

1. A 47 y.o. woman complains of having paroxysmal headaches for the last 5 years. The pain is one-sided, intense, localised in frontal region of head, accompanied by nausea and stomach discomfort, begins one of a sudden. Onset is usually preceded by vision reduction. Anamnesis gives evidence of periodical AP rise, but at the moment the woman doesn't take any medicines. In between the onsets of headache her state is satisfactory. Objectively: high-calorie diet (body weight index - 29), AP- 170/95 mm Hg. Neurologic state has no peculiarities. What is the most probable diagnosis?

a. Hypertensive encephalopathy

b. Migraine

c. Epilepsy

d. Chronic subdural hematoma

e. Benign intracranial hypertension

2. A 7 y.o. boy suddenly felt pain in his right knee, it became edematous. The day before he took part in a cross-country race. Family anamnesis has no data about hemophilia and bleeding sickness.

Objectively: body temperature is 37.5°C. The knee is painful, hot to the touch, edematous with local tissue tension over it. Blood count: Hb- 123 g/L, leukocytes - 5,6109/L, thrombocytes - 354109/L, prothrombin time - 12 seconds (normally 10-15 seconds), partly activated thromboplastin time - 72 seconds (normally 35-45 seconds). Hemorrhage time is normal, VIII:C factor is 5% of norm. What is the most probable diagnosis?

a. Vitamin K deficiency

b. Thrombocytopenia

c. Hemophilia B

d. Schoenlein-Henoch disease

e. Hemophilia A

3. On the 3rd day after the acute anterior myocardial infarction a 55 y.o. patient complains of dull ache behind his breast bone, that can be reduced by bending forward, and of dyspnea. Objectively: AP- 140/180 mm Hg, heart sounds are dull. ECG results: atrial fibrillation with frequency of ventricular contractions at the rate of 110/min, pathological Q wave and S-T segment raising in the right chest leads. The patient refused from thrombolysis. What is the most probable diagnosis?

a. Dissecting aortic aneurysm

b. Dressler's syndrome

c. Pulmonary embolism

d. Tietze's syndrome

e. Acute pericarditis

4. A 54 y.o. man was admitted to the hospital with complaints of sudden intense headache in occipital region and vomiting. In the medical history: moderate arterial hypertension, the patient was taking hydrochlorothiazide. Three days ago he consulted a therapist about intense headache that was suppressed by an analgetic. Objectively: consciousness is confused, left pupil is mydriatic. Evident photophobia and tension of neck muscles. Left-side hemiparesis with increased muscle tonus and reflexes. Body temperature is low, rash is absent. AP- 230/130 mm Hg, Ps- 50 bpm, BR- 12/min. What is your preliminary diagnosis?

a. Migraine

b. Acute bacterial meningitis

c. Myasthenia

d. Disseminated sclerosis

e. Acute subdural hematoma

5. A 51 y.o. woman was taken to the emergency department in convulsive status epilepticus. The first means of medical management should be:

a. Inserting a tongue blade

b. Injecting 5 mg of diazepam followed by a loading dose of phenytoin

c. Inducing pentobarbital coma

d. Ensuring that the airway is open and the patient is oxygenating

e. Administering an intravenous bolus of 50% dextrose

6. A 38 y.o. man complains of having occasional problems with swallowing of both hard and fluid food for many months. Sometimes he feels intense pain behind his breast bone, especially after hot drinks. There are asphyxia onsets at night. He has not put off weight. Objectively: his general condition is satisfactory, skin is of usual colour. Examination revealed no changes of gastrointestinal tract. X-ray picture of thorax organs presents esophagus dilatation with level of fluid in it. What is the preliminary diagnosis?

- a. Esophagus candidosis
- b. Gastroesophageal reflux
- c. Myasthenia
- d. Cancer of esophagus
- e. Esophagus achalasia**

7. A 35 y.o. woman consulted a doctor about occasional pains in paraumbilical and iliac region that reduce after defecation or passage of gases. Defecation takes place up to 6 times a day, stool is not solid, with some mucus in it. Appetite is normal, she has not put off weight. First such symptoms appeared 1,5 year ago, but colonoscopy data reveals no organic changes. Objectively: abdomen is soft, a little bit painful in the left iliac region. Blood and urine are normal. What is the preliminary diagnosis?

- a. Dispancreatism
- b. Irritable bowels syndrome**
- c. Crohns disease
- d. Celiac disease
- e. Pseudomembranous colitis

8. A 21 y.o. man complains of having morning pains in his back for the last three months. The pain can be relieved during the day and after physical exercises. Physical examination revealed reduced mobility in the lumbar part of his spine, increase of muscle tonus in the lumbar area and sluch during moving. X-ray pattern of spine revealed bilateral sclerotic changes in the sacrolumbal part. What test will be the most necessary for confirming a diagnosis?

- a. ESR
- b. Uric acid in blood plasma
- c. Antinuclear antibodies
- d. HLA-B27**
- e. Rheumatoid factor

9. The physician must undertake measures for primary prophylaxis of iron deficiency anemia. Which of the following categories of patient are subject to such primary prophylactic measures?

- a. Patients after operation
- b. Workers of industrial enterprises
- c. Patients after 60
- d. All children
- e. Pregnant women**

10. A patient with unstable angina pectoris was given the following complex treatment: anticoagulants, nitrates,  $\beta$ -adrenoblockers. However on the third day of treatment the pain still remains. Which investigation should be carried out to establish diagnosis?

- a. Test with dosed physical exercises
- b. Stress-echocardiogram
- c. Coronarography**
- d. Esophageal electrocardiac stimulator
- e. Myocardial scintigraphy

11. A 44 y.o. man has acute dysarthria, right-sided Horner's syndrome, hiccup, right-sided ataxia, loss of pain sensation of his face to the right and of his body to the left. The man is conscious. Computer tomography of brain is normal. The most reasonable measure will be:

- a. Endarterectomy of the right carotid artery
- b. Out-patient observation

c. Surgical cerebral decompression

d. Introduction of direct coagulants and observation

e. Endarterectomy of the left carotid artery

12. A 20 y.o. man has a stab knife wound in the left half of thorax close to nipple. AP is 90/60 mm Hg, Ps- 130/min, BR- 32/min. During inspiration there is increase of pulse wave in the region of jugular vein, decrease of peripheral arterial pulse and reduction of AP. Respiratory murmurs are unchanged. X-ray pattern of thorax organs has no peculiarities. After introduction of 2 l of isotonic solution the AP stayed low, CVP raised up to 32 cm of water column. The first step in further treatment of the patient will be:

a. Continued parenteral introduction of fluid in order to raise AP

b. Catheterization of left pleural cavity while the outer end of catheter is submerged in water

c. Echocardiogram

d. Introduction of peripheral vasodilators in order to reduce CVP

e. Introduction of loop diuretics in order to reduce CVP

13. A patient is 65 y.o. He has been a smoker for 40 years. He has lost 10 kg during the last 3 months. Complains of pain in the epigastric area after taking meals, diarrhea, jaundice. Physical examination revealed enlarged, painless gallbladder. Feces are light-coloured and clay-like. Blood analysis revealed increased level of whole and direct bilirubin, alkaline phosphatase and glutaminepyruvate transferase. Clinical urine analysis showed positive bilirubin reaction and negative urobilinogene reaction. Where is the initial process that caused these changes?

a. In liver

b. In common bile duct

c. In pancreas

d. In duodenum

e. In gallbladder

14. A 75 y.o. man has acute pain in the paraumbilical region accompanied by vomiting and feeling of abdominal swelling in approximately 30 minutes after meals. He lost 10 kg during the last months because he doesn't eat in order to avoid pain. Abdomen examination reveals no changes in the periods between pain attacks. Above the right femoral artery a murmur can be auscultated, peripheral pulsation in the lower extremities is weak. X-ray examination of stomach and colonoscopy revealed no changes. What is the leading factor of this pathogenesis?

a. Psychogenic changes

b. Inflammation

c. Transient obstruction

d. Ischemia

e. Neoplastic process

15. A 75 y.o. woman with coronary heart disease constantly takes warfarin. She was taken to the acute care department with complaints of sudden sensation of weakness in the left half of her body and eyeball deviation to the left. What examination of the patient will be a primary task?

a. Magnetic resonance tomography of brain

b. Ultrasonic examination of carotid arteries

c. Spinal puncture

d. Computer tomography of brain

e. Electroencephalogram

16. A 65 y.o. patient has acute pain, paresthesia, paleness of his left extremity. Pulse in the a. dorsalis pedis is absent. There is skin coldness and paleness that gradually spreads upwards. These symptoms are most likely to be the evidence of:

a. Thrombophlebitis of superficial veins

b. Thrombophlebitis of deep veins

c. -

d. Arterial occlusion

e. Hernia of lumbar disc

17. A 58 y.o. patient developed acute myocardium infarction 4 hours ago, now he is in the acute care department. ECG registers short paroxysms of ventricular tachycardia. The most appropriate measure will be to introduce:

- a. Flecainid
- b. Propafenone
- c. Veropamil
- d. Lidocain**
- e. Amyodaron

18. A 23 y.o. woman who suffers from insulin-dependent diabetes was admitted to the acute care department with mental confusion, inadequate anxious behaviour, hyperhidrosis, excessive salivation, tachycardia. What examination will be a primary task?

- a. Gaseous composition of arterial blood
- b. Blood urea and creatinine test
- c. Clinical blood analysis
- d. Plasma electrolytes test
- e. Blood test for sugar**

19. A patient who takes diuretics has developed arrhythmia as a result of cardiac glycoside overdose. What is the treatment tactics in this case?

- a. Reduced magnesium concentration in blood
- b. Increased sodium concentration in blood
- c. Increased potassium concentration in blood**
- d. Increased calcium concentration in blood
- e. -

20. The 28 y.o. woman applied to doctor because of limited loss of the hair. In the anamnesis - she had frequent headache indisposition, arthromyalgia, fever, irregular casual sexual life, drug user. RW is negative. What examination must be done first?

- a. Examination for HIV**
- b. Examination for gonorrhea
- c. Examination for trichomoniasis
- d. Examination for fungi
- e. Examination for neuropathology

21. Choose a method of graphic representation of monthly information about the number of registered cases of acute intestinal infection and their comparison to the average monthly values, obtained for 5 last years:

- a. The figured diagram
- b. Curvilinear diagram
- c. The radial diagram
- d. The sector diagram
- e. The linear diagram**

22. Adenosine triphosphate may be expected to convert which of the following arrhythmias to sinus rhythm?

- a. Atrial fibrillation
- b. Paroxysmal ventricular tachycardia
- c. Paroxysmal supraventricular tachycardia**
- d. Atrial flutter
- e. Ventricular fibrillation

23. A 48 year old man complains of fatigue and shortness of breath. His Ht is 32%, and Hb - 103 g/l. Peripheral blood smear reveals macrocytosis. Serum vitamin B12 level is 90 pg/ml (normal is 170 to 940); serum folate level is 6 ng/ml (normal is 2 to 14). Possible causes to consider include all of the following EXCEPT:

- a. Pancreatitis
- b. Fish tapeworm infection

- c. Vegetarianism
- d. Regional enteritis

**e. Colonic diverticulitis**

24. A 56 year old man complains of fatigue, dyspnea on exertion and palpitations. He has had a murmur since childhood. Examination reveals a lift at the left sternal border, split S1, and fixed splitting of S2. There is a grade 3/6 midsystolic pulmonic murmur and a 1/6 middiastolic tricuspid murmur at the lower left sternal border. Chest x-ray shows right ventricular enlargement and prominent pulmonary arteries. ECG demonstrates atrial fibrillation with a right bundle branch block. The most likely diagnosis is:

- a. Patent ductus arteriosus
- b. Coarctation of the aorta

**c. Arterial septal defect**

- d. Tetralogy of Fallot
- e. Ventricular septal defect

25. Generalized low voltage on an ECG (QRS deflection < 5 mm in limb leads and < 10 mm in precordial leads) may be a marker for all of the following disorders EXCEPT:

- a. Coronary artery disease

**b. Hyperthyroidism**

- c. Cardiac transplant rejection
- d. Pericardial effusion
- e. Amyloidosis

26. Five days after a total hip joint replacement a 72 year old woman becomes acutely short of breath, diaphoretic and hypotensive. Both lung fields are clear to auscultation and percussion, but examination of the neck reveals mild jugular venous distension with prominent A waves. Heart sounds are normal. ECG shows sinus tachycardia with a new right bundle branch block and minor nonspecific ST-T wave changes. The most likely diagnosis is:

- a. Aspiration

**b. Pulmonary thromboembolism**

- c. Aortic dissection
- d. Acute myocardial infarction
- e. Pericarditis

27. Which of the following IS NOT TYPICAL for Addisons disease?

- a. Elevated hematocrit

**b. High serum Na<sup>+</sup>**

- c. Elevated BUN
- d. High serum K<sup>+</sup>
- e. Dilute urine

28. An employee has been invalid for 6 months as a result of a hip fracture. Who has the right to authorize the issue of the medical sick-list for the last 2 months?

