

Examples of tests for students of the 5th year

1. What links in the pathogenesis do not matter in the development of hypertension:

- A. Disruption of transport Na
- B. Endothelial dysfunction.
- C. Decreased RAAS activity.
- D. Increased activity of the sympathetic nervous system.
- E. Decreased depressive function of the kidneys.
- F. Insulin resistance

2. What stage of hypertension corresponds to the presence of the patient during the examination of the following indicators: Left ventricular mass index over 125 g / m², hypertrophic narrowing of the retinal arteries, microalbuminuria?

- A. Stage I
- B. Stage III
- C. Stage II

3. The factors influencing the prognosis in patients with hypertension do not include:

- A. Diseases of the pancreas.
- B. Heart disease.
- C. Dyslipidemia (total cholesterol over 6.5 mmol / l, HDL cholesterol less than 1.0 mmol / l).
- D. Left ventricular hypertrophy.
- E. Abdominal obesity.

4. ECG criteria for left ventricular hypertrophy with its systolic overload are (3 correct answers):

- A. High R in the left chest leads.
- B. High R in the right chest leads.
- C. Deep S in the right chest leads.
- D. ST depression, T inversion in the left chest leads.
- E. ST depression, T inversion in the right chest leads.

1. The first line treatment of atherosclerosis is:

- A. b-blocker;
- B. ezetimibe;
- C. PCSK-9 inhibitor;
- D. statin;

2. The second line treatment of atherosclerosis is:

- A. b-blocker;
- B. ezetimibe;
- C. PCSK-9 inhibitor;
- D. statin;

3. The third line treatment of atherosclerosis is

- A. b-blocker;
- B. ezetimibe;
- C. PCSK-9 inhibitor;
- D. statin;

1. Limited ability to self-care within the apartment is typical for patients with stress angina:

- A. I FC;
- B. II FC;
- C. III FC;
- D. IV FC;

2. The drug of choice in patients with spontaneous angina is:

- A. Verapamil;
- B. Dihydropyridine calcium antagonists;
- C. Diltiazem;
- D. All answers are correct;
- D. There is no correct answer;

3. For urgent elimination of myocardial ischemia prescribe everything except:

- A. Nitroglycerin under the tongue, spray and intravenously;
- B. Morphine sulfate or hydrochloride intravenously;
- C. Beta-blockers in the absence of contraindications;
- D. Short-acting dihydropyridine calcium antagonists as monotherapy;
- E. Diltiazem and verapamil in the absence of left ventricular dysfunction

1. Acute coronary syndrome includes:

- A. Ischemic cardiomyopathy;

- B. Hypertensive cardiomyopathy;
- C. Non-Q-myocardial infarction;
- D. Coronary syndrome X;
- E. Stable tension angina, FC II;

2. The leading mechanism of development of acute coronary syndrome is:

- A. Interstitial myocardial fibrosis;
- B. Diffuse cardiosclerosis;
- C. Thrombosis;
- D. Stable atherosclerotic plaque;

3. Acute coronary syndrome do not include:

- A. Progressive angina;
- B. He-Q myocardial infarction;
- C. Q-myocardial infarction;
- D. Acute angina pectoris;
- E. Stable angina pectoris, FC III;

4. Morphological variants of atherosclerotic plaque are as follows, except:

- A. Lipid-rich, eccentric;
- B. Lipid-rich, concentric;
- C. Rich in glycoprotein GP IIb / Sha;
- D. Mostly fibrous, concentric;
- E. Mostly fibrous, eccentric;

1. The drugs of first choice in paroxysmal supraventricular tachycardia are:

- A. ATP;
- B. Novocainamide;
- C. Verapamil;
- D. Obzidan;

2. The drug of first choice in paroxysmal ventricular tachycardia are:

- A. Novocainamide;
- B. Lidocaine;
- C. Giluritmale;
- D. Amiodarone;

3. Which drug is contraindicated for reliving a paroxysm of a ventricular tachycardia at patients with organic changes in the heart:

- A. Novocainamide;
- B. Disopyramide;
- C. Verapamil;
- D. Amiodarone;

