, heart sounds are muffled, pulse 140 per minute, arrhythmic, blood pressure 80/50 mmHg. Since last year, the attacks have increased. Anti-epileptic drugs are taken irregularly.

Questions:

1. Make a preliminary diagnosis.
2. Identify additional testing methods required.
3. Identify treatment tactics.
4. Identify list drug groups.
5. Identify secondary prevention methods.

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Variant No. 30
Station 2

A young guy of 20 years suddenly felt terrible during the workout in the gym, grabbed his head and fell. The ambulance doctor found the patient unconscious and identified positive meningeal symptoms. The coach said that he had been completely healthy before and had never complained about anything.

Questions:

1. Make a preliminary diagnosis.
2. Do you need hospitalization?
3. Identify the necessary examinations.
4. What treatment tactics can you recommend?
5. Possible consequences of the disease?

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Variant No. 31

Station 2

A 43-year-old man had a sudden headache while exercising at work, after a few minutes, nausea and vomiting. Before that, he considered himself healthy.

Objectively: Clear consciousness, facial skin somewhat hyperemic, heart tones clear, rhythmic, heart rate 74/min. BP 160/100 mmHg. Body temperature 37.1 ° C.

Neurological status: pupil D = S, face symmetrical, tongue in the midline. Muscle strength at all extremities 5 points. Tendon and periosteal reflexes D = S, present. Pathological reflexes of Babinsky are present on both sides. Signs of general hyperesthesia, phonophobia, stiffness of neck 2 cm.

Questions:

1. Make a preliminary diagnosis.
2. Determine treatment tactics at the pre-hospital stage.
3. Identify additional testing methods required.
4. Identify inpatient treatment methods.
5. Identify a list of drugs.

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Variant No. 32

Station 2

Patient V., 37 years old, locksmith. Three days ago, there was unclear anxiety. It seemed that his room was filled with people, some people from behind the wall shouting, threatening to kill, called "go for a drink." He did not sleep at this night, saw a monster with horns and glittering eyes crawling out of bed, grey mice running, half-dogs half-dogs running around the room, knocking on the window, shouting for help. He ran out of the house and rushed to the police station, escaping from "persecution" in a fear. From there, he was taken to a psychiatric hospital. In the hospital, excited, especially in the evening, rush at the door, at the windows. When talking, focuses on the topic of the conversation with difficulty, trembling, anxiously looking around. Suddenly he starts to shake off something, he says, shaking crawling insects at him, he sees in front of him "croaking peaks", shows them with his finger, laughs loudly.

Questions:

1. Write an important clinical syndrome
2. Write the differential diagnosis
3. Assign additional examinations as a needed for a clarification diagnosis and what changes are characteristic of the disease.
4. Make a definitive clinical diagnosis using current classifications (MKX-10)
5. A tactics of management of the patient, a mode, a diet, medical treatments with an indication of a dose, side effects, indications and contraindications. Non-drug therapy methods, including psychotherapeutic ones.

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Variant No. 33

Station 2

A 24-year-old man presents to casualty having got into a fight as he thought he was being watched and felt threatened. He appears to have fractured his thumb but is reluctant to let you examine him or order an X-ray. He looks suspicious and wary. When asked about his concerns, he says that over the last few months he has been carefully monitored by government agencies. He has heard a voice out loud giving a running commentary on his thoughts, and these are being broadcast to the government. Any machine enables the government to get inside his head, and the voice is telling him it would be unwise to face the X-ray machine. The sound is not one that he recognizes, and it is sometimes derogatory telling him he is stupid for giving his thoughts away for free. Initially, the voice came and went, but over the last few weeks it is present almost invariably, and he cannot always sleep because even when he sleeps the voice comments on what he is thinking. He is exhausted. The man is absolutely convinced that the government is after him, but he cannot explain why. There is no previous history, and he denies any substance use. Until a few weeks ago he had been working as a kitchen assistant but was fired for leaving jobs unfinished. There is no family history of any psychiatric illness. The man looks unkempt. He is suspicious and seems quite frightened and agitated. His eye contact is transient, and he continually looks around him in an overwhelmed manner. His speech is rambling, and he does not express himself coherently. He occasionally uses words that you have not heard before and repeats them as though they have some significance. He does not come across as depressed. He has delusions of persecution. He has auditory hallucinations that provide a running commentary on every aspect of his behaviour. He has thought broadcast and thought withdrawal. He is orientated in person, but unclear about the time. He seems aware that he is in hospital but not quite sure why.

Questions:

1. Write an essential clinical syndrome.
2. Write the differential diagnosis.
3. Assign additional examinations as a needed for a clarification diagnosis and what changes are characteristic of the disease.
4. Make a definitive clinical diagnosis using the current classifications (ICD-10).
5. A tactics of management of the patient, a mode, a diet, medical treatments with indication of a dose, side effects, indications and contraindications.

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Variant No. 34

Station 2

Patient O., 35 years old, was transported by the ambulance team to a psychiatric hospital. Ambulances were called by relatives; the patient was in the same condition as now since last night. He is restless, performs various aimless movements with his hands and feet. Aggressive, he hits his head on the bed with his hands. Sometimes he tries to attack other patients and hospital staff. He lies restlessly in bed, pulls off his clothes, but on the contrary tries to pull on his blanket. He does not answer the doctor's question; most of the time he is silent, sometimes uttering meaningless phrases, obscene words. The facial expression is angry, somewhat dim, sometimes showing grimaces. Sometimes the patient says a lot; the sentences are usually meaningless. There is no psychogenic in anamnesis.