- a. DCC together with the head physician of a polyclinic
- b. Deputy head physician on working capacity
- c. Head physician of the polyclinic
- d. DCC

**e. MSEC**

29. An employee had an abortion by medical indications on the 6.03.2001 and she stayed in a hospital till 17.03.2001. What term is the medical sick-list issued for?

- a. For 4 days
- b. For 3 days
- c. For 12 days**
- d. For 10 days
- e. For 11 days

30. A 25 year old man has a sudden onset of chest pain on the right and dyspnea. His trachea is deviated to the left. All of the following would be anticipated EXCEPT:

- a. Distant breath sounds on the right
- b. Pleural friction rub on the left**
- c. Absence of rales
- d. Absence of rhonchi
- e. Hyperresonance over the right chest

31. A 33 y.o. patient, works as a secretary. Her diet contains 150 g of protein (including 100 g of animal protein), 200 g of fat, 600 g of carbohydrates. What pathology can result from this diet?

- a. Uterine fibromyoma
- b. Obesity**
- c. Paradontosis
- d. Schizophrenia
- e. Common cold

32. A 15 year old adolescent was taken to the hospital with complaints of poor night vision. Objectively: increased darkness adaptation time, Bitots spots on conjunctiva. The patients skin is dry, scales off, folliculitis signs of the face skin are present. What is the cause of this disease?

- a. Biotin deficit
- b. Thiamine deficit
- c. Retinole deficit**
- d. Folic acid deficit
- e. Napthtochynones deficit

33. What guarantees against the preconceived attitude to the physician in cases of professional law violations do you know?

- a. Conduct an inquiry by preliminary investigator of police department
- b. Draw up a statement about forensic medical examination
- c. Sanction of public prosecutor, inquiry by preliminary investigator of prosecutors office, committee of experts**
- d. Utilisation copy of medical documents
- e. Conduct forensic medical examination by district forensic medicine expert

34. A 23 y.o. patient has a gunshot wound of his left arm. The bones of the arm are not damaged. What appropriate surgical care must be provided to the patient?

- a. Wound saturating and drying
- b. Wound saturating
- c. Primary surgical processing with a flowing suction**
- d. Wound drying with towel gauzes
- e. Aseptic dressing of the wound

35. A 34 y.o. patient 3 hours ago was bitten by a dog. He has got a non-bleeding wound in his left arm caused by the dogs bite. What surgical care would you provide to the patient?

- a. Complete suturing of the wound
- b. Incomplete suturing of the wound
- c. Aseptic bandage
- d. Cream bandage
- e. Wound bathing with detergent water and antiseptic application**

36. A 37 y.o. patient complains of pain in the right arm which increases during motion, raised body temperature up to 39°C. In the right cubital fossa there is a trace of injection, hyperemia and thickening along the vein. Your diagnosis?

- a. Phlebit**
- b. Abscess
- c. Erysipelas
- d. Inflammation of lymph
- e. Phlegmon

37. A 38 y.o. woman was hospitalized to the surgical unit with acute abdominal pain irradiating to the spine and vomiting. On laparocentesis hemorrhagic fluid is obtained. What disease is suspected?

**a. Acute pancreatitis**

- b. Acute enterocolitis
- c. Acute appendicitis
- d. Perforative gastric ulcer
- e. Renal colic

38. A 35 y.o. woman was admitted to thoracic surgery department with fever up to 40°C, onset of pain in the side caused by deep breathing, cough with considerable quantity of purulent sputum and blood with bad smell. What is the most likely diagnosis?

a. Pulmonary tuberculosis

**b. Abscess of the lung**

- c. Bronchiectatic disease
- d. Complication of liver echinococcosis
- e. Actinomycosis of lungs

39. A 40 weeks pregnant woman in intrinsic obstetric investigation: the cervix of a uterus is undeveloped. The oxytocin test is negative. Upon inspection at 32 weeks it is revealed: AP- 140/90 mm Hg, proteinuria 1 g/l, peripheric edemata. Reflexes are normal. Choose the most correct tactics of guiding the pregnant:

**a. Laborstimulation after preparation**

- b. Complex therapy of gestosis for 2 days
- c. Complex therapy of gestosis for 7 days
- d. Cesarean section immediately
- e. Strict bed regimen for 1 month

40. A laboratory obtained a milk sample sent for analysis. Analysis gave the following data: color - whitish, smell - has no peculiarities, taste - typical for milk, density - 1,038, acidity - Turners 350, fat - 3,2%. What is the quality level of this milk?

**a. The milk is of poor quality**

- b. The milk is of reduced quality
- c. The milk is nominally qualified
- d. The milk is falsificated
- e. The milk is of high quality

41. A 40 y.o. patient was diagnosed: 1. Medular thyroid gland cancer. 2. Feochromocytoma. What operation should be performed at first?

- a. Krails operation
- b. Operation on thyroid gland

**c. Operation on account of feochromocytoma**

- d. Subtotal resection of thyroid gland and fascicular resection of limphatic nodes
- e. Vanachs operation

42. A 28 y.o. woman consulted a doctor with the complaints of enlargening in size of an inborn pigment nevus, it was also wetting and itching. What test should not be used for diagnostics in this case?

**a. Incision biopsy**

- b. Radioisotope diagnostics
- c. Glass-print
- d. Termography
- e. Yakss reaction

43. A 67 y.o. patient complains of palpitation, dizziness, noise in ears, feeling of shortage of air. Objectively: pale, damp skin. Vesicular respiration, respiratory rate- 22 per min, pulse- 200 bpm, AP- 100/70 mm Hg. On ECG: heart rate- 200 bmp, ventricular complexes are widened, deformed, location of segments ST and of wave T is discordant. The wave P is not changed, superimposes QRST, natural conformity between P and QRS is not present. What kind of arrhythmia is present?



- a. Atrial tachycardia
- b. Paroxysmal ventricular tachycardia**
- c. Atrial flutter
- d. Sinus tachycardia
- e. Ventricular extrasystole

44. Ambulance was called to a 48 y.o. man. According to the relatives he has had three episodes of lost consciousness and attacks during the day. Patient is unconscious, fell on the floor, tonic and then clonic convulsions of trunk and extremities happened. The attack lasted for 4 minutes, ended by involuntary urination. What type of attack was observed?

- a. Episode of hysteria
- b. Fainting
- c. Vegetative crisis
- d. Absence
- e. Major epileptic seizure**

45. Male 30 y.o., noted growing fingers and facial skull, changed face. Complains of poor eyesight, weakness, skin darkening, loss of body weight. X-ray shows broadening of sella turcica, thinning of tuberculin sphenoidale, signs of increased intracranial pressure. What diagnosis can you make?

- a. Adrenal gland tumor
- b. Tumor of pons-cerebellar corner
- c. Encephalitis of trunci
- d. Optic - chiasmatic arachnoiditis
- e. Adenoma of hypophysis**

46. A patient complains of a tormental (agonizing) cough with expectoration of up to 600 ml/daily purulent chocolate color sputum with a decay smell. Onset of illness was abrupt,  $t^{\circ}$  -  $39^{\circ}\text{C}$ , fever of irregular type. There is the area of darkening with a cavity in a center on X-ray film, with irregular contours and level of liquid. What disease is the question?

- a. Gangrene of lung**
- b. Bronchiectatic illness
- c. Lobar pneumonia
- d. Pneumonia complicated by an abscess
- e. Tuberculosis

47. A 14 year old patient complains of chest pain, temperature up to  $38,5^{\circ}\text{C}$ , breathlessness. He had acute tonsillitis 2 weeks ago. He is in grave condition. The skin is pale. Heart borders are dilated, heart sounds are quiet. Above total heart area you can hear pericardium friction sound. Electrocardiogram: the descent of QRS voltage, the inversion T. The liver is enlarged by 3 cm. ESR - 4 mm/h, ASL - 0 - 1260, C-reactive protein ++++. Your diagnosis:

- a. Rheumatic myocarditis
- b. Rheumatic pericarditis
- c. Rheumatic pancarditis**
- d. Rheumatic endocarditis
- e. Septic endocarditis

48. A 24 y.o. patient complains of nausea, vomiting, headache, shortness of breath. He had an acute nephritis being 10 y.o. Proteinuria was found out in urine. Objectively: a skin is grey-pale, the edema is not present. Accent of II tone above aorta. BP 140/100-180/100 mm Hg. Blood level of residual N2- 6,6 mmol/L, creatinine- 406 mmol/L. Daily diuresis- 2300 ml, nocturia. Specific density of urine is 1009, albumin- 0,9 g/L, WBC- 0-2 in f/v. RBC.- single in f/v., hyaline casts single in specimen. Your diagnosis?

- a. Stenosis of kidney artery
- b. Chronic nephritis with violation of kidney function**
- c. Hypertensive illness of the II degree
- d. Feochromocytoma
- e. Nephrotic syndrome



49. A 33 y.o. male patient was admitted to a hospital. A patient is pale, at an attempt to stand up he complains of strong dizziness. There was vomiting like coffee-grounds approximately hour ago. BP- 90/60 mm Hg., pulse- 120 b/min. In anamnesis, a patient has suffered from ulcer of the stomach, painless form during 4 years. An ulcer was exposed at gastrofiberoscopy. Your diagnosis:

- a. Acute pleurisy
- b. Acute myocardial infarction, abdominal form
- c. Ulcer of duodenum, complicated with bleeding
- d. Erosive gastritis

**e. Ulcer of stomach, complicated with bleeding**

50. A 40 y.o. patient with rheumatic heart disease complains of anorexia, weakness and loss of weight, breathlessness and swelling of feet. The patient had tooth extraction one month ago. On examination:  $t^{\circ}$ - 39°C, Ps- 100/min. Auscultation: diastolic murmur in the mitral area. Petechial lesion around the clavicle; spleen was palpable

- a. Thrombocytopenia purpura
- b. Recurrence of rheumatic fever

**c. Subacute bacteria endocarditis**

- d. Mitral stenosis
- e. Aortic stenosis

51. A 52 year old patient with history of functional Class II angina complains of having intense and prolonged retrosternal pains, decreased exercise tolerance for 5 days. Angina is less responsive to nitroglycerine. What is the most probable diagnosis?

**a. IHD. Unstable angina**

- b. IHD. Functional Class II angina
- c. Myocardial dystrophy
- d. Myocarditis
- e. Cardialgia due to spine problem

52. A 52 year old patient has hypervolaemic type of essential hypertension. Which of the following medications is to be prescribed either as monotherapy or in complex with other antihypertensive drugs?

a. Nifedipin

**b. Hypothiazid**

- c. Clonidine
- d. Dibazol
- e. Kapoten

53. A 62 year old patient complains of rest dyspnea, heart pains. 3 years ago he had myocardial infarction. Physical examination: orthopnea, acrocyanosis, swollen cervical veins. Ps - 92, total heart enlargement, the liver is enlarged by 7 cm, shin edema. What is the stage of chronic heart failure (CHF)?