4. In case of overdose of calcium antagonists the antidote is:

- A. Unithiol;
- B. Calcium chloride;
- C. Obzidan;
- D. Sodium lactic acid

1. The main cause of CHF at present is:

- A. Arterial hypertension.
- B. Valvular disease;
- B. Cardiomyopathy;
- G. coronary heart disease;

2. Which drug should be prescribed for patients with CHF with preserved EF:

- A. Prazozin;
- B. Beta-blockers;
- C. Minoxidil;
- D. Cardiac glycosides;

3. The most effective in heart failure diuretic thiazide group is:

- A. Hypothiazide;
- B. Loop diuretics;
- C. Carbonic anhydrase inhibitors;
- D. Osmotic diuretics.

1. Which of the following statements is true regarding mitral insufficiency:

- A. always has rheumatic etiology
- B. the most common cause of non-rheumatic mitral insufficiency this is mitral valve prolapse
- C. the first tone at the apex is strengthened

2. Patients with mitral stenosis complain on:

- A. dizziness and fainting
- B. compressive pain behind the sternum when walking
- C. hemoptysis
- D. all answers are true

3. The cause of mitral stenosis can be:

- A. acute rheumatic fever
- B. infective endocarditis
- C. rheumatoid arthritis
- D. cystic fibrosis

4. What defect leads to development more significant hypertrophy of the left ventriculum?

- A. aortic valve insufficiency
- B. aortic stenosis
- C. mitral valve insufficiency
- D. mitral stenosis

5. What drug should take all patients undergoing heart valve replacement?

- A. cardiac glycosides
- B. antibiotics
- C. diuretics
- D. anticoagulants

1. It is advisable to carry out antibiotic prophylaxis in a patient with:

- A. Implanted pacemaker;
- B. History of rheumatic fever without defect;
- C. History of infectious endocarditis;
- D. Operated atrial septal defect;
- E. Operated ventricular septal defect;

2. It is advisable to carry out antibiotic prophylaxis in a patient with:

- A. "Innocent" heart murmur;
- B. Isolated secondary defect of the interventricular septum;
- C. Operated open ductus arteriosus;
- D. Implanted artificial valve;
- E. Mitral valve prolapse without regurgitation;

3. It is advisable to carry out antibiotic prophylaxis during manipulation:

- A. Intubation of the trachea;
- B. Esophageal echocardiography;
- C. Bronchoscopy with a flexible bronchoscope;
- D. Catheterization of the heart;
- E. Tooth extractions;

1. What are the indications for the appointment of nonsteroidal anti-inflammatory drugs in myocarditis?

- A. In the first two weeks of the acute phase of the disease;
- B. From the third week of the acute phase of the disease;
- C. At a chronic current without the expressed dilatation of cavities of heart and heart failure;
- D. Situations are specified in items B and C;
- E. In the first three months from the onset of the viral disease;

2. What can most provoke myocardial dysfunction in myocarditis?

- A. Low calorie diet
- B. Unlimited salt intake;

- C. Unlimited fluid intake;
- D. Ignoring medications;
- E. Physical activity in severe disease

3. Method (s) of verification of the diagnosis of myocarditis:

- A. Signs of inflammation on biopsy
- B. Increased levels of CF isoenzyme CPK in the blood;
- C. Depression of the ST segment and the negative T wave on the ECG;
- D. Acute occurrence of complete blockade of the left leg of the His bundle;
- E. Dilatation of the left ventricle and reduction of PV according to Echo-CG;

1. The most common groups among the main causes of chronic Cor pulmonale are:

- A. Diseases of the lung parenchyma;
- B. Diseases of the airways;
- C. Lesions of the pulmonary vascular bed;
- D. Thoracodiaphragmatic diseases;
- E. Dysfunction of the respiratory center;

2. Among the diseases of the lung parenchyma, the most common cause of chronic Cor pulmonale are:

- A. Pneumosclerosis;
- B. Pulmonary fibrosis due to tuberculosis;
- C. Pulmonary fibrosis due to pneumoconiosis;
- D. Diffuse Lung Fibrous;
- E. Chronic pneumonitis and pulmonary fibrosis in diffuse connective tissue diseases;