Questions:

1. Write an essential clinical syndrome.
2. Write the differential diagnosis.
3. Assign additional examinations as a needed for a clarification diagnosis and what changes are characteristic of the disease.
4. Make a definitive clinical diagnosis using the current classifications (ICD-10).
5. A tactics of management of the patient, a mode, a diet, medical treatments with an indication of a dose, side effects, indications and contraindications. Non-drug therapy methods, including psychotherapeutic ones.

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Variant No. 35
Station 2

A 36-year-old school teacher is brought in by the paramedics to the emergency department. This is her fifth presentation in four weeks. She woke up from her sleep last week, drenched in sweat and experiencing intense constricting chest pain. She reported a racing heart, difficulty breathing and overwhelming fear that she was about to die. She called 103, who took her to the emergency department where all investigations were routine. She was discharged with a diagnosis of 'panic attack', but she had a similar attack two weeks later. On her third presentation, she was referred to a psychiatrist. She had another episode last week, which was managed by the paramedics.

Today, however, she said that the chest pain was far more severe and she was also feeling dizzy, choking, with hyperventilation, numbness and tingling in her left arm, which convinced her she had a heart attack. The paramedics tried to reassure her, but she started screaming and flailing her legs and arms, forcing them to take her to the emergency department once again. She tells you that she thinks she is dying or going mad. She is terrified of having another attack and has insisted her husband take leave over the past week to be with her. She refuses to go out anywhere without him. She is upset about having called 103 but says the emergency doctors saved her life. She is avoiding her bedroom as four of the five attacks have happened there. She is avoiding lying down and instead spends the night in her armchair. Her husband is extremely concerned. He is particularly worried as her father has a history of myocardial infarction and her mother has had a stroke. She smokes when she goes out for a drink with her friends – usually once a month. They live in their own home, have no children and have no financial worries. *Physical examination.* She appears calmer but shaken. She is drenched in sweat and still tremulous. She has tachycardia and tachypnea, but blood pressure (130/84 mmHg) is standard. There is no other significant abnormality. *Investigations.* Her ECG is normal. Random blood sugar, thyroid profile, serum calcium and urine drug screen are also typical.

Questions:

1. Write an essential clinical syndrome.
2. Write the differential diagnosis.
3. Assign additional examinations as a needed for a clarification diagnosis and what changes are characteristic of the disease.
4. Make a definitive clinical diagnosis using the current classifications (ICD-10).
5. A tactics of management of the patient, a mode, a diet, medical treatments with an indication of a dose, side effects, indications and contraindications.

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EXAMINATION TASK

of Objective Structured Clinical Examination (OSCE) of State Final Certification in Education and Qualification Level "Specialist" in the Specialty 7.1201000 "General Medicine"

Discipline "Internal, Occupational and Infectious Diseases"

Variant No. 36

Station 2

On December 4 a 28 years old patient on went to the doctor on the 7th day of the disease with complaints of darkening of the urine, yellowing of the mucous membranes, skin, stool discoloration. From the anamnesis: believes that he became ill 7 days ago, when body temperature rose to 37.9°C, his appetite worsened, nausea, vomiting, and heaviness in the right hypochondrium appeared. On the 5th day of illness the urine darkened, the skin and mucous membranes turned yellow, the feces became discolored. A day later, the patient's general condition improved, his appetite returned to normal, and nausea disappeared. The patient notes that four weeks before the first manifestations of the disease appeared, he talked with a friend who had the above symptoms.

Objectively: yellowing of the skin, sclera, mucous membranes of the mouth, breathing vesicular in the lungs, heart rhythmic, abdominal soft, palpation pain in the right hypochondrium, lower edge of the liver 3 cm below the right costal arch. In clinical blood test: ep. $4{,}5x10^{12}$/l; Hb 126 g/l; leukocytes $5{,}6x10^{9}$/l; ESR 10 mm/h; tronbocytes $300x10^{9}$/l.

Biochemical analysis of blood: total bilirubin 94 μmol/l; direct 68 μmol/l; indirect 26 μmol/l; Alat 340 U/l, AsAT 300 U/l; total protein 80 g /l: α1 6%; α2- 12%; β - 14%; γ - 31%, thymol sample 10 U.

Questions:

1. To formulate a clinical diagnosis
2. Draw up a plan of examination of the patient for confirmation of the diagnosis, expected results
3. Make a treatment plan, indicate the doses of drugs, the frequency of administration, the course of treatment
4. What diseases do you need to conduct a differential diagnosis?
5. Rules of dispensary supervision of the patient.

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Variant No. 37

Station 2

A 42 years old patient was admitted to hospital on the 15th day of illness. The disease began gradually: there was a general weakness, decreased performance, pain in the joints, a few days later itchy skin joined. 3-4 days before treatment, the patient noticed a yellowing of the skin and sclera.