- a. CHF- 0
- b. CHF- 3
- c. CHF- 1
- d. CHF- 2 A

**e. CHF- 2 B**

54. A patient, aged 49, complains of fever of 37,5°C, heart pain, dyspnea. S1 is clapping; S2 is accentuated in the aortic area; opening snap, presystolic murmur can be auscultated. What is the most efficient examination for valvular disorder assessment?

a. ECG

**b. Echocardiography+Doppler-Echocardiography**

- c. Ballistocardiogram
- d. Phonocardiography
- e. Chest X-ray

55. A patient with nosocomial pneumonia presents signs of collapse. Which of the following

pneumonia complications is most likely to be accompanied by collapse?

- a. Emphysema
- b. Septic shock**
- c. Bronchial obstruction
- d. Exudative pleuritis
- e. Toxic hepatitis

56. A 38 y.o. patient has been treated in a hospital. A fever of 39°C, chest pain which is worsened by breathing, cough, brownish sputum appeared on the 7-th day of the treatment. Chest X- ray shows left lower lobe infiltrate. Which of the following is the treatment of choice for this patient?

- a. Streptomycin
- b. Cephalosporins of the III generation**
- c. Erythromycin
- d. Penicillin
- e. Tetracycline

57. A 48-year-old patient complains of heaviness in the right hypochondrium, itching of the skin. He had been treated in infectious diseases hospital repeatedly due to icterus and itch. On physical exam: meteorism, ascitis, dilation of abdominal wall veins, protruded umbilicus, spleen enlargement. What can be diagnosed in this case?

- a. Cancer of the liver
- b. Gallstones
- c. Viral hepatitis B
- d. Liver cirrhosis**
- e. Cancer of the head of pancreas

58. A 27 year old man complains of pains in epigastrium which are relieved by food intake. EGDFS shows antral erosive gastritis, biopsy of antral mucous presents Helicobacter Pylori. Diagnosis is:

- a. Gastritis of type B**
- b. Reflux-gastritis
- c. Rigid antral gastritis
- d. Menetriers gastritis
- e. Gastritis of type A

59. A 25-year-old man has facial edema, moderate back pains. His temperature is 37,5°C, BP 180/100 mm Hg, hematuria (up to 100 in v/f), proteinuria (2,0 g/L), hyaline casts - 10 in v/f., specific gravity - 1020. The onset of the disease is probably connected with acute tonsillitis that started 2 weeks ago. What is the most probable diagnosis?

- a. Cancer of the kidney
- b. Acute pyelonephritis
- c. Acute glomerulonephritis**
- d. Urolithiasis
- e. Chronic glomerulonephritis

60. A 62 year old patient suffers from DM-2. Diabetes is being compensated by diet and Maninilum. The patient has to undergo an operation on inguinal hernia. What tactics of hypoglycemic therapy should be chosen?

- a. Prescribe long-acting insulin
- b. Prescribe guanil guanidines
- c. Give Glurenorm instead of Maninilum
- d. Continue with the current therapy
- e. Prescribe fast-acting insulin**

61. A 33 y.o. woman has been suffering from DM (diabetes mellitus) for 5 years. For the last 3 years she has been taking more than 100 units of insulin per day. Body weight has increased up to 10 kg. Fasting blood glucose is 13 mmol/L, glucoseuria - 3%. Generalized microangiopathy. By increasing the dose of insulin the parameters of glycemia do not change. The diagnosis is:

- a. DM 1st type, severe form, decompensation, insulin resistant**

- b. DM st type, severe form, subcompensation, Somoji phenomenon
- c. DM 1st type, severe form, decompensation, allergic reaction to insulin
- d. DM 2nd type, moderate form, Zbrodi phenomenon
- e. DM 2nd type, severe form, decompensation

62. A patient of 32 y.o. complains of severe weakness, tremor of extremities. Objective examination: body weight loss, wet and warm skin. The thyroid gland is enlarged up to the 3-rd degree, painless, elastic. Ps- 108/min. BP- 160/55 mm Hg. There are no other abnormalities. The diagnosis is:

- a. Chronic fibrous thyroiditis
- b. Toxiferous adenoma of the thyroid gland
- c. Diffuse euthyroid goiter of the 3-rd degree
- d. Chronic autoimmune thyroiditis, hypertrophic type
- e. Diffuse toxic goiter of the 3-rd degree, thyrotoxicosis of the average degree**

63. In the development of the inflammation processes glucocorticoids reduce the level of certain most important active enzyme. It results also in the reducing of the synthesis of prostaglandins and leucotrienes which have a key role in the development of inflammation processes. What is the exact name of this enzyme?

- a. Cyclooxygenase - 1
- b. Cyclooxygenase - 2
- c. Arachidonic acid
- d. Lipxygenase
- e. Phospholipase A2**

64. A 30 y.o. female with rheumatoid arthritis of five years duration complains of pain in the first three fingers of her right hand over past 6 weeks. The pain seems especially severe at night often awakening her from sleep. The most likely cause is?

- a. Carpal tunnel syndrome**
- b. Sensory peripheral neuropathy
- c. Rheumatoid arthritis without complication
- d. Rheumatoid vasculitis
- e. Atlanto-axial subluxation of cervical spine

65. Prophylactic photoroentgenography examination of a 25 year old man revealed focal shadowings of small and medium intensity with irregular contours in the 1st and 2nd segments of the right lung. Which clinical form can be suspected?

- a. Fibro-cavernous
- b. Tuberculoma
- c. Disseminated
- d. Miliary
- e. Focal**

66. A 32 y.o. man is divorced, has an irregular sexual life. He complains of falling out of hair in the region of eyelashes, eyebrows, scalp. Objectively: diffuse alopecia is observed, eyebrow margin is absent, eyelashes are stair-like (Pinkus sign). What examination should be carried out first of all?

- a. Consultation of neuropathist
- b. CBC
- c. T.pallidum Immobilization Test (TPI)
- d. Detection of the nasal mucous membrane for *Micobacterium Leprae* Hansen
- e. Wasserman test, IFT**

67. A triad of symptoms ("steering spot", "terminal film", "blood dew") has been revealed on examination of a patient. What disease should you think about?

- a. Psoriasis**
- b. Vasculitis
- c. Ritters disease
- d. Seborrhea
- e. Lichen ruber planus

68. A woman 26 years old has abused alcohol for 7 years. She has psychological dependence on alcohol, but no withdrawal syndrome. Drinks almost every day approximately 50-100 g of wine. She is in her 4-th week of pregnancy. Primary prevention of fetal alcohol syndrome requires:

- a. Participation in the A-ANON group
- b. Gynecological observation
- c. Medical abortion
- d. Decrease of alcohol use

**e. Treatment of alcoholism and full abstinence from alcohol during all the period of pregnancy**

69. Patient 27 y.o. was hospitalized to the psychiatric hospital for the 4-th time during 2 years. Heard voices commenting on his actions, had delusions of persecution (was sure that the Mafia wanted to kill him). After a course of treatment with neuroleptics was discharged from hospital with the diagnosis of schizophrenia, state of remission. The secondary prevention of the relapses of schizophrenia requires:

- a. Participation in a self-help group
- b. Psychoanalytic treatment
- c. Long-term hospitalization
- d. Psychiatric observation

**e. Supportive treatment with neuroleptics of prolonged action**

70. A 19-year-old man has suffered from moderate mental retardation since childhood. The patient is illiterate, can take care of himself, do simple household work and other kinds of easy work under supervision. What does his rehabilitation (tertiary prevention) require?

- a. None of the above mentioned
- b. All the above mentioned**
- c. Physical work under supervision
- d. Supervision of a social worker
- e. Supervision of relatives (if any)

71. Patient, male, 16 years old was behind other children in development since early childhood and still has moderate mental retardation. He is short, has dismorphic body, his face is round, flattened, his eyes are narrow and slanted, and there are epicanthal folds in the corners of his eyes. There is only one transversal flexor line on his palms. What is the probable etiology of this state?

- a. Infection in mother during pregnancy
- b. Chromosome abnormality**
- c. Maternal alcohol abuse during pregnancy
- d. Gene abnormality
- e. Pathological delivery

72. A 38 y.o. patient was urgently admitted to the hospital with complaints of sudden weakness, dizziness, loss of consciousness, body weight loss, nausea, vomiting, severe pain in epigastric area, diarrhea, skin hyperpigmentation. What is the most probable diagnosis?

- a. Pellagra
- b. Addisonic crisis**
- c. Meningoencephalitis
- d. Acute gastroenteritis
- e. Scleroderma

73. A female 28 years old patient became depressed, her mood is melancholic; this state is accompanied by hypobulia, hypokinesia, slow speed of thinking. Her attitude towards her past, present and future is pessimistic. The pathogenetic mechanism of this state is supposed to involve dysfunction in the:

- a. Pituitary
- b. Frontal lobes
- c. Hypothalamus**
- d. Hippocampus
- e. Corpus callosum

74. The observed patients movements are retarded, she answers no questions. Sometimes she spontaneously stiffens in strange postures. It is possible to set her body and limbs into different positions artificially. If the psychiatrist lifts her arm or leg, so that she remains standing on the other leg, the patient can stay in such a position for quite a long time. Name the probable disorder:

- a. Apathetic stupor, schizophrenia
- b. Depressive stupor, bipolar disorder
- c. Catatonic stupor, schizophrenia**
- d. Psychogenic stupor, stress disorder
- e. Dissociative stupor, dissociative psychosis

75. An unconscious patient presents with moist skin, shallow breathing. There are signs of previous injection on the shoulders and hips. BP- 110/70 mm Hg. Tonus of skeletal muscles and reflexes are increased. Cramps of muscles of the extremities are seen. What is the most likely disorder?

- a. Hypoglycemic coma**
- b. Hyperosmolar coma
- c. Stroke
- d. Hyperlactacidotic coma
- e. Hyperglycemic coma

76. A patient who works as a nightman was diagnosed with of chronic arsenious intoxication. What form of anemia is characteristic for this disease?

- a. Hyper sideric anemia
- b. Normochromic anemia
- c. Aplastic anemia
- d. Iron deficiency anemia
- e. Haemolytic anemia**

77. The man, aged 42, applied to the therapist with complaints of pricking pains in scapulas area, dyspnea on physical exertion, cough with discharge of small amount of sputum. During 10 years he works in coal mining. On percussion-box-note sound in the lower parts, on auscultation- a harsh breathing. There were no changes in the heart. Possible diagnosis?

- a. Silicosis**
- b. Silicatosiis
- c. Chronic bronchitis
- d. Bronchiectatic disease
- e. Tuberculosis of lungs

78. A patient, aged 52, works as a street cleaner. He has been suffering from pneumoconiosis for 2 years. What treatment should be recommended?

- a. Antibiotics
- b. Alkaline inhalations**
- c. Oil inhalations
- d. Broncholitics
- e. Sulfonilamides

79. A 42 y.o. woman works at the factory on the fabrication of mercury thermometers, complains of the headache, swoons, reduction of memory, small and frequent flutter of fingers of drawn hands, the eyelids and the tongue, bleeding gums, gingivitis. What preparation is it necessary to use for the elimination of mercury from the organism?

- a. Pentoxil
- b. Sodium hydrate of carbon
- c. Seduxen
- d. Unithiol**
- e. Magnesium sulphate

80. A man, aged 37, working on the collective farm on sowing, was admitted to the infectious hospital with the clinical symptoms: miosis, labored breathing, sweating. What kind of poisoning is it and what is the first aid?

**a. Poisoning by POC. Treatment: atropine**

b. Poisoning by the methylic alcohol. Treatment: ethylic alcohol

c. -

d. Poisoning by vapours of mercury. Treatment: unithiol

e. Poisoning by lead. Treatment: tetacine Calcii

81. A 36 y.o. woman is in the 12-th week of her first pregnancy. She was treated for infertility in the past. She contacted a child who fell ill with rubella 2 days after their meeting. Woman doesn't know if she has ever been infected with rubella. What are the adequate tactics?