3. Among the lesions of the pulmonary vascular bed the most common cause of chronic Cor pulmonale is:

- A. Primary pulmonary hypertension;
- B. Vasculitis in diffuse connective tissue diseases;
- C. Nodular peri arteritis and other generalized vasculitis;
- D. Recurrent thromboembolism and thrombosis of small branches of the pulmonary artery;
- E. The main reason is not named

1. The characteristics of the early stage of rheumatoid arthritis are:

- A. Duration of the disease up to 6 months.
- B. Duration of the disease up to 3 months.
- C. Duration of the disease from 6 months to 1 year.
- D. The duration of the disease is more than 1 year
- E. The duration of the disease is more than 2 years.

2. Systemic manifestations of rheumatoid arthritis include:

- 1. Rheumatoid nodules
- 2. Necrotizing ulcerative vasculitis
- 3. Neuropathy
- 4. Dry syndrome
- 5. Retinal vasculitis

- A. Correct 1, 2 and 3
- B. Correct 1, 3 and 4
- C. Correct 2, 3 and 5
- D. Correct 1, 4 and 5
- E. All of the above is true

3. Signs of stage III radiological manifestations in rheumatoid arthritis according to Steinbrocker are:

- 1. Periarticular osteoporosis,
- 2. Constriction of the joint space
- 3. Single erosion
- 4. Multiple erosion

5. Subluxation of the joints
- A. Correct 1, 2 and 3
 - B. Correct 2, 4 and 5
 - C. Correct 1, 2, 4 and 5
 - D. Correct 1, 2, 3 and 5
 - E. All of the above is true

1. Systemic lupus erythematosus occurs mainly

- A. in men
- B. in girls, young women
- C. in older women
- D. the disease is not sex-related

2. In the pathogenesis of systemic lupus erythematosus,

- A. direct effects of infection on tissues
- B. toxic effects of drugs
- C. antibody mechanism
- D. immunocomplex inflammation
- E. combination of mechanisms

3. The most common morphological type of kidney damage in systemic lupus erythematosus is

- A. diffuse lupus glomerulonephritis
- B. focal lupus glomerulonephritis
- C. membranoproliferative glomerulonephritis
- D. membranous glomerulonephritis
- E. interstitial nephritis

1. The most common etiological factor of periarteritis nodosa is

- A. infectious
- B. medicinal
- C. genetic
- D. HbS-antigen.
- E. chemical

2. The most common pathogenetic mechanism for the development of periarteritis nodosa is

- A. direct action of the microorganism on the vessel wall
- B. direct effect of chemical products on the vessel wall
- C. antibody mechanism of damage
- D. immunocomplex lesion.

3. The main clinical manifestations of periarteritis nodosa are

- A. fever and weight loss
- B. kidney damage
- C. arterial hypertension
- D. peripheral neuritis
- E. all of the above

1. What bacteria can cause reactive arthritis?

- A. Chlamydia trachomatis
- B. Campylobacter
- C. Salmonella
- D. All answers are right

2. What gene is associated with reactive arthritis?

- A. HLA-B27
- B. CYP 7A1
- C. PmSci
- D. DAS

3. What symptoms include Reiter's Syndrome:

- A. Arthritis
- B. Urinary tract symptoms
- C. Eye symptoms
- D. Arthritis, urinary tract and eye symptoms

1. The group of seronegative spondyloarthritis includes:

- 1 ankylosing spondylitis (Bechterew's disease)
- 2 psoriatic arthritis
- 3 pyrophosphate arthropathy
- 4 reactive arthritis
- 5 arthritis associated with bowel disease

- A. true 2, 3, 4, 5
- B. true 1, 2, 3, 4
- C. true 1, 2, 3, 5
- D. true 1, 2, 4, 5
- E. all of the above is true
- F. all of the above is not true

2. All seronegative spondyloarthritis have the following similar features

- 1 absence of RF
- 2 arthritis of peripheral joints (often asymmetric)
- 3 signs of sacroiliitis
- 4 association with HLA antigen B 27
- 5 detection of antinuclear antibodies