Objectively: general condition of the patient of moderate severity, skin and mucous membranes of yellow color, pulse 76 per min. Satisfactory filling, blood pressure 110/70 mm Hg. On palpation, of the abdomen is soft, moderately painful in the right hypochondrium. The liver at 4 cm protrudes from the edge of the costal arch, elastic, painful. The spleen is slightly enlarged. In the biochemical analysis of blood: total bilirubin 238.2 μmol/l, direct bilirubin - 168.7 μmol/l, ALT - 3.8 mmol/l/h, sulemic sample - 1.28 ml. It is known that three months ago the patient underwent surgery for phlegmon of the right hand.

Questions:

1. Make a clinical diagnosis.
2. Make a plan examination of the patient to confirm the diagnosis, describe the expected results
3. Draw up a treatment plan, indicate the doses of drugs, the frequency of administration, the duration of the course of treatment
4. What diseases do you need to conduct a differential diagnosis?
5. Rules of dispensary supervision of the patient.

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Variant No. 38

Station 2

17 years old patient was hospitalized on the 10th day of illness. The disease began gradually: there were runny nose, throat irritation; fever up to 38 ^{0}C for 3 days, then joined nausea, dull epigastric pain. About 3 days ago, she noticed a darkening of the urine, for 2 days - the yellowness of the sclera and skin. It is known that the drug has been administered intravenously over the last 2 years.

Objective: general condition of moderate severity. The skin and visible mucous membranes are moderately jaundiced. Heart tones are muted. Pulse 78 per minute, satisfactory filling. BP 110/70 mm Hg. The liver at 3.5 cm protrudes from the edge of the costal arch, elastic, sensitive to palpation. The spleen is enlarged (+ 2.5 cm). Blood test: total bilirubin 227.2 μmol / l, direct - 165.8 μmol/l, ALAT - 3.4 mmol/l/h, sulemic sample - 1.25 ml. Enzymatic markers of HBV are not detected by enzyme-linked immunosorbent assay.

Questions:

1. Make a clinical diagnosis.
2. Make a plan examination of the patient to confirm the diagnosis, describe the expected results
3. Draw up a treatment plan, indicate the doses of drugs, the frequency of administration, the duration of the course of treatment
4. What diseases do you need to conduct a differential diagnosis?
5. Possible consequences of the disease.

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Variant No. 39

Station 2

A 30 years old patient went to the doctor complaining of general weakness, pain in the left half of the abdomen, especially in the iliac region, tenesmus, false calls for defecation. The disease began acutely with a rise in body temperature to 37.8 ^{0}C, abdominal pain, later joined diarrhea, bowel movements. With impurities of mucus and blood on the back. On the eve of the disease he ate sour cream, which was stored at room temperature for 5 days.

On examination: general condition of moderate severity, body temperature 37,9 ^{0}C, blood pressure 130/70 mm Hg. Heart tones are normal, no murmurs. Tongue covered with white plaque. On palpation abdominal pain in the area of the sigmoid colon, the latter, spasmodic, painful.

Questions:

1. Make a clinical diagnosis.
2. Make a plan examination of the patient to confirm the diagnosis, describe the expected results
3. Draw up a treatment plan, indicate the doses of drugs, the frequency of administration, the duration of the course of treatment
4. What diseases do you need to conduct a differential diagnosis?
5. Which groups are subject to dispensary surveillance after illness?

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Variant No. 40

Station 2

A 35 years old patient was taken by ambulance in a serious condition. From epidanamnesis it is known that he ate fried duck for dinner, which seemed a little fried. In the morning he felt a worsening of his general condition, weakness, pain in the epigastrium and the right half of the abdomen. The pain intensified before vomiting. Diarrhea started later, up to 10 times a day, water-emptying, stinky, with a greenish tinge. At hospitalization, the pale skin and the fluidity of the voice were noted. The skin and mucous membranes are dry. Tongue is dry, covered with white plaque. The skin turgor is reduced. Heart rate - 96 per minute, blood pressure 100/60 mm Hg. On palpation, the abdomen is painful, there is a grunt in the right iliac region.

Questions:

1. Make a clinical diagnosis.
2. Make a plan examination of the patient to confirm the diagnosis, describe the expected results
3. Draw up a treatment plan, indicate the doses of drugs, the frequency of administration, the duration of the course of treatment
4. What diseases do you need to conduct a differential diagnosis?
5. Which groups are subject to dispensary surveillance after illness?

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Variant No. 41

Station 2

A 18 yearsr old patient complains of frequent emptying. Diarrhea began acutely, unexpectedly. Emptying up to 20-25 times a day, water, resemble "rice watery". Then, repeated vomiting without prior nausea was added. Vomiting also resembles "rice watery". Weakness, dry mouth, thirst. Body temperature is 36.5^0 C. From epidanamnesis it is known that the patient was resting 2 days ago in the village of his grandmother, where he used water from an open reservoir. On examination: the skin acquires a bluish tint, cold to the touch, turgor reduced. Abdomen strained, painless. Tachypnoea, tachycardia, decrease in blood pressure, oliguria, spasms of the calf muscles.

Questions:

1. To formulate a clinical diagnosis
2. Draw up a plan of examination of the patient for confirmation of the diagnosis, expected results
3. Make a treatment plan, indicate the doses of drugs, the frequency of administration, the course of treatment
4. What diseases do you need to conduct a differential diagnosis?
5. Rules for discharging a reconvalescent from a hospital.