**a. Monitoring of the specific IgG IgM with the ELISA**

b. Immunoglobulin injection

c. Interferon prescription

d. Cyclovin prescription

e. Fetus wastage

82. A 50 year old patient has been admitted to the clinic with atrophic gastritis. Blood count: erythrocytes - 3,81012/l, Hb - 68 g/l, c.i. - 1, macroanisocytosis, poikilocytosis. There is megaloblastic type of haemopoiesis. A number of leukocytes, reticulocytes and thrombocytes is reduced. Which pathology is suspected?

**a. B12-deficiency anemia**

b. Hemolytic anemia

c. Thalassemia

d. Post-hemorrhagic anemia

e. Iron deficiency anemia

83. A 32 y.o. woman has got the Laje's syndrome after taking the biceptol. What immunotropic medicines are to be prescribed in this situation?

**a. Steroid immunosuppressants**

b. Specific immune modulators

c. Non-steroid immunosuppressants

d. Interferons

e. Non-specific immune modulators

84. The 25 year old patient was admitted on the 1st day of the disease with complaints of double vision in the eyes, difficult respiration. The day before the patient ate home-made mushrooms. On objective examination: paleness, widened pupils, disorder of swallowing, bradycardia, constipation are marked. What is the diagnosis?

a. Lambliasis

**b. Botulism**

c. Leptospirosis

d. Yersiniosis

e. Salmonellosis, gastrointestinal form

85. A 28 y.o. man fell seriously ill, he feels chill, has got a fever, body temperature raised up to 38,5°C, paroxysmal pain in the left iliac region, frequent defecation in form of fluid bloody and mucous mass. Abdomen palpation reveals painfulness in its left half, sigmoid colon is spasmed. What is the most probable diagnosis?

a. Malignant tumors of large intestine

**b. Acute dysentery**

c. Colibacillosis

d. Amebiasis

e. Nonspecific ulcerative colitis

86. A 28 year old patient was admitted to the clinic with complaints of the temperature rise up to 39,0°C, headache, weakness, constipation on the 9th day of the disease. On examination: single roseolas on the skin of the abdomen are present. The pulse rate is 78 bpm. The liver is enlarged by 2 cm. What is the most probable diagnosis?

**a. Leptospirosis**

- b. Sepsis
- c. Malaria

**d. Typhoid fever**

- e. Brucellosis

87. A patient has been in a hospital. The beginning of the disease was gradual: nausea, vomiting, dark urine, acholic stools, yellowness of the skin and scleras. The liver is protruded by 3 cm. Jaundice progressed on the 14th day of the disease. The liver diminished in size. What complication of viral hepatitis caused deterioration of the patients condition?

**a. Hepatic encephlopathy**

- b. Relapse of viral hepatitis
- c. Infectious-toxic shock
- d. Cholangitis
- e. Meningitis

88. A patient was admitted to the hospital on the 7th day of the disease with complaints of high temperature, headache, pain in the muscles, especially in calf muscles. Dermal integuments and scleras are icteric. There is hemorrhagic rash on the skin. Urine is bloody. The patient was fishing two weeks ago. What is the most likely diagnosis?

- a. Brucellosis
- b. Trichinellosis
- c. Yersiniosis
- d. Salmonellosis

**e. Leptospirosis**

89. An 18 year old patient was admitted to a hospital with complaints of headache, weakness, high temperature, sore throat. Objectively: enlargement of all groups of lymph nodes was revealed. The liver is enlarged by 3 cm, spleen - by 1 cm. In blood: leukocytosis, atypical lymphocytes - 15%. What is the most probable diagnosis?

- a. Angina
- b. Adenoviral infection
- c. Acute lymphoid leukemia
- d. Diphtheria

**e. Infectious mononucleosis**

90. A 28-year-old patient was hospitalized with preliminary diagnosis "influenza". Roseolous-petechial rash appeared on the 5th day of disease on the trunk. The temperature is 41°C. Hyperemia of face, reddening of scleras, tremor of tongue, tachycardia, splenomegaly are present. What is the most likely diagnosis?

- a. Leptospirosis
- b. Typhoid fever
- c. Measles
- d. Alcohol delirium

**e. Epidemic typhus**

91. A 43 y.o. patient was admitted to the hospital with complaints of high temperature of the body and severe headache. On examination: carbuncle is revealed on the forearm. There are intense edema around it, insignificant pain, regional lymphadenitis. The patient is a worker of cattle-ranch. What disease is it necessary to think about first?

- a. Erysipeloid
- b. Eczema
- c. Carcinoma of skin
- d. Erysipelas

**e. Anthrax**

92. The disease of a 21 y.o. patient began with raise of temperature up to 39,00°C, headache, chill, repeated vomiting. Rigidity of occipital muscles is determined. The analysis of liquor revealed: cytosis - 1237 in 1 ml, including: 84% of neutrophils, 16% of lymphocytes. On bacterioscopy: gram-negative



cocci are found in liquor. What is the most probable disease?

- a. Meningococcal infection: serous meningitis
- b. Serous meningitis
- c. Infectious mononucleosis
- d. Meningococcal infection: purulent meningitis**
- e. Secondary purulent meningitis

93. The diagnostics of the AIDS epidemic initially was made in the USA by means of:

- a. The bacteriological method
- b. The viroscopic method
- c. The serological method
- d. The epidemiological method**
- e. The virological method

94. A 20-year-old woman has a 3-4 month history of bloody diarrhoea; stool examination proved negative for ova and parasites; stool cultures negative for clostridium, campylobacter and yersinia; normal small bowel series; edema, hyperemia and ulceration of the rectum and sigmoid colon seen on sigmoidoscopic examination. Select the most likely diagnosis:

- a. Granulomatous colitis
- b. Ulcerative colitis**
- c. Carcinoid syndrome
- d. Gastroenteritis
- e. Zollinger-Ellison syndrome

95. A 75 year old man who has been suffering from diabetes for the last six months was found to be jaundiced. He was asymptomatic except for weight loss at the rate of 10 pounds in 6 months. Physical examination revealed a hard, globular, right upper quadrant mass that moves during respiration. A CT scan shows enlargement of the head of the pancreas, with no filling defects in the liver. The most likely diagnosis is:

- a. Malignant biliary stricture
- b. Metastatic disease of liver
- c. Infectious hepatitis
- d. Haemolytic jaundice
- e. Carcinoma of the head of the pancreas**

96. A 16 y.o. female presents with abdominal pain and purpuric spots on the skin. Laboratory investigations reveals a normal platelet count, with haematuria and proteinuria. The most likely diagnosis:

- a. Schonlein-Henoch purpura**
- b. Thrombotic thrombocytopenic purpura
- c. Sub acute bacterial endocarditis
- d. Heavy metal poisoning
- e. Haemolytic uraemic syndrome

97. A 60 y.o. asthmatic man comes for a check up and complains that he is having some difficulty in "starting to urinate". Physical examination indicates that the man has blood pressure of 160/100 mm Hg, and a slight enlarged prostate. Which of the following medications would be useful in treating both of these conditions:

- a. Phetolamine
- b. Labetalol
- c. Doxazosin**
- d. Propranolol
- e. Isoproterenol

98. A 36-year-old alcoholic patient has cirrhosis and pancreatic insufficiency due to recurrent pancreatitis. He complains of night blindness, decreased ability to taste food, and dry skin with hyperpigmentation. These complaints suggest deficiency of:

- a. Chromium

- b. Manganese
- c. Copper
- d. Selenium

**e. Zinc**

99. A 60 year old man with unstable angina pectoris fails to respond to heparin, nitroglycerin, beta adrenergic blockers and calcium channel antagonist. The best management includes:

**a. Coronary artery bypass grafting**

- b. Exercise testing
- c. Antihypertensive therapy
- d. Oral aspirin
- e. Intravenous streptokinase

100. A 60-year-old woman, mother of 6 children, developed a sudden onset of upper abdominal pain radiating to the back, accompanied by nausea, vomiting, fever and chills. Subsequently, she noticed yellow discoloration of her sclera and skin. On physical examination the patient was found to be febrile with temp. of 38.9°C, along with right upper quadrant tenderness. The most likely diagnosis is:

- a. Carcinoma of the head of the pancreas
- b. Choledochal cyst
- c. Benign biliary stricture
- d. Malignant biliary stricture

**e. Choledocholithiasis**

101. A 30 y.o. man presents with a history of recurrent pneumonias and a chronic cough production of foul smelling, purulent sputum, occasionally blood tinged, which is worse in the morning and on lying down. On physical examination, the patient appears chronically ill with clubbing of fingers, inspiratory rales at the base of lungs posteriorly. Most likely diagnosis:

**a. Bronchoectasis**

- b. Disseminated pulmonary tuberculosis
- c. Chronic obstructive emphysema
- d. Pulmonary neoplasm
- e. Chronic bronchitis

102. The family doctor examined a patient and diagnosed an acute bleeding of an intestine. What is the doctor's professional tactics in this situation?

- a. The urgent hospitalization in to the herapeutic department
- b. Aminocaproic acid intravenously

**c. The urgent hospitalization in to the surgical department**

- d. Treatment at a day time hospital
- e. Treatment at home

103. A 40 y.o. woman is ill with rheumatic disease with composite mitral disease with prevalence of the stenosis of left venous foramen. Complains of palpitation, fatigability, progressing dyspnea, attacks of dyspnea and hemoptysis. Now she cannot be engaged even in the easy activities. What tactics is the most expedient?

- a. Prescription of venous vasodilators
- b. -
- c. Conduction of current bicilino-prophylaxis
- d. Prescription of anticoagulants

**e. Mitral commissurotomy**

104. A 42-year-old woman suffers from bronchial asthma, has an acute attack of bronchial asthma. What medication from the listed below is contraindicated to render a first aid?

**a. Strophanthin hydrochloride**

**b. Euphylinum**

- c. Corazolum
- d. Izardin
- e. Morphinum hydrochloride

105. A 50 y.o. male patient was taken to the emergency department with diffuse abdominal pain and signs of cardiovascular collapse. On arrival he had BP- 95/60 mm Hg, Ps- 120/min, diuresis - 20 ml/h, HgB- 100 g/L, RBC- 2,11012/L. The patient needs introduction of:

**a. Crystalloid and colloid**

- b. Crystalloid and 5% dextrose
- c. 5% dextrose and colloid
- d. 5% dextrose and red blood cells
- e. Crystalloid and red blood cells

106. A 45-year-old male patient was admitted to the intensive care unit because of myocardial infarction. An hour later the ventricular facilitation occurred. Which of the following should be administered?

a. Cardiac pacing

**b. Defibrillation**

- c. Lidocaine injection
- d. External chest compression
- e. Adrenalin injection

107. A 58 y.o. man complains of severe inspiratory dyspnea and expectoration of frothy and blood-tinged sputum. He has been suffering from essential hypertension and ischemic heart disease. On examination: acrocyanosis, "bubbling" breathing, Ps- 30/min, BP- 230/130 mm Hg, bilateral rales. Choose medicines for treatment

- a. Strophanthine, potassium chloride, plathyphylline
- b. Cordiamine, isoproterenol
- c. Theophylline, prednisolon
- d. Albuterol, atropine, papaverine

**e. Morphine, furosemide, nitroprusside sodium**

108. A patient has got a sudden attack of severe substernal pain at night. On examination: confusion, pallor of the skin, acrocyanosis, cold sweat, BP- 80/50 mm Hg, Ps- 120/min, irregular and weak pulse. What condition are these symptoms typical for?

a. Acute vascular insufficiency

**b. Cardiogenic shock**

- c. Acute right-side heart failure
- d. Acute left-side heart failure
- e. Radicular syndrome

109. A 61 y.o. man complained of sneezing and substernal pain on exertion. In the last 2 weeks such pain appeared at rest, with increased frequency, and couldnt be suppressed by 1 tablet of nitroglycerin. What is the most likely diagnosis?