- A. true 2, 3, 4, 5
- B. true 1, 2, 3, 4
- C. true 1, 2, 3, 5
- D. true 1, 3, 4
- E. all of the above is true
- F. all of the above is not true

3. Ankylosing spondylitis (Bechterew's disease) is characterized by:

- 1 night pain in the lumbar region
- 2 bilateral sacroiliitis
- 3 Heberden's nodules
- 4 enthesopathies
- 5 HLA antigen B 27

- A. true 2, 3, 4, 5
- B. true 1, 2, 3, 4
- C. true 1, 2, 3, 5
- D. true 1, 2, 4, 5
- E. all of the above is true
- F. all of the above is not true

1. The symptoms of psoriatic arthritis include:

- A. Swollen fingers
- B. Swelling and pain around tendons
- C. Scaly skin, especially on knees, elbows, and scalp.
- D. All answers are right

2. What is specific for psoriatic arthritis?

- A. Sausage digits
- B. Swan neck deformity
- C. Heberden's nodes
- D. Bouchard's nodes

1. Select radiological signs characteristic of gouty arthritis:

- 1 round, well-contoured, epiphyseal defects
- 2 subcortical cysts
- 3 erosion of articular surfaces
- 4 compaction of soft periarticular tissues

- A. true 2, 3, 4
- B. true 1, 3, 4
- C. true 1, 2, 3
- D. true 1, 2, 4
- E. 5 all of the above is true
- F. 6 all of the above is not true

2. Specify changes characteristic of acute gouty arthritis synovial fluid:

- 1 good mucin clot formation
 - 2 low viscosity
 - 3 the presence of urate crystals
 - 4 cytosis from 1000 to 5000 leukocytes / ml, neutrophils up to 10%
 - 5 cytosis up to 25,000 leukocytes / ml, neutrophils up to 65%
 - 6 presence of rogoocytes
- A. true 2, 3, 4, 5, 6
 - B. true 1, 2, 3, 4, 6
 - C. true 2, 3, 5
 - D. true 1, 2, 4, 5, 6
 - E. all of the above is true
 - F. all of the above is not true

3. What diseases are often associated with gout:

- 1 ischemic heart disease
 - 2 stomach ulcer
 - 3 hyperlipidemia
 - 4 obesity
 - 5 arterial hypertension
 - 6 chronic pyelonephritis
- A. true 2, 3, 4, 5, 6
 - B. true 1, 2, 3, 4, 6
 - C. true 1, 2, 3, 5, 6
 - D. true 1, 3, 4, 5
 - E. all of the above is true
 - F. all of the above is not true

1. Patient M., 26 years old, complains of general weakness, itchy skin, headache, decreased visual acuity, constant nausea and vomiting. He has been ill for a year. Objective: the condition is severe, the skin is pale and dry. The boundaries of the heart are shifted to the left, the heartbeat is diffuse. Heart sounds are weakened, the "gallop rhythm" and systolic murmur. Rightside, in the subscapular area - the noise of friction of the pleura, hard breathing. In the blood test: hemoglobin 76 g / l, erythrocytes 2.8×10^{12} / l, leukocytes 11.4×10^9 / l. ESR 56 mm / year. In urine: relative density 1008, protein 1.65 g / l, erythrocytes - 15-20, leukocytes - 5-6 in the field of view, hyaline and granular cylinders. Creatinine 1.1 mmol / l, glomerular filtration 15 ml / min What is your diagnosis?

- A) Exacerbation of chronic pyelonephritis
- B) Acute glomerulonephritis
- C) Acute pyelonephritis
- D) Chronic glomerulonephritis
- E) Renal amyloidosis

2. A 45-year-old patient has been suffering from chronic glomerulonephritis for 8 years. Blood pressure - 180/120 mm Hg, serum creatinine - 970 μ mol / l, blood urea - 28 mmol / l, glomerular filtration - 5 ml / min. What treatment tactic is indicated for this patient?