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Variant No. 42
Station 2

Patient N. with a diagnosis of fever of unknown origin is referred to the infectious ward for consultation. Ill for about a week. The disease began gradually, with increasing headache, adynamia, sleep disturbance, loss of appetite.

Objectively: body temperature is 39.2°C, pallor of skin and mucous membranes. Pulse 72 per minute. The tongue in the center is covered with a thick gray plaque, thickened, with fingerprints. Belly is enlarged. Palpation of the right iliac region is a creaking grunt. Liver and spleen enlarged, defecation delayed for 2 days. On the 3rd day of inpatient care, single braces appeared on the abdomen. In clinical blood test: leukopenia, aneosinophilia, thrombocytopenia.

Questions:

1. To formulate a clinical diagnosis.
2. Draw up a plan of examination of the patient for confirmation of the diagnosis, expected results.
3. Make a treatment plan, indicate the doses of drugs, the frequency of administration, the course of treatment.
4. What diseases do you need to conduct a differential diagnosis?
5. Dispensary monitoring of the sick.

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Variant No. 43
Station 2

A 35-year-old patient came to the doctor with complaints of weakness, headache, epigastric pain, nausea, vomiting, and bowel movements. Objectively: the patient is asthenic, thin. The skin and mucous membranes are pale. Auscultation in the lungs unchanged. The abdomen is soft, moderately painful in the epigastric region, swollen. The liver is enlarged by 2 cm, painless. In the blood: anemia is hypochromic, eosinophilia. From epidamnesis: the patient is engaged in fishing, often consumes sun-dried fish.

Questions:

1. To formulate a clinical diagnosis.
2. Draw up a plan of examination of the patient for confirmation of the diagnosis, expected results.
3. Make a treatment plan, indicating the doses, indicate the doses of drugs, the frequency of administration, the course of treatment.
4. What diseases do you need to conduct a differential diagnosis?
5. Dispensary monitoring of the sick.

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Variant No. 44

Station 2

21 years old woman without permanent living place complains of the diarrhea during last 2 months, weight lost 13 kg, weakness, permanent subfebrile body temperature, herpes relapse. There is herpetic rush on the lips, generalized lymphadenopathy, lymphatic nodes increased to 1 sm.

Blood analyses: red blood cells – $4{,}4*10^{12}$/L, hemoglobine – 115 g/l, ERS – 15 mm/h, white blood cells – $10*10^{9}$/l, eosynophils – 2 %, stabs – 6 %, segmented – 61 %, lymphocytes – 17%, monocytes – 3 %. Atypic mononuclears - 6 %.

Questions:

1. To formulate a clinical diagnosis.
2. Draw up a plan of examination of the patient for confirmation of the diagnosis, expected results.
3. Make a treatment plan, indicating the doses, indicate the doses of drugs, the frequency of administration, the course of treatment.
4. What diseases do you need to conduct a differential diagnosis?
5. Dispensary monitoring of the sick.

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Variant No. 45

Station 2

A 42 years old patient, plumber, smokes for about 30 years, abuses alcohol. He went to the clinic complaining of cough with sputum, shortness of breath during exercise, general weakness, malaise, fever in the evening to 37.6°C.

The doctor who examined the patient diagnosed: "chronic bronchitis, exacerbation" and prescribed anti-inflammatory treatment, expectorants, inhalations. After the procedure, the patient's well-being improved, cough decreased, shortness of breath almost disappeared, and body temperature returned to normal. Unspoken general weakness persisted. The doctor allowed the patient to get to work.

After two months at the next fluorographic examination revealed an extensive shading in the area of the upper lobe of the right lung, inhomogeneous in structure, with areas of enlightenment. In the lower sections of the right lung – multiple, located in groups, low-intensity focal shadows.

In the general blood test – erythrocytes $4{,}5x10^{12}$/l, HB - 121 g/l, leukocytes - $9{,}9x10^{9}$/l, eosinophils -1%, bands – 6%, segmented – 40%, lymphocites – 18%, momocytes -11 %, ESR - 31 mm/h.

Biochemical blood test: total protein 76 g/l, total bilirubin 12 μmol/l, glucose - 4.0 mmol/l.

Questions:

1. Which disease is more likely to be considered based on fluorography data?
2. What additional examination methods should be used to clarify the diagnosis?
3. Indicate what X-ray symptoms have helped you to make the diagnosis correctly.
4. To which specialist should this patient be referred for consultation?
5. With what diseases is it necessary to carry out differential diagnostics?

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Variant No. 46

Station 2

A 23 years old patient, seamstress, was admitted to the clinic with complaints of general weakness, fever (in the evening) to 38°C, decreased appetite, weight loss, shortness of breath during exercise, dry cough. She considers himself sick about three months when she was seven months pregnant. At first, there was a general weakness, subfebrile body temperature, then a dry cough joined. A district therapist treated her for bronchitis; the effect is negligible. On the second day after delivery, the body temperature increased to 38.6°C, shortness of breath appeared.

History of life: suffered childhood scarlet fever, pneumonia. Her husband is healthy. The fluorographic examination was not performed more than four years.