- a. Radiculitis
- b. Stable angina pectoris of the III functional class
- c. Angina pectoris of a new onset
- d. Myocarditis

**e. Unstable angina pectoris**

110. A 41 y.o. woman complains of weakness, fatigue, fever up to 38°C, rash on the face skin, pain in the wrists and the elbows. On physical examination: erythematous rash on the cheeks with "butterfly" look, the wrists and elbow joints are involved symmetrically, swollen, sensitive, friction rub over the lungs, the heart sounds are weak, regular, HR- 88/min, BP- 160/95 mm Hg. Hematology shows anemia, leucopenia, lymphopenia; on urinalysis: proteinuria, leukocyturia, casts. What is the main mechanism of disease development?

- a. Production of myocytes antibodies
- b. Production of myosin antibodies
- c. Production of antimitochondrial antibodies
- d. Production of antibodies to double-stranded DNA**
- e. Production of antibodies to endothelial cells

111. A 56 year old woman has an acute onset of fever up to 39°C with chills, cough, and pain on respiration in the right side of her chest. On physical examination: HR - 90/min, BP- 95/60 mm Hg, RR- 26/min. There is dullness over the right lung on percussion. On X-ray: infiltrate in the right middle lobe of the lung. What is the diagnosis?

- a. Acute lung abscess
- b. Nosocomial lobar pneumonia
- c. Community-acquired bronchopneumonia
- d. Acute pleuritis
- e. Community-acquired lobar pneumonia of moderate severity**

112. A 29 y.o. woman is critically ill. The illness is presented by high fever, chills, sweating, aching pain in lumbar area, discomfort during urination and frequent voiding. Pasternatsky's sign is positive in both sides. On lab examination: WBC- 20109/L; on urine analysis: protein - 0,6 g/L, leukocyturia, bacteriuria. Your preliminary diagnosis

- a. Acute glomerulonephritis
- b. Exacerbation of chronic pyelonephritis
- c. Acute pyelonephritis**
- d. Acute cystitis
- e. Nephrolithiasis

113. A 26 year old man was admitted to the hospital because of stabbing back pain on inspiration and dyspnea. Examination results: BT of 37°C, Ps of 24/min, HR of 92/min, vesicular breath sounds. There is a dry, grating, low-pitched sound heard on both expiration and inspiration in the left inferior lateral part of the chest. What is the most likely diagnosis?

- a. Myocarditis
- b. Acute bronchitis
- c. Pneumothorax
- d. Acute fibrinous pleuritis**
- e. Pneumonia

114. A 45 y.o. man has complained of having epigastric and right subcostal aching pain, pruritus, indigestion, dark color of the urine and acholic stool, fever and significant weight loss for 1 month. On examination: jaundice, presence of Courvoisier's sign. US scan did not reveal stones in the gallbladder and choledochus. What is the most likely diagnosis?

- a. Chronic pancreatitis
- b. Gallbladder stones
- c. Cancer of the pancreas head**
- d. Chronic cholangitis
- e. Chronic hepatitis

115. A 34 year old woman fell ill 3 months ago after cold exposure. She complained of pain in her hand and knee joints, morning stiffness and fever up to 38°C. Interphalangeal, metacarpophalangeal and knee joints are swollen, hot, with reduced ranges of motions; ESR of 45 mm/h, CRP (+++), Waaler-Rose test of 1:128. What group of medicines would you recommend the patient?

- a. Sulfonamides
- b. Fluorchinolones
- c. Cephalosporines
- d. Tetracyclines
- e. Nonsteroidal anti-inflammatory drugs**

116. A 47-year-old obese man complained of periodic attacks of acute arthritis in the 1st left tarsophalangeal joint. Lab exam revealed increased serum rate of uric acid. What is the diagnosis?

- a. Reiter's disease
- b. Rheumatic arthritis
- c. Osteoarthritis
- d. Gout arthritis**
- e. Rheumatoid arthritis

117. A 22 year old woman complained of right subcostal aching pain, nausea, and decreased appetite. She fell ill 2 months after appendectomy when jaundice appeared. She was treated in an infectious hospital. 1 year later above mentioned symptoms developed. On exam: the subicteric sclerae, enlarged firm liver. Your preliminary diagnosis:

- a. Acute viral hepatitis
- b. Chronic cholangitis
- c. Calculous cholecystitis
- d. Gilberts disease

**e. Chronic viral hepatitis**

118. A 50 year old woman complained of attacks of right subcostal pain after fatty meal she has been suffering from for a year. Last week the attacks repeated every day and became more painful. What diagnostic study would you recommend?

- a. Blood cell count
- b. Ultrasound examination of the gallbladder**
- c. X-ray examination of the gastrointestinal tract
- d. Liver function tests
- e. Ultrasound study of the pancreas

119. A 27 y.o. man complained of aching epigastric pain right after meal, heartburn and nausea. Stomach endoscopy revealed a large amount of mucus, hyperemia and edema of mucous membrane in gastric fundus with areas of atrophy. Make a diagnosis

- a. Chronic gastritis of type A**
- b. Peptic ulcer of stomach
- c. Menetriers disease
- d. Chronic gastritis of type C
- e. Chronic gastritis of type B

120. A 25 year old woman complained of edema on her face and legs, rise of blood pressure up to 160/100 mm Hg and weakness. She fell ill 3 weeks after recovering from angina. Urinalysis data: protein of 0,5 g/l, erythrocytes of 17-20/field, leukocytes of 2-3/field, erythrocyte casts. What treatment should be initiated after specifying the diagnosis?

- a. Ceftriaxone
- b. Heparin
- c. Penicillin OS**
- d. Dipyridamole
- e. Ciprofloxacin

121. A 25 y.o. woman complained of fatigue, hair loss and brittle nails. The examination revealed pallor of skin, Ps- 94/min, BP- 110/70 mm Hg. On blood count: Hb- 90 g/L, RBC- 3,510<sup>12</sup>/L, C.I.- 0,7; ESR- 20 mm/h. Serum iron level was 8,7 μmol/l. What treatment would you initiate?

- a. Vitamin B12 intramuscularly
- b. Iron dextrin injections
- c. Ferrous sulfate orally**
- d. Blood transfusion
- e. Packed RBCs transfusion

122. A fitter of a metallurgic factory with occupational exposure to high concentrations of mercury fumes for 16 years presents instability of pulse and blood pressure, general hyperhidrosis, asymmetric innervations of facial muscles and tongue, positive subcortical reflexes, hand tremor on physical examination. A dentist revealed paradontosis and chronic stomatitis. What is the most probable diagnosis?

- a. Neuroinfection
- b. Acute mercury intoxication
- c. Mercury encephalopathy
- d. Chronic mercury intoxication**
- e. Parkinson syndrome

123. A 40-year-old woman who has worked in weaving branch for 10 years complains of frequent headache, sleeplessness, irritability, fatigue, tiredness. Physical examination revealed instability of blood pressure, internal organs are without changes. What is the most likely diagnosis?

- a. Hypertension
- b. Asthenovegetative syndrome
- c. Encephalopathy
- d. Noise-induced disease**
- e. Atopic bronchial asthma

124. A 45-year-old driver was admitted to the hospital with 5 hour substernal pain. Nitroglycerin is not effective. He is pale, heart sounds are regular but weak. HR - 96 per minute, BP of 100/60 mm Hg. What is the most likely diagnosis?

- a. Acute left ventricular failure
- b. Acute myocardial infarction**
- c. Pulmonary embolism
- d. Stable angina
- e. Acute myocarditis

125. A 38 y.o. woman is seriously ill. She complains of frequent paroxysms of expiratory dyspnea. The last paroxysm lasted over 12 hours and failed to respond to theophylline. The skin is palish gray, moist, RR of 26/min. On auscultation, breath sounds are absent over some areas. Your preliminary diagnosis?

- a. Bronchiectasis, respiratory failure of the II-III degree
- b. Ischemic heart disease, pulmonary edema
- c. Chronic obstructive bronchitis
- d. Atopic bronchial asthma, respiratory failure of the III degree
- e. Bronchial asthma, status asthmaticus**

126. A 19 y.o. girl admitted to the hospital complained of pain in the knee and fever of 38,6°C. She is ill for 2 weeks after acute tonsillitis. On exam, hyperemia and swelling of both knees, temperature is 37,4°C, HR- 94/min, BP- 120/80 mm Hg, and heart border is displaced to the left; S1 is weak, systolic murmur is present. Total blood count shows the following: Hb- 120 g/L, WBC- 9,8109/L, ESR of 30 mm/L. ECG findings: the rhythm is regular, PQ = 0,24 sec. What is a causative agent of the disease?

- a. Viral-bacterial association
- b. Staphylococci
- c. Ricchetsia
- d. Beta-hemolytic streptococci**
- e. Autoimmune disorder

127. A 42 year old woman complains of dyspnea, edema of the legs and tachycardia during minor physical exertion. Heart borders are displaced to the left and S1 is accentuated, there is diastolic murmur on apex. The liver is enlarged by 5 cm. What is the cause of heart failure?

- a. Aortic stenosis
- b. Mitral stenosis**
- c. Tricuspid stenosis
- d. Mitral regurgitation
- e. Tricuspid regurgitation

128. A 33-year-old man with a history of rheumatic fever complains of fever up to 38-39°C, abdominal pain, dyspnea, tachycardia. Heart borders are displaced to the left by 2 cm, systolic and diastolic murmurs above aorta, BP of 160/30 mm Hg. Petechial rash occurs after measurement of blood pressure. Liver is enlarged by 3 cm, spleen is palpable. Urine is brown-yellow. What is the most likely diagnosis?

- a. Acute nephritis
- b. Aortic regurgitation
- c. Rheumatic fever
- d. Acute hepatitis

#### e. Infectious endocarditis

129. A 60 year old man complains of fever, significant weight loss, bone and joint pain, bleeding gums. Examination revealed paleness, lymphadenopathy, hepato- and splenomegaly. CBC: WBC - 270109/l with 13% lymphocytes, 1% monocytes, 21% basophiles, 29% neutrophils, 9% blasts, 12% promyelocytes, 12% myelocytes, 2% metamyelocytes, 1% eosinophils. ESR - 22 mm/h. Name the drug for treatment:

- a. Prednisolone
- b. Vinblastine
- c. Blood transfusion

#### d. Myelosan

- e. Cytosar

130. A 54 year old woman complains of increasing fatigue and easy bruising of 3 weeks duration. Physical findings included pale, scattered ecchymoses and petechiae and mild hepatosplenomegaly. Blood count: RBC- 2,51012/l; Hb - 73 g/l; Ht - 20%; PLT- 23109/l; and WBC- 162109/l with 82% blasts, that contained Auric rods; peroxidase stain was positive. What is the most probable diagnosis?

- a. Chronic leukemia
- b. Hemolytic anemia
- c. Megaloblastic anemia

#### d. Acute leukemia

- e. Thrombocytopenia

131. A 60 y.o. woman has had increased BP up to 210/110 mm Hg for the last 7 years. On examination: heart apex is displaced to the left. There are signs of left ventricular hypertrophy on ECG. What is the most probable diagnosis?

- a. Ischemic heart disease
- b. Essential hypertension, 2nd stage
- c. Symptomatic hypertension
- d. Essential hypertension, 1st stage
- e. Cardiomyopathy

132. A 39 y.o. woman complains of squeezed epigastric pain 1 hour after meal and heartburn. She had been ill for 2 years. On palpation, there was moderate tenderness in pyloroduodenal area. Antral gastritis was revealed on gastroscopy. What study can establish genesis of the disease?

- a. Examination of stomach secretion
- b. Examination of stomach motor function
- c. Detection of autoantibodies in the serum
- d. Gastrin level in blood

#### e. Revealing of Helicobacter infection in gastric mucosa

133. A 32 year old welder complains of weakness and fever. His illness started as tonsillitis a month before. On exam, BT of 38,9°C, RR of 24/min, HR of 100/min, BP of 100/70 mm Hg, hemorrhages on the legs, enlargement of the lymph nodes. CBC shows Hb of 70 g/l, RBC of  $2,2 \cdot 10^{12}/l$ , WBC of  $3,0 \cdot 10^9/l$  with 32% of blasts, 1% of eosinophiles, 3% of bands, 36% of segments, 20% of lymphocytes, and 8% of monocytes, ESR of 47 mm/h. What is the cause of anemia?