- A) Hemosorption
- B) Peritoneal dialysis
- C) Hemodialysis
- D) Plasmapheresis
- E) Hemofiltration

1. The 36-years-old patient became acutely ill. Temperature is 38.50 C, chills, dull pain in the lumbar region, frequent painful urination. Objectively: tension of muscles of lumbar department, a positive symptom of Pasternatsky from both parties is noted. General blood test: leukocyte. 20.0×10^9 / l, neutrophilia. In the analysis of urine: protein 1.6 g / l, leukocytes -

the whole field of view, bacteriuria 2.5×10^6 microbial bodies in 1 ml of urine. What is your previous diagnosis?

- A) Acute pyelonephritis
- B) Acute glomerulonephritis.
- C) Exacerbation of chronic pyelonephritis
- D) Acute cystitis
- E) Urolithiasis.

2. A 55-year-old man complains of general weakness, decreased urination, itchy skin. He has been suffering from chronic pyelonephritis for 15 years. Objectively: the skin is dry, with a yellowish tinge. PS -80 per minute, rhythmic, blood pressure -100/70 mm Hg At auscultation heart tones are deaf, the noise of friction of a pericardium is listened. Blood creatinine -1.1 mmol / l, glomerular filtration 5 ml / min. What treatment is indicated for the patient??

- A) Hemodialysis
- B) Plasmapheresis
- C) Neohemodesis
- D) Enterosorbent
- E) Diuretics

3. What does prevent the preservation of the pathogen in the urinary tract and chronization of pyelonephritis?

- A) the presence of protoplasts and L-forms of bacteria;
- B) the phenomenon of bacterial adhesion;
- C) "physiological" obstruction of the urinary tract;
- D) the appointment of antibiotics;
- E) synthesis of urinary antibodies.

1. Hyperkalemia in acute renal failure can be eliminated by:

- A) Isotonic solution;
- B) Hypotonic solution;
- C) Intravenous introduction of glucose solution with insulin;
- D) The introduction of a solution of sodium bicarbonate;
- E) The introduction of a solution of calcium chloride.

2. What does the term "hypostenuria" mean?

- A) Decrease in relative density of urine
- B) Monotony of the relative density of urine;
- C) Decrease in minute diuresis;
- D) Increase in relative density of urine;
- E) Decrease in minute diuresis at the increased relative density of urine.

3. Prerenal factor of acute renal failure is:

- A) Acute pyelonephritis;
- B) A sharp decrease in the volume of circulating blood;
- C) Obstruction of the urinary tract by a stone;
- D) Thrombosis and embolism of the renal arteries

1. Patient V., 46 years old, complains of increased fatigue, periodic headache, general weakness. Objectively: pulse 88 beats / min., Blood pressure 140/80 mm Hg, swelling of the legs. In the blood test, creatinine $0.13 \mu\text{mol} / \text{l}$, urea $9.0 \text{ mmol} / \text{l}$. glomerular filtration $80 \text{ ml} / \text{min}$ What can you think about?

- A) CRF stage III.
- B) CHF stage II.
- C) CHF stage I.
- D) CRF stage II.
- E) CRF stage I.

2. A 42-year-old man suffers from chronic kidney disease with hypertension. In recent months, he has noted weakness, apathy, dry and itchy skin, nocturia. At examination - blood creatinine

520 $\mu\text{mol} / \text{l}$, glomerular filtration rate - 40 ml / min. Determine the functional state of the kidneys:

- A) Not violated
- B) Acute renal failure
- C) Terminal uremia
- D) Chronic renal failure stage I
- E) Chronic renal failure stage II

1. What are the main principles of therapeutic care in wartime?

- A. Timeliness, straightness, and consistency.
- B. Separation of forces of therapeutic care between medical institutions.
- C. Evacuation of affected, wounded persons and patients in medical institution for further medical care.
- D. The maximum possible using of medical aircraft as the fastest way of transporting of injured and sick persons to medical institutions.
- E. Creating the defined documentation of reckoning and reporting.
- F. All answers are direct.

2. What is the type of therapeutic care?

- A. The complex of treatment, preventive or evacuative measures for wounded and affected persons on one step of medical evacuation.
- B. The complex of treatment, preventive or evacuative measures for wounded and affected persons on different steps of medical evacuation.

1. What is the radiation consist of particles, X-rays, or gamma rays with sufficient energy to cause ionization in the medium through which it passes?