Objectively: proper physique, low nutrition, skin is clear, pale, moderate acrocyanosis. Peripheral lymph nodes are not enlarged. Pulse 110 beats in minutes, rhythmic. Borders of the heart within normal limits, heart tones are muted. Blood pressure - 100/60 mm Hg. The chest is symmetrical, evenly involved in the act of breathing, percussion-clear pulmonary sound, on auscultation, in the lungs on both sides vesicular breathing, no wheezing, respiratory rate 36 per minute. The abdomen is soft, the lower edge of the liver 2 cm below the costal arch, tender to palpation.

General analysis of urine is without pathological changes. General blood test: erythrocytes $2{,}28 \times 10^{12}$/l, HB - 86 g/l, leukocytes $11{,}5 \times 10^{9}$/l, e-0%, bands-5%, s-65%, l-18%, m-12%, ESR - 24 mm/h. Radiographically: in the lungs throughout, more on the tips, along the course of the vessels, multiple small-medium intensity focal shadows. The structure of the roots of the lungs has not changed. The sinuses are free. The heart is without changes. Single small calcines are in the right root. MBT sputum studies were performed - no mycobacteria were detected in smear microscopy and gene-molecular methods. Mantoux test with 2 TU tuberculin is negative.

Questions:

1. What should additional research methods be used to clarify the diagnosis?
2. Which disease is more likely to be considered on the basis of clinical and radiological data? What diseases can occur with similar symptoms?
3 Perform differential diagnosis.
4. Indicate what X-ray symptoms have helped you to make the diagnosis correctly.
5. What does a negative Mantoux test for a given patient indicate?

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Variant No. 47

Station 2

35 years old patient, zootechnician, delivered by ambulance to the hospital with complaints of fever up to 39°C, shortness of breath with little exercise, dry cough, moderate chest pain on the right, general weakness.

From the anamnesis: the patient considers himself sick within five days, when after the cold factor, the body temperature increased, shortness of breath appeared, gradually increased. He did not seek medical treatment or treatment. With more careful anamnesis, it turned out that the patient was about two months old. So he began to lose weight gradually, became very tired, considered it a consequence of increased workload.

Objectively: proper constitution, low nutrition, pale skin, chest of the usual form, right half of the chest lags slightly in the act of breathing, heart tones rhythmic, muted, heart borders usual, heart rate 96 in min, blood pressure 100/70 mm Hg. Art. Percussion on the left pulmonary sound, on the right – blunting, auscultatory in the lungs on the left – vesicular breathing, on the right – weakened, no wheezing, breathing 20 in min. The abdomen is soft, painless, the liver and spleen are not enlarged.

In the general blood test – erythrocytes $4{,}5x10^{12}$/l, HB - 121 g/l, leukocytes $9{,}9x10^{9}$/l, eosinophils -1%, bands-40%, segmented - 6%, lymphocites-18%, monocites-11%, ESR - 31 mm/h.

Biochemical blood test: total protein 76 g/l, total bilirubin 12 μmol/l, glucose - 4.0 mmol/l.

Radiographically: the left lung is clear. Intense homogeneous darkening, inseparable from the shadow of the thickened costal pleura is determined from the level of the 2^{nd} rib to the diaphragm level. The mediastinum organs are displaced to the left.

The pleural puncture was performed twice, 2800 ml and 400 ml of straw-yellow, clear fluid were removed, pleural content was analyzed: protein 50 g/l, moderate-cell cytosis, lymphocytes 96%, neutrophils 4%, mycobacteria, tumor cells were not found. Mantoux test with 2 TU tuberculin – 22 mm, in the center of the papules – vesicle.

Questions:

1. What preliminary diagnosis would you make to the patient on admission to the CDL?
2. What should additional examination methods be performed to clarify the etiology of the disease?
3. Between which diseases is it necessary to carry out differential diagnostics in the first place?
4. According to clinical and radiological data, what etiology of the process can be though? Why? Make a diagnosis.
5. According to pleural content analyzes, is this transudate or exudate? Why?

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Variant No. 48
Station 2

A 36 years old patient complains of subfebrile fever, weakness, excessive sweating, especially at night, rapid fatigue, slight dry cough. The disease began gradually. He considers himself sick for a month.

At inspection, the general condition is satisfactory, the asthenic constitution. Body temperature is 37.1°C. The skin is clean, pale, blush on the cheeks. Peripheral lymph nodes are not palpated. There are carious teeth. Chest is of cylindrical shape. Percussion over lungs clear pulmonary sound, slight dullness of pulmonary sound above the apex on the right. Breathing in the lungs is vesicular; on the right, in the upper parts on the background of harsh breathing, there are single dry rales. Heart tones are muted, rhythmic. The abdomen is soft, painless. Liver on the edge is not protruded of the costal arch, elastic, painless. The stool and urination are unchanged.

In the hemogram: white blood cells - $9{,}1x10^9$/l, eosinophils - 3%, bands/i-6%, segmented/i-59%, lymphocytes -18%, monocytes-14%, ESR - 24 mm/h.

Mantoux reaction with 2 ТГ tuberculin – 9 mm. The examination of sputum on the MBT by microscopy is negative.