#### a. Acute leukemia

- b. Aplastic anema
- c. Chronic hemolytic anemia
- d. Vitamin B12 deficiency anemia
- e. Chronic lympholeukemia

134. A 30-year-old patient complains of breathlessness, pain in the right rib arc region, dry cough and the edema of legs. He is ill for 2 months. He had been treated for rheumatic fever without any effect. On exam: cyanosis, edema of legs, BT of 36,6oC, RR of 28/min, HR of 90/min, BP of 110/80 mm Hg, crackles above low parts of both lungs, heart borders are displaced to the left and to the right, weak sounds, systolic murmur above the apex. What is the preliminary diagnosis?

- a. Rheumatic fever, mitral stenosis



- b. Acute pericarditis
- c. Infectious endocarditis
- d. Acute myocarditis

**e. Dilated cardiomyopathy**

135. A male, 50 y.o., has a black flat mole on the skin of the leg for 10 years. Since 4 months ago the shapes of the mole become irregular. What diagnostic methods should be used?

- a. Incision biopsy
- b. Thermography
- c. Fine needle biopsy
- d. Smear for microscopic examination

**e. Excision biopsy**

136. A 30 y.o. man complains of intense pain, skin reddening in the region of ankle joint, temperature rise up to 39°C. He fell ill suddenly. In the past there were such onsets that lasted for 5-6 days and didn't cause any residual changes of the joint. The skin over the joint is hyperemic, without distinct outlines and infiltrative bank at the periphery. What is the most probable diagnosis?

- a. Erysipelatous inflammation
- b. Osteoarthritis
- c. Infectious arthritis
- d. Rheumatoid arthritis

**e. Gout**

137. Which of the following symptoms would occur only if a total-body acute radiation exposure exceeded 5.000 rad (50 Gy)?

- a. Nausea and vomiting
- b. Bleeding gums
- c. Epilation (hair loss)

**d. Hallucinations and impairment of vision**

e. Diarrhea

138. The highest risk of congenital anomalies probably occurs when human embryos or fetuses are exposed to ionizing radiation. At what stage of gestational period does it occur?

- a. 90-120 days after conception
- b. The third trimester
- c. The first 7 days
- d. 10-14 days after conception

**e. 18-45 days after conception**

139. A 27 y.o. patient has been having for almost a year fatigue, hyperhidrosis, heaviness in the left hypochondrium, especially after meals. Objectively: spleen and liver enlargement. In blood: erythrocytes -  $3,2 \cdot 10^{12}/l$ , Hb - 100 g/l, colour index - 0,87, leukocytes -  $100 \cdot 10^9/l$ , basophils - 7%, eosinophils - 5%, myelocytes - 15%, juveniles - 16%, stab neutrophils - 10%, segmentonuclear leukocytes - 45%, lymphocytes - 2%, monocytes - 0%, reticulocytes - 0,3%, thrombocytes -  $400 \cdot 10^9/l$ , ESR - 25 mm/h. What is the most probable diagnosis?

- a. Chronic lympholeukosis
- b. Erythremia
- c. Hepatocirrhosis

**d. Chronic myeloleukosis**

e. Acute leukosis

140. A patient with a history of coronary artery disease and atrial fibrillation has the onset of sudden pain and weakness of the left leg. Examination reveals a cool, pale extremity with absent pulses below the groin and normal contralateral leg. The most likely diagnosis is:

- a. Arterial thrombosis
- b. Cerebrovascular accident
- c. Dissecting aortic aneurysm

**d. Arterial embolism**

e. Acute thrombophlebitis

141. Among the following causes of acute renal failure, the one that would be classified as "postrenal" is:

a. Septicemia

b. Cardiac failure

c. Calculi

d. Rhabdomyolysis

e. Acute glomerulonephritis

142. A 26 year old manual worker complained of 3 weeks history of fevers and fatigue, weight loss with no other symptoms. Physical findings: Temperature 37,6°C, Ps- 88 bpm, blood pressure 115/70 mm Hg, superficial lymph nodes (occipital, submental, cervical, axillary) are enlarged, neither tender nor painful. Rubella-like rash on the trunk and extremities. Herpes simplex lesions on the lips. Candidosis of oral cavity. What infectious disease would you suspect?

a. HIV infection

b. Rubella

c. Tuberculosis

d. Infectious mononucleosis

e. Influenza

143. A 27-year old patient with malaria caused by *P. falciparum* was treated with Chloroquine (600 mg base followed by 300 mg base in 6 hours, then 300 mg base a day for 2 days) without clinical and parasitologic responses to the treatment. What is the most likely reason for the failure to respond to the therapy?

a. Chloroquine resistant strain of *P. falciparum*

b. Late recognition of infection due to *P. falciparum*

c. Hypersensitivity of the patient to Chloroquine

d. Inappropriate route of administration

e. Glucose-6-phosphate dehydrogenase deficiency in patient

144. Ten hours before initial observation patient had frequent feces and vomiting. Fecal and vomiting masses looked like rice-water. Nausea and abdominal pain were not observed. Hiccup and convulsions of lower limbs, temperature 35,4°C, hoarse voice, greyish waxy face, acrocyanosis were observed. Respiratory rate 40/min, threadlike pulse 120/min, blood pressure 40/0 mm/Hg, abdomen is drawn. What treatment measures should be taken first of all?

a. Antibiotic therapy

b. Disintoxicational therapy

c. Antibotulinic serum injection

d. Intravenous rehydration

e. Cardiac glycosides

145. A nurse of the kindergarten was taken to the hospital with complaints of acute pain in periumbilical region, convulsions of lower limbs, multiple bile vomiting, frequent watery foul feces of green colour in huge amounts. At the same time all the staff in the kindergarten got ill. Two days ago all of them ate cottage cheese with sour cream. General condition of patients is of moderate severity. Temperature 38,2°C. Heart tones: rhythmic and muted. Heart rate 95/min, arterial pressure: 160 mm/Hg. Abdomen is slightly swollen, painful. Liver +2 cm. What is the most likely diagnosis?

a. Salmonellosis

b. Cholera

c. Enterovirus infection

d. Food toxic infection

e. Dysentery

146. A patient complains about strong dyspnea that is getting worse during physical activity. Presentations appeared suddenly 2 hours ago at work: acute chest pain on the left, cough. The pain was abating, but dyspnea, dizziness, pallor, cold sweat and cyanosis were progressing. Vesicular respiration is absent, X-ray picture shows a shadow on the left. What pathology might be suspected?

- a. Pulmonary infarction
- b. Left-sided pneumonia
- c. Pulmonary abscess
- d. Spontaneous left-sided pneumothorax**
- e. Pleuritis

147. The patient has sustained blunt trauma to the chest. Which of the following would most likely be the cause of acute cardiopulmonary collapse?

- a. Acute adult respiratory distress syndrome (ARDS)
- b. Pneumothorax**
- c. Pulmonary contusion
- d. Hemothorax
- e. Rib fractures

148. A youth, aged 15, from childhood suffers from atopic dermatitis and allergy to the shellfish. In the last 3 months after acquiring aquarium fish rhinitis, conjunctivitis, itching in the nose developed. Level of what immunologic index should be defined in this case?

- a. IgM
- b. IgJ
- c. IgE**
- d. IgA
- e. Circulating immunocomplexes

149. A 15 y.o. girl was examined. Her medical history registers gradual onset of fever, malaise, loss of weight. There was nothing typical about the kind of fever which has been present for more than 7-10 days and changed quickly. Physical examination didn't give evident results. What is the only most important examination for excluding miliary tuberculosis?

- a. Chest X-ray**
- b. Tuberculin skin testing
- c. Bronchoscopy
- d. Sputum smear and culture of m. tuberculosis
- e. Liver or bone marrow biopsy

150. A 25-year-old man was admitted to a hospital with a 2 month history of cough and fever. A chest x-ray showed extensive left upper lobe disease with a 2 cm cavity. All three points were strongly positive on direct smear and grew M. Tuberculosis, fully sensitive to all first-line drugs. Patient must be treated with:

- a. Streptomycin + isoniazid
- b. Kanamycin + ethambutol + pyrazinamide
- c. P-aminosalicylic acid + streptomycin
- d. Isoniazid + rifampicin + pyrazinamide**
- e. Isoniazid + ethambutol

151. A 50-year-old man was examined in the clinic for persistent cavitation and sputum. He was treated with rifampicin, isoniazid, ethambutol. The most common toxic effect of ethambutol is:

- a. Mental symptoms
- b. Optic neuritis**
- c. Hepatic enzyme elevation
- d. Eighth cranial nerve damage
- e. Peripheral neuropathy

152. A 38 year old man worked at roofing and drain pipes production for 15 years. He seeks medical help for expiratory breathlessness on exertion, and dry cough. On exam, wheezes above both lungs, grayish warts on fingers are seen. Factory physician has diagnosed asbestosis. What method is the most important for this diagnosis?

- a. Blood gas analysis
- b. Bronchoscopy
- c. Chest X-ray**

- d. Spirography
- e. Electrocardiography

153. A patient has got pain in the axillary area, rise of temperature developed 10 hours ago. On examination: shaky gait is evident, the tongue is coated with white deposit. The pulse is frequent. The painful lymphatic nodes are revealed in the axillary area. The skin over the lymph nodes is erythematous and glistening. What is the most probable diagnosis?

- a. Bubonic plague**
- b. Lymphogranulomatosis
- c. Tularemia
- d. Anthrax
- e. Acute purulent lymphadenitis

154. A 17 y.o. patient complains of acute pain in the knee joint and  $t^{\circ} - 38^{\circ}\text{C}$ . He was ill with angina 3 weeks ago. Objectively: deformation and swelling of the knee joints with skin hyperemia. Small movement causes an acute pain in the joints. Which diagnose is the most correct?

- a. Rheumatism, polyarthritis**
- b. Reactive polyarthritis
- c. Rheumatoid arthritis
- d. Infectious-allergic polyarthritis
- e. Systemic lupus erythematosus

155. A 56 year old patient has worked at the aluminium plant over 20 years. Within 3 last years he has been experiencing loosening of teeth, bone and joint pains, piercing pains in heart region, vomiting. The provisional diagnosis is:

- a. Lead intoxication
- b. Mercury intoxication
- c. Fluorine intoxication**
- d. Phosphorus intoxication
- e. Manganese intoxication

156. A 38 y.o. woman complains of a purulent discharge from the left nostril. The body temperature is  $37,5^{\circ}\text{C}$ . The patient has been ill for a week and associates her illness with common cold. There are a pain and tenderness on palpation of her left cheek. The mucous membrane in the left nasal cavity is red and turgid. The purulent exudate is seen in the middle meatus in maxillary. What is the most probable diagnosis?

- a. Acute purulent ethmoiditis
- b. Acute purulent frontitis
- c. Acute purulent maxillary sinusitis**
- d. Acute purulent sphenoiditis
- e. -

157. A 34 y.o. patient has been suffering from pulmonary tuberculosis for 7 years; he complains of muscle feebleness, weight loss, diarrheas, increased frequency of urination. Objectively: hyperpigmentation of skin, gums, internal cheek surfaces. AP is 90/58 mm Hg. Blood count: erythrocytes -  $3,11012/\text{L}$ , Hb- 95 g/L, C.I.- 0,92; leukocytes -  $9,4109/\text{L}$ , eosinophils - 7, segmentonuclear leukocytes - 45, stab neutrophils - 1, lymphocytes - 40, monocytes - 7,  $\text{Na}^{+-} 115 \text{ mmole/L}$ ,  $\text{K}^{+-} 7,3 \text{ mmole/L}$ . What is the preliminary diagnosis?

- a. Diabetes insipidus
- b. Primary insufficiency of adrenal cortex**
- c. Primary hyperaldosteronism
- d. Pheochromocytoma
- e. Congenital adrenal hyperplasia

158. A 52 y.o. hard smoker complains of persistent cough with purulent sputum discharge especially in the mornings, dyspnea provoked even by slight physical exercises, wheezing chest, tachypnoe, general weakness. He considers himself to be ill for 12 years. The foresaid presentations appear 3-4 times per year usually after a common cold and have tendency to progress. What disease do you

think about first of all?