- A. Sun radiation.
- B. Ionizing radiation.
- C. Warm radiation.

2. What are the features of ionizing radiation?

- A. Penetrative;
- B. Photochemical;
- C. Biological;
- D. Cumulative;
- E. The direct answers are A, B, and C.
- F. All answers are direct.

3. What types of radiation doses can be?

- A. Absorbed, equivalent and effective.
- B. Absorbed and equivalent.
- C. Equivalent and effective.
- D. The direct answer is absent.

4. What form is not connected with acute radiation sickness?

- A. Bone-marrow;
- B. Hemorrhagic;
- C. Intestinal;
- D. Vessel-toxic;
- E. Cerebral.

1. What are the degrees of severity of acute radiation sickness according to the changes in blood?

- A. I, II.
- B. I, II, III.
- C. I, II, III, IV.
- D. I, II, III, IV, V.

2. What are the periods of acute radiation sickness?

- A. Primary
- B. Latent.
- C. Period of intensive clinical features.
- D. Progression, stabilization, early recovering (complete or partially).
- E. Period of long-term consequences.
- F. The direct answers are A, B, C, and D.

G. All answers are direct.

3. What is the duration of primary period of acute radiation sickness?

- A. Hours.
- B. Days.
- C. Months.
- D. Years.
- E. All answers are direct.

4. What is the main symptom of primary period of acute radiation sickness?

- A. Bleeding.
 - B. Vomiting.
 - C. Fever.
 - D. The direct answer is absent.
- 1. What is the effective drug for symptomatic treatment of vomiting in patients with acute radiation sickness?**

- A. Metoclopramide.
- B. Ondansetron.
- C. All answers are direct.
- D. The direct answer is absent.

2. What vitamin is the most effective antioxidant for treatment of acute radiation sickness?

- A. A.
- B. B6.
- C. C.
- D. E.

3. What is direct?

- A. The general principles and directions of treatment of acute radiation sickness at uniform and uneven irradiation are basically similar.
- B. The general principles and directions of treatment of acute radiation sickness at uniform and uneven irradiation are basically different.
- C. The direct answer is absent.

1. Pericarditis is the:

- A. Early complication of penetrating chest injuries.
- B. Late complication of penetrating chest injuries.
- C. Atypical complication of penetrating chest injuries.
- D. The direct answer is absent.

2. What are the characteristic signs of pericarditis?

- A. Precardiac pain with different severity increased by breathing, coughing, movements, with irradiation to the left shoulder or neck.
- B. Pericardial friction noise.
- C. The direct answer is absent.
- D. All answers are direct.

3. What is direct in the case of myocardiopathy?

- A. Develops due to penetration of the chest at an early stage (first 5 days).
- B. It is appeared in a later period due to hypoxia, anemia, sepsis, exhaustion.
- C. All answers are direct

1. What are belonged to poisoning substances?

- A. Insecticides.
- B. Herbicides.
- C. Afficides.
- D. All answers are direct.
- E. The direct answer is absent.

2. What degree of poisoning is characterized by increased salivation, bronchorrhea, vomiting, diarrhea, narrowing of the pupils, bronchospastic syndrome, cramp-like abdominal ?

- A. I.
- B. II.
- C. III.

3. What degree of poisoning is characterized by pronounced miosis and hyperhidrosis, paralysis, the development of coma?

- A. I
- B. II
- C. III

4. What is belong to organochlorine substance?

- A. Hexabenzene.
- B. Atropine.
- C. Calcium gluconate.

1. The highest mortality is observed at:

- A. Heat (sun) shock.
- B. Thermal edema of the legs and feet.

C. Thermal depletion due to the loss of salts in the body.

D. Thermal depletion due to dehydration.

2. Treatment of thermal collapse includes the administration of:

A. Mezatol and cordiamine

B. Atropine and diphenhydramine.

C. Nitrosorbide.

D. Unithiol.

3. What are the types of thermal exhaustion? :

A. Exhaustion resulted from excessive water loss through the body.

B. Exhaustion resulted from excessive salt loss through the body.

C. All answers are direct.