Chest X-ray: in the right S2 on the background of blurred pulmonary pattern, polymorphic foci with a diameter of 5-9 mm with fuzzy contours, pronounced tendency to merge foci is determined.

Questions:

1. What is your diagnosis?
2. With which disease is it necessary to carry out differential diagnostics in the first place?
3. Is the absence of mycobacterium tuberculosis in the sputum (microscopically) the reason for the exclusion of the tuberculosis process? What are the advantages and disadvantages of this method?
4. What treatment should be prescribed for differential diagnosis with pneumonia?
5. What treatment will be used to treat tuberculosis?

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Variant No. 49

Station 2

A 19 years old patient, does not work. She has turned to the district therapist complaining of weakness, fatigue, dry cough. Two months ago there was delivery at 37 weeks without complications. She felt a slight ailment immediately after delivery but considered this condition as a post-partum ailment. Meanwhile, her illness increased. Outpatient treatment was started for two weeks (non-specific antibacterial therapy) with no effect. The patient is hospitalized in the therapeutic ward. By this point, weakness, sweating, body temperature increases up to 38.6°C in the evening, normal temperature is in the morning. By this time, the cough is getting worse, and the weakness is growing, there is a feeling of brokenness, there is a headache.

Objectively: body temperature - 38.3°C. The patient is of the proper physique, low nutrition, there is slight cyanosis of the lips. The chest is symmetrical, actively involved in the act of breathing. The skin is moist, the peripheral lymph nodes are not enlarged. At percussion in the upper parts, there is dulling of percussion sound. On auscultation, vesicular breathing is over the left lung, weakened breathing – over the right lung. The abdomen is soft, and the liver 2 cm protrudes from under the costal arch. The spleen is not palpated.

Total blood count: erythrocytes - $3{,}6x10^{12}$/l, HB - 115 g/l, eosinophils - 3, bands - 9, lymphocytes - 14, monocytes - 11, lymphocytes - $9{,}1x10^{9}$/l, ESR - 29 mm/hour.

General analysis of urine - without changes.

Radiographically: massive infiltration of pulmonary tissue, consisting of drainage foci is located in S_1, S_2, S_6 of the right lung.

Non-specific antibacterial therapy was performed for a month in patients diagnosed with croupous pneumonia. The effect of treatment was not noted. In a serious condition, the patient was transferred to the intensive care unit, where for ten days, intensive care was also performed for 10 days without effect. The patient was consulted by an oncologist. The tumor process in the lungs is excluded.

Questions:

1. What is additional research needed to determine the diagnosis?
2. Interpret the general blood test.
3. Name the diseases in which such changes can occur.
4. Possible diagnosis?
5. Assign treatment.

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Variant No. 50
Station 2

A 20 years old patient, does not work. On the fourth day after delivery, the fever rose to 39°C, weakness, shortness of breath is appeared. Broad-spectrum antibiotic treatment did not lead to improvement.

Objectively: a patient is of the right physique, low nutrition. The skin is clear, pale, with a cyanotic tinge. Peripheral lymph nodes are not enlarged. Pulse 110 beats per minutes, rhythmic, body temperature - 39.4°C. Borders of the heart are within normal limits, heart tones are muted, over the apex – a gentle systolic murmur. Blood pressure - 110/60 mm Hg. Respiratory rate of 36 per minute. The thorax is symmetrical, evenly involved in the act of breathing. Pulmonary percussion sound with a box tint is heard. On auscultation, scattered moist and dry rales on both sides. The abdomen is soft, the lower edge of the liver is 2 cm below the costal arch, tender to palpation. The spleen is not palpated.

Blood test: Er. $3.28x10^{12}$/l, HB - 106 g/l, leukocytes $11.5x10^{9}$/l, eosinophils-0%, segmented-65%, lymphocites -18%, monocytes - 12%, ESR of 24 mm/h.

Urine analysis without pathology.

MBT was not detected in sputum.

On the chest radiograph: small focal shadows are uniformly distributed along the vessels in both lung fields. The sinuses are free.

Questions:
1. Interpret the blood test.
2. What disease can you think?
3. With what conditions it is necessary to carry out differential diagnostics
4. Prescribe the most practical combination of drugs.
5. Results and possible complications of the disease.

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EXAMINATION TASK

of Objective Structured Clinical Examination (OSCE) of State Final Certification in Education and Qualification Level "Specialist" in the Specialty 7.1201000 "General Medicine"

Discipline "Internal, Occupational and Infectious Diseases"

Variant No. 51

Station 2

A 43 years old patient arrived from prison. When hiring, he was examined fluorographically. Changes in the lungs were detected: a group of foci in the left upper lung.

He has no history of transmitted tuberculosis in the anamnesis. In recent years, he has been inspected annually fluorographically but no changes in the lungs have been detected.

On objective examination: normal skin color, subcutaneous fat is expressed satisfactorily. The mandibular and single axillary lymph nodes are of small sizes, painless, motile, dense. Percussion over the lungs: clear pulmonary sound. Breathing is weakened, wheezing is not heard.

Blood test: ESR - 4 mm/h, HB - 126 g/l, leukocytes - $4{,}6x10^9$/l, eosinophils -2%, bands - 2%, segmented - 63%, lymphocytes - 26%, monocytes - 7%.