- a. Mucoviscidosis (cystic fibrosis)
- b. Bronchial asthma
- c. Chronic obstructive lung disease**
- d. Bronchoectatic disease
- e. Aspergillosis

159. 3 weeks ago a patient was ill with tonsillitis. Clinical examination reveals edema, arterial hypertension, hematuria, proteinuria (1,8 g/per day), granular and erythrocytic casts. What is the preliminary diagnosis?

- a. Pyelonephritis
- b. Cystitis
- c. Glomerulonephritis**
- d. Intestinal nephritis
- e. Renal amyloidosis

160. 47 y.o. patient complains of intensive skin itching, jaundice, bone pain. The skin is hyperpigmented. There are multiple xanthelasma palpebrae. The liver is +6 cm enlarged, solid with acute edge. The blood analysis revealed total bilirubin -160  $\mu\text{mol/L}$ , direct - 110  $\mu\text{mol/L}$ , AST- 2,1 mmol/L, ALT- 1,8 mmol/L, alkaline phosphatase - 4,6 mmol/L, cholesterol- 9,2 mmol/L, antimitochondrial antibodies M2 in a high titer. What is the probable diagnosis?

- a. Primary biliary liver cirrhosis**
- b. Chronic viral hepatitis B
- c. Alcoholic liver cirrhosis
- d. Acute viral hepatitis B
- e. Primary liver cancer

161. The complications of acute cholecystitis which require surgical intervention are as follows EXCEPT:

- a. Jaundice**
- b. Emphysematous gall-bladder
- c. Cholangitis conditioned by the presence of stones in the bile tract
- d. Gall-bladder perforation
- e. Empyema of the gall-bladder

162. A patient has undergone an operation on account of perforated ulcer of stomach, terminal phase of diffuse peritonitis and endotoxic shock. In the post-operative period he is prescribed artificial pulmonary ventilation with 60% oxygen inhalation. Blood gases: PaO<sub>2</sub>- 70-78 mm Hg, hypoxemia doesn't decrease, CVP (central venous pressure) - 150-180 mm of water column, AP- 90/60 mm Hg (against the background of taking big doses of dopamine). Radiogram shows diffuse pulmonary infiltration. What causes the refractory arterial hypoxemia?

- a. Mendelson's syndrome
- b. Pulmonary edema
- c. Bilateral pneumonia
- d. Pneumothorax
- e. Respiratory distress syndrome**

163. An excited patient constantly tries to look into the next room because he is sure of his friend's presence. He claims to hear his friends and other people talking although no-one is there. He tries to persuade his doctor that people in the next room are disputing about "his punishment", repeats aloud phrases he has allegedly heard from the next room. What state is it?

- a. Verbal illusions
- b. Confabulations
- c. Obsessional ideas
- d. Acute hallucinosis**
- e. Delusion

164. According to results of medical and pedagogical observation during the gymnastics lesson in the

9th grade there was plotted a physiological curve characterized by gradual increasing of pulse rate during the opening part of lesson, 80% increase during the main part; the curve has 4 waves. How can the lessons structure be assessed?

- a. Exercise stress is excessive
- b. Exercise stress is adequate
- c. The lessons structure is correct
- d. Exercise stress is insufficient
- e. Long interval between exercises**

165. A 22-year-old girl has been complaining of having itching rash on her face for 2 days. She associates this disease with application of cosmetic face cream. Objectively: apparent reddening and edema of skin in the region of cheeks, chin and forehead; fine papulovesicular rash. What is the most likely diagnosis?

- a. Allergic dermatitis**
- b. Eczema
- c. Neurodermatitis
- d. Erysipelas
- e. Dermatitis simplex

166. A patient is 16 y.o. In the last year his behaviour has gradually changed: he secluded himself, was not interested in communication with friends, in learning. He became indifferent towards relatives, motivelessly rude, was speaking or laughing to himself. He answers the questions formally correctly, laconically. Considers himself to be absolutely healthy but a little tired, says, hes thinking about writing a book "Projection of humanity on the plane of Universe". He always has a copy-book with which is full of a great many of the same daggers. What is the most probable diagnosis?

- a. Autistic personality disorder
- b. Picks disease
- c. Depressive disorder
- d. Schizoid personality disorder
- e. Schizophrenia**

167. A 27-year-old patient with a history of ronchial asthma was stung by a bee. He had a sensation of chest compression, breath shortage, difficult expiration, sense of heat in the upper half of body, dizziness, apparent itch, convulsions. Objectively: noisy wheezing breath, AP - 90/60 mm Hg, Ps- 110 bpm. Auscultation revealed weak rhythmic heart sounds, rough respiration above lungs, sibilant rales. What drug group should be administered in the first place?

- a. Glucocorticoids**
- b. Cardiac glycosides
- c. Analgetics
- d. Anticonvulsive
- e. Methylxanthines

168. A 68 year old patient has been suffering from chronic pancreatitis for 35 years. During the last 5 years he has been observing abatement of pain syndrome, abdominal swelling, frequent defecations up to 3-4 times a day (feces are greyish, glossy, with admixtures of undigested food), progressing weight loss. Change of symptom set is caused by joining of:

- a. Endocrine pancreatic insufficiency
- b. Irritable bowels syndrome
- c. Chronic enterocolitis
- d. Exocrine pancreatic insufficiency**
- e. Syndrome of lactase deficiency

169. A 32-year-old patient complains of cardiac irregularities, dizziness, dyspnea at physical stress. He has never suffered from this before. Objectively: Ps- 74 bpm, rhythmic. AP- 130/80 mm Hg. Auscultation revealed systolic murmur above aorta, the first heart sound was normal. ECG showed hypertrophy of the left ventricle, signs of repolarization disturbance in the I, V5 and V6 leads. Echocardiogram revealed that interventricular septum was 2 cm. What is the most likely diagnosis?

- a. Myocardium infarction
- b. Coarctation of aorta
- c. Aortic stenosis
- d. Essential hypertension
- e. Hypertrophic cardiomyopathy**

170. A patient complains of feeling heaviness behind his breast bone, periodical sensation of food stoppage, dysphagia. During the X-ray examination barium contrast revealed a single saccular outpouching of anterodextral esophagus wall with regular contours and rigidly outlined neck. What is the most probable diagnosis?

- a. Hiatal hernia
- b. Cancer of esophagus
- c. Esophageal diverticulum**
- d. Varix dilatation of esophageal veins
- e. Esophageal polyp

171. A 60 year old patient has been suffering from arterial hypertension for 15 years. After recurrent stroke she started complaining about amotivational bad mood, problems with attention concentration; she forgets to close the entrance door, cannot recall events of the last day. Computer tomography shows areas of postinfarction changes in the cortical postfrontal regions. What is the most probable diagnosis?

- a. Vascular dementia**
- b. Huntingtons chorea
- c. Dissociative amnesia
- d. Picks disease
- e. Alzheimers disease

172. A painter working at a motorcar plant was diagnosed with acute intoxication with amide compounds of benzene, moderate severity grade. The in-patient treatment resulted in considerable health improvement. What expert decision should be made in this case?

- a. The patient may get back to work providing he will keep to hygiene and sanitary regulations
- b. The patient should be referred to the Medical and Social Expert Commission for determination of percentage of work capacity loss
- c. -
- d. The patient should be issued a sick list for out-patient treatment**
- e. The patient should be referred to the Medical and Social Expert Commission for assigning the disability group because of an occupational disease

173. A 44-year-old patient complains about difficult urination, sensation of incomplete urinary bladder emptying. Sonographic examination of the urinary bladder near the urethra entrance revealed an oval well-defined hyperechogenic formation 2x3 cm large that was changing its position during the examination. What conclusion can be made?

- a. Concrement**
- b. Urinary bladder polyp
- c. Primary ureter tumour
- d. Prostate adenoma
- e. Malignant tumour of the urinary bladder

174. A 35-year-old patient complains about pain and morning stiffness of hand joints and temporomandibular joints that lasts over 30 minutes. She has had these symptoms for 2 years. Objectively: edema of proximal interphalangeal digital joints and limited motions of joints. What examination should be administered?

- a. Roentgenography of hands**
- b. Rose-Waaler reaction
- c. Proteinogram
- d. Immunogram
- e. Complete blood count



175. A 25 year old patient complains about weakness, dizziness, haemorrhagic skin rash. She has been suffering from this for a month. Blood count: erythrocytes: 1,01012/l, Hb- 37 g/l, colour index - 0,9, leukocytes - 1,2109/l, thrombocytes - 42109/l. What diagnostic method will be the most effective?

- a. Abdominal ultrasound
- b. Sternal puncture**
- c. Liver biopsy
- d. Spleen biopsy
- e. Coagulogram

176. A 68-year-old female patient complains about temperature rise up to 38,3°C, haematuria. ESR- 55 mm/h. Antibacterial therapy turned out to be ineffective. What diagnosis might be suspected?

- a. Renal amyloidosis
- b. Polycystic renal disease
- c. Renal cancer**
- d. Urolithiasis
- e. Chronic glomerulonephritis

177. A 34 year old female patient has been suffering from anxious depression accompanied by panic attacks for 2 years. She has been a patient of a psychotherapist. Treatment resulted in incomplete remission. The patient had to break off psychotherapy because of moving to a new place of residence. Soon after this her condition grew significantly worse, she was almost permanently anxious, panic attacks turned up 5-6 times a day and were accompanied by palpitation, dyspnea, cold sweat, thanatophobia. What drug group is the most appropriate for medicament therapy?

- a. Lithium drugs
- b. Cardiotonics, respiratory analeptics
- c. Sedative neuroleptics
- d. Antipsychotic neuroleptics
- e. Antidepressants**

178. A patient, aged 16, complains of headache, mainly in the frontal and temporal areas, superciliary arch, appearing of vomiting at the peak of headache, pain during the eyeballs movement, joints pain. On examination: excited,  $t^{\circ}$ - 39°C, Ps- 110/min. Tonic and clonus cramps. Uncertain meningeal signs. What is the most likely diagnosis?

- a. Influenza, typical disease duration
- b. Parainfluenza
- c. Adenovirus infection
- d. Influenza with cerebral edema manifestations**
- e. Respiratory syncytial virus

179. A 64 y.o. patient has developed of squeezing substernal pain which had appeared 2 hours ago and irradiated to the left shoulder, marked weakness. On examination: pale skin, cold sweat. Pulse- 108 bpm, AP- 70/50 mm Hg, heart sound are deaf, vesicular breathing, soft abdomen, painless, varicose vein on the left shin, ECG: sinus rhythm, heart rate is 100 bpm, ST-segment is sharply elevated in II, III aVF leads. What is the most likely disorder?

- a. Cardiogenic shock**
- b. Pulmonary artery thromboembolia
- c. Cardiac tamponade
- d. Dissective aortic aneurism
- e. Cardiac asthma

180. A patient at a doctor complains of temperature rise up to 38,2°C, edema in the region of his upper lip. Objectively: upper lip is evidently edematous, in the middle of edema there is a cone-shaped swelling. Skin and mucous membrane over it are dark-red. Diagnosis: labial furuncle. A surgeon cut the furuncle, treated the wound with hydrogen peroxide solution and applied a bandage with hypertensive solution. What therapeutic regimen should be recommended?