On the chest X-ray: intense, clearly defined, polymorphic foci are identified on the background of limited pneumosclerosis in the 1^{st} and 2^{nd} segments of the left lung. The roots of the lungs are slightly compacted, in the left – a single petrifaction up to 1 cm in size. The shadow of the heart is not changed.

Mantoux test with 2 TU tuberculin PPD-L – papule 14 mm.

In the sputum, MBT was not detected by microscopy.

Questions:

1. What should be the therapist's tactics?
2. Which disease is more likely to be, though?
3. With what conditions should a differential diagnosis be made?
4. Assign treatment.
5. What can be the consequences of this disease?

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Discipline "Internal, Occupational and Infectious Diseases"
Variant No. 52
Station 2

A mass fluorographic examination in a patient of 32 years revealed a round shadow of 2.5 cm by 3 cm, with clear contours, heterogeneous in structure due to denser inclusions in the upper lobe of the left lung. The tomography of the upper lobe (sections 6.5 and 7.5 cm) confirms the clearness of the contours and the heterogeneity of the structure of the shadow due to the enlightenment adjacent to the draining bronchus, and more dense inclusions, in the surrounding lung tissue - fibrous and focal changes. On examination at the shop, doctor found that the fluorography took place 2 years ago, he considers himself healthy, no complaints. A year ago, during the flu epidemic, he became acutely ill with catarrhal changes, cough with subfebrile fever persisted for about a month. Asthenic syndrome persists more than 2 months.

Objectively: the chest is not deformed, both sides of the thorax are symmetrically involved in the act of breathing. Percussion is determined by a clear pulmonary sound, wheezing is not heard.

In the blood: ESR - 7 mm/h, leukocytes - $6{,}4 \times 10^9$/l, eosinophils - 1%, bands - 4%, segmented - 65%, lymphocytes - 26%, monocytes - 4%.

The therapist suspected peripheral lung cancer, the patient referred for consultation to the oncology clinic. Mycobacterium tuberculosis was detected microscopically in the oncology dispensary during the sputum examination.

Questions:
1. Based on the available data on which disease do you think?
2. Please indicate on what grounds you can think of tuberculosis?
3. Consultation and examination of which doctor needs a patient?
4. Interpret the general blood test.
5. With what diseases is it necessary to carry out differential diagnostics?

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Variant No. 53

Station 2

Patient L., 32 years. He became ill acutely a week after the tick bite; fever rose to 39 ° C, headache, pain and weakness in the muscles of the hands and shoulder girdle. It became difficult to swallow and speak.

Neurological status: The patient is conscious. The pupils D = S, movements of the eyeballs are not restricted. Dysarthria, dysphonia, dysphagia, sluggish paresis of hands and neck muscles (a symptom of "drooping head"), fibrillar twitching in the proximal hands, their tone and strength decreased, reduced reflexes. Superficial and deep types of sensitivity are preserved.

Lumbar puncture: the pressure of 250 mm of water. Cytosis of 95 cells in 1 μl due to lymphocytes, protein 0.46 g/l.

The titer of antibodies to tick-borne encephalitis virus in ELISA: IgM - 1: 6400.

Question:

1. Make a preliminary diagnosis.
2. Evaluate the composition of the cerebrospinal fluid and blood test for antibodies to the TE virus.
3. Identify treatment tactics.
4. Identify list drug groups.
5. Identify prevention methods.

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Variant No. 54

Station 2

Patient D., 30 years. The disease began a year ago with a sharp reduction in vision in the right eye. Ophthalmologists treated retrobulbar optic neuritis for a month. Vision has improved. Six months later, there was the double vision, weakness of the legs, unsteadiness while walking; difficulty in urinating. Objectively: no pathology was detected in internal organs.

Neurological status: visual acuity on the right eye - 0.6 (correction does not improve vision), on the left eye - 1.0. Horizontal nystagmus. The strength of the upper and lower limbs reduced. Muscle tone is increased in the extension of shins. The tendon and periosteal reflexes of the upper extremities are moderate, whereas high in the lower extremities; clonus of patella and foot. There are no abdominal reflexes. Pathological reflexes of Babinsky, Oppenheim, Rosolimo are present on both sides. In the Romberg pose, the patient is unstable, swinging in both directions. The gait is atactic. The finger-nose and heel-knee tests perform with intensity on both sides. Vibration sensitivity at the lower extremities is reduced.

Ophthalmoscopy: Pallor of the right optic nerve is noted.

On brain MRI: Multiple lesions of demyelination in the white matter of cerebral hemispheres.

Questions:

1. Make a preliminary diagnosis.
2. Identify additional testing methods required.
3. Identify treatment tactics.
4. Identify list drug groups.
5. Identify secondary prevention methods.

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Variant No. 55
Station 2

A 36-year-old man was brought to emergency care with complaints of aching back pain, progressive difficulty in walking and urinary retention, which have been observed over the past three days. A week ago, the patient suffered a mild upper respiratory tract disease, but in general, the anamnesis was not burdened. He is currently not taking any medication and denies drug usage. Body temperature - 36.7ºC, blood pressure - 120/76 mmHg, pulse - 80/0min, respiratory rate - 16/min.

Neurological status: Muscle strength in both lower extremities is 2 points, decreased knee and Achilles reflexes, reduced pain sensitivity to the level of the navel.

Question:

1. Make a preliminary diagnosis
2. Identify additional testing methods required.
3. Identify treatment tactics.
4. Identify and list drug groups.
5. With which nosologies is differential diagnosis performed?

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Variant No. 56

Station 2

Man 60 years went to the clinic with complaints of right extremity tremor at rest, general stiffness, slowness of movement, the tendency to constipation. From the anamnesis, it is known that about a year ago, the right-hand tremor appeared slowly, then a few months later, he noticed tremor of the right leg.

When examined by a general practitioner, it was found: hypomimia, hypokinesia, slow speech, monotonous, micrography, muscle tone increased, the symptom of "cogwheel", tremor of the right hand by the type of "coin count", which decreases with purposeful movements, lack of co-operation hands while walking, posture bent with the body tilt forward, shaky gait. The patient's father had similar symptoms.

Questions:

1. Make a preliminary diagnosis.
2. Determine the scope of the required examination.
3. Identify treatment tactics.
4. Identify list groups of drugs.
5. Express your opinion on performance expertise.

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Variant No. 57
Station 2

A 60-year-old woman complains of weakness, weight loss and discomfort in her arms, more in the left, periodic tingling in the upper limb muscles. These symptoms appeared about a year ago in the distal hand and gradually spread to the proximal.

Neurological status: CN – without pathology. The muscles of the upper extremities are atrophic, more to the left, with fasciculations. Deep reflexes from the upper and lower extremities are present on both sides. Pathological symptoms of Rosolimo, Zhukovsky, Bekhterev are present in upper extremities, and pathological signs of Babinski, Gordon, and Oppenheim are present in lower extremities. The muscle tone in the hands is small, in the legs moderately elevated in spastic type. Strength in the upper extremities reduced to 3 points in the left side, 3.5 points in the right hand, more in the distal parts. The power of the muscles in the lower extremities is reduced to 4 points. The function of the pelvic organs is not impaired. Sensitivity disturbances were not detected.

The results of laboratory tests – without features.

Questions:

1. Make a preliminary diagnosis.
2. What diseases should the differential diagnosis be made of?
3. Identify the necessary examinations.
4. Identify treatment tactics and list groups of drugs.
5. Possible consequences of the disease.

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Variant No. 58
Station 2

A 23-year-old woman complained of fatigue, the onset of double vision, which is more common at the end of the day. The worsening of the condition was felt in the last two weeks after suffering from ARVI.

Objectively: consciousness clear, heart tones clear, rhythmic, heart rate 66 / min. BP 110/70 mmHg. The body temperature is 36.5 ° C.

Neurological status: pupil D = S, bilateral ptosis (more to the right), symmetrical face, tongue in the midline. Muscle strength in extremities 5 points, rapid fatigue of hands with rhythmic clenching of fingers into fists. Tendon and periosteal reflexes D = S, present. Pathological and meningeal signs are absent.

Questions:

1. Make a preliminary diagnosis.
2. Identify additional testing methods required.
3. Identify treatment tactics.
4. Identify list drug groups.
5. What is the probable complication of this disease, first aid?

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Variant No. 59
Station 2

A woman of 30 years complained of the periodic appearance of "flickering flies" before the eyes, blurring of objects and the loss of visual fields, followed by a one-sided pain in the frontotemporal area followed by considerable intensity spread across the head. It is accompanied by a painful reaction to light, exacerbation of smell, nausea sometimes with vomiting, which does not lead to relief. The attack can last up to 12 hours, improving well-being after sleep. The frequency of such attacks is 4-5 times a month; there are no complaints between the attacks.

Objectively: Clear consciousness, heart tones clear, rhythmic, heart rate 68 / min. BP 120/70 mmHg. The body temperature is 36.6 ° C.

Neurological status: pupils D = S, the volume of movements of the eyeballs is not limited, the face is symmetrical, the tongue is in the middle line. Muscle strength in limbs 5 points. Tendon and periosteal reflexes D = S, present. Pathological and meningeal signs are absent.

Questions:

1. Make a preliminary diagnosis.
2. With which diseases you need to differentiate, determine the necessary additional methods of examination.
3. Identify preparations for coping with an attack.
4. List the groups of drugs for preventive treatment, indications for their use.
5. Specify methods of secondary prevention.

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Variant No. 60
Station 2

At a doctor's reception, a 28-year-old woman said her husband had been complaining of headaches for two months, mainly at night. In the last week, there has been inappropriate behaviour, unmotivated acts, periodic aggression.

Objectively: Clear consciousness, the skin is pale pink, heart tones clear, rhythmic, heart rate 72/min. BP130/80 mmHg. The body temperature is 36.7°C.

Neurological status: pupil D = S, a slight lowering of mouth angle to the right, the tongue is in the midline. Muscle strength in the limbs is sufficient. Tendon and periosteal reflexes D> S, present. In Romberg's posture, he deviates to the left.

Ophthalmoscopy: the stagnation of the optic discs, more to the left.

Questions:

1. Justify a topical diagnosis.
2. Identify additional testing methods required.
3. Determine treatment tactics.
4. Specify the drug's list.
5. Assume a probable diagnosis.

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