- a. First out-patient treatment, then out-patient treatment

b. In-patient treatment with bed rest

c. -

**d. In-patient treatment with common regimen**

e. Out-patient treatment

181. A healthy 75 year old woman who leads a moderately active way of life went through a preventive examination that revealed serum concentration of common cholesterol at the rate of 5,1 millimole/l and HDL (high-density lipoproteins) cholesterol at the rate of 70 mg/dl. ECG reveals no pathology. What dietary recommendation is the most adequate?

a. Decrease of saturated fats consumption

b. Decrease of cholesterol consumption

**c. Any dietary changes are necessary**

d. Decrease of carbohydrates consumption

e. Increase of cellulose consumption

182. A 52 year old patient was admitted to a hospital because of high hemorrhagic diathesis of mucous membranes, massive skin haemorrhages in form of ecchymoses and spots, nasal and stomachal haemorrhages. After clinical examinations her illness was diagnosed as thrombocytopenic purpura. What is the most probable cause of this disease?

a. Disturbed hemostasis

b. Inherited insufficiency of plasm factors of blood coagulation

c. Iron deficit in blood serum, bone marrow and depot

**d. Generation of antithrombocytic antibodies**

e. Deficit of the VIII factor of blood coagulation

183. Heart auscultation of a 16 y.o. boy without clinical symptoms revealed accent of the S II and systolic murmur above the pulmonary artery. Heart sounds are resonant, rhythmic. What is the most probable diagnosis?

a. Nonclosure of Botallus duct

b. Defection of interatrial septum

c. Stenosis of pulmonary artery valve

d. Insufficiency of pulmonary artery valve

**e. Functional murmur**

184. A 74 y.o. patient has been suffering from hypertension for 20 years. He complains of frequent headache, dizziness, he takes enalapril. Objectively: accent of the SII above aorta, Ps- 84 bpm, rhythmic, AP- 180/120 mm Hg. What group of hypotensive medications could be additionally prescribed under consideration of the patients age?

a. alpha-adrenoceptor blockers

b. Central sympatholytics

c. Loop diuretics

d. beta-adrenoceptor blockers

**e. Thiazide diuretics**

185. A patient has complained of great weakness for 6 years. He fell seriously ill, the illness is accompanied by body temperature rise, indisposition, pain in joints and along the legs muscles. Objectively: violet-bluish erythema around eyes and over knee joints. HR- 120/min, heart sounds are weak. Blood count: leukocytes - 12109/L, ESR- 40 mm/h. What is the most probable diagnosis?

a. Atopic dermatitis

b. Reactive polyarthritis

c. Systemic lupus erythematosus

d. Rheumathoid arthritis

**e. Dermatomyositis**

186. A 54 year old male patient complains about permanent dull pain in the mesogastral region, weight loss, dark blood admixtures in the feces, constipations. He put off 10 kg within a year. In blood: erythrocytes: 3,51012/l, Hb- 87 g/l, leukocytes - 12,6109/l, stab neutrophil shift, ESR- 43 mm/h. What is the most probable diagnosis?

- a. Chronic pancreatitis
- b. Stomach cancer
- c. Gastric ulcer
- d. Chronic colitis

**e. Cancer of transverse colon**

187. A patient, aged 40, has been ill during approximately 8 years, complains of pain in the lumbar part of the spine on physical exertion, in cervical and thoracic part (especially when coughing), pain in the hip and knee joints on the right. On examination: the body is fixed in the forward inclination with head down, gluteal muscles atrophy. Spine roentgenography: ribs osteoporosis, longitudinal ligament ossification. What is the most likely diagnosis?

a. Spread osteochondrosis of the vertebral column

**b. Ankylosing spondylitis**

- c. Psoriatic spondyloarthropathy
- d. Tuberculous spondylitis
- e. Spondyloarthropathy on the background of Reiter's disease

188. A 20 y.o. patient was admitted to the hospital with complaints of having skin and sclera icteritiousness, dark urine, single vomiting, appetite loss, body temperature rise up to 38.0°C for 2 days. Three weeks ago he went in for fishing and shared his dishes with friends. Objectively: the patient is flabby,  $t^{\circ}$  - 36.8°C, skin and sclerae are icteritious, liver sticks from under the costal margin by 3 cm, it is sensitive; spleen isn't palpable. Urine is dark, stool is partly acholic. What is the most probable diagnosis?

- a. Hemolytic anemia
- b. Intestinal yersiniosis
- c. Leptospirosis
- d. Infectious mononucleosis

**e. Virus A hepatitis**

189. A worker, aged 38, working in the slate production during 15 years, complains of expiratory exertional dyspnea, dry cough. On examination: deafening of the percussory sounds in interscapular region, rough breath sounds, dry disseminated rales. On fingers skin - greyish warts. Factory's sectorial doctor suspects asbestosis. Which method is the most informative for diagnosis verification?

- a. Spirography
- b. Bronchoscopy

**c. Thorax roentgenography**

- d. Bronchoalveolar lavage
- e. Blood gases examination

190. A 38-year-old man is working for 15 years on the slate producing factory. He complains of expiration dyspnea on exertion, dry cough. On physical exam: dullness of the percussory sound in the interscapular area, harsh respiration, dry diffused rales. There are warts of greyish color on hands. The doctor of the plant suspects asbestosis. What method is the most informational to confirm the diagnosis?

- a. Spirography
- b. Bronchoscopy

**c. Chest X-ray exam**

- d. Bronchoalveolar lavage
- e. Blood gases analysis

191. A full-term newborn child has a diagnosis newborns Rh-factor hemolytic disease. Bilirubin rate is critical. The child's blood group is B(III), his mother's blood group - A(II). The child has indication for hemotransfusion. What donor blood must be chosen?

- a. Blood group O(I) Rh-
- b. Blood group B(III) Rh-**
- c. Blood group B(III) Rh+
- d. Blood group A(II) Rh-

e. Blood group A(II) Rh+

192. A 37 y.o. woman is suffering from squeezing substernal pain on physical exertion. On examination: AP- 130/80 mm Hg, heart rate=pulse rate 72 bpm, heart borders are dilated to the left side, aortic systolic murmur. ECG- signs of the left venticle hypertrophy. What method of examination is the most informative in this case?

a. X-ray

**b. Echocardiography**

c. Coronarography

d. Phonocardiography

e. Sphygmography

193. A 58-year-old woman complains of osteoarthritis of knee-joint. For 2 weeks she had been receiving an in-patient medical treatment. She was discharged from the hospital in satisfactory condition with complaints of minor pain after prolonged static work. Local hyperemia and exudative effects in the area of joints are absent. What further tactics is the most expedient?

a. Conducting arthroscopy

b. Repeated in-patient treatment

**c. Outpatient treatment**

d. Referral to MSEC

e. Orthopedist consultation

194. A man in grave condition was delivered to the admission ward of a hospital on the 2nd day of illness. Examination revealed body temperature of 36,1°C, sharpened features of face, dry skin that makes a fold, aphonia, convulsive twitching of some muscle groups. Acrocyanosis is present. Heart sounds are muffled, Ps is 102 bpm, AP is 50/20 mm Hg. Abdomen is soft, drawn-in, painless. Anuria is present. Stool is liquid in form of rice water. What is the most probable diagnosis?

**a. Cholera**

b. Salmonellosis

c. Intestinal amebiasis

d. Escherichiosis

e. Acute dysentery

195. Examination of a 22 year old man suffering from polyarthralgia and high fever revealed right-sided exudative pleuritis. X-ray picture showed a homogenous shadow below the IV rib on the right. In the II segment there were single dense focal shadows. Mantoux test with 2 TU resulted in formation of a papula 16 mm large. Pleural liquid has increased protein concentration, Rivalta reaction is positive, there was also increased number of leukocytes with prevailing lymphocytes. What is the most probable etiology of pleuritis?

a. Viral

b. Autoimmune

c. Cancerous

d. Staphylococcal

**e. Tuberculous**

196. A 42-year-old patient applied to hospital with complaints of pain behind the sternum with irradiation to the left scapula. The pain appears during significant physical work, this lasts for 5-10 minutes and is over on rest. The patient is sick for 3 weeks. What is the preliminary diagnosis?

a. IHD:Progressive angina pectoris

**b. IHD:First established angina pectoris**

c. IHD:Stable angina pectoris of effort I FC

d. IHD:Variant angina pectoris (Prinzmetals)

e. IHD:Stable angina pectoris of effort IV FC

197. A 33 y.o. patient with first time detected diabetes mellitus keeps the diet and maintains glycemia at the level of 10,0 mmol/L after meal. He keeps himself from insulinotherapy. What examination is the most important for differentiation of the 1st (insulin-dependent) and the 2nd (insulin-independent) types of diabetes?

- a. Glucose-tolerant test
- b. Estimation of glucosylated blood hemoglobin
- c. Fructosamine estimation

**d. Determination of insular cells antibodies**

- e. Glycemia examination on an empty stomach

198. A 24-year-old patient felt sick in 16 hours after dried fish intake. There was nausea, vomiting, weakness, flabbiness, double vision. On physical exam, there was decrease of a muscle tone, anisocoria, flaccid swallowing and tendon reflex. What is the most probable diagnosis?

- a. Salmonellosis

**b. Botulism**

- c. Acute gastritis
- d. Food toxicoinfection
- e. Acute encephalitis

199. A 72-year-old patient after operation due toolecystectomy was prescribed gentamicin (80 mg every 8 hours) and cephalothin (2 g every 6 hours) due to fever. In 10 days there was an increase of creatinine up to 310  $\mu\text{mol/L}$ . BP - 130/80 mm Hg, daily quantity of the urine is 1200 mL. Urine tests are without pathology. Ultrasound: the size of kidneys is normal. What is the most probable reason for renal failure?

- a. Acute glomerulonephritis
- b. Unequal infusion of the liquid
- c. Hepatorenal syndrome

**d. Nephrotoxicity of gentamicin**

- e. Cortical necrosis of kidneys

200. A 40 y.o. patient was admitted to the gastroenterology with skin itching, jaundice, discomfort in the right subcostal area, generalized weakness. On examination: skin is jaundiced, traces of scratches, liver is +5 cm, spleen is 6x8 cm. In blood: alkaline phosphatase - 2,0 mmol/(hourL), general bilirubin - 60  $\mu\text{mol/L}$ , cholesterol - 8,0 mmol/L. What is the leading syndrome in the patient?

- a. Asthenic
- b. Liver-cells insufficiency
- c. Cytolytic
- d. Mesenchymal inflammatory

**e. Cholestatic**

201. A 26-year-old patient undergoes a course of treatment due to chronic glomerulonephritis. The treatment was successful, normalization of all the characteristics was recorded. What sanatorium and health resort treatment could be recommended?

- a. Myrhorod
- b. Truskavets
- c. Not recommended
- d. Morshyn

**e. The south coast of the Crimea**

202. After a wasp-bite there was an itching of skin, hoarse voice, barking cough, anxiety. On physical exam: there is edema of lips, eyelids, cyanosis. What medicine is to be taken first?

**a. Prednisolone**

- b. Euphylin
- c. Seduxen
- d. Lasix
- e. Adrenalin

203. A 16-year-old adolescent was vaccinated with DTP. In eight days there was stiffness and pain in the joints, subfebrile temperature, urticarial skin eruption, enlargement of inguinal, cervical lymph nodes and spleen. What kind of allergic reaction is observed?

- a. Hypersensitivity of immediate type
- b. Hypersensitivity of delayed type

C. --

d. Immunocomplex

e. Cytotoxic

204. In autumn a 25-year-old patient developed stomach ache that arose 1,5-2 hours after having meals and at night. He complains about pyrosis and constipation. The pain is getting worse after consuming spicy, salty and sour food, it can be relieved by means of soda and hot-water bag. The patient has been suffering from this disease for a year. Objectively: furred moist tongue. Abdomen palpation reveals epigastric pain on the right, resistance of abdominal muscles in the same region. What is the most likely diagnosis?

a. Stomach ulcer

b. Chronic pancreatitis

c. Chronic cholecystitis

d. Diaphragmatic hernia

e. Duodenal ulcer

205. A 51 y.o. woman complains of dull pain in the right subcostal area and epigastric area, nausea, appetite decline during 6 months. There is a history of gastric peptic ulcer. On examination: weight loss, pulse is 70 bpm, AP is 120/70 mm Hg. Diffuse tenderness and resistance of muscles on palpation. There is a hard lymphatic node 1x1cm in size over the left clavicle. What method of investigation will be the most useful?

a. Ureatic test

b. Stomach X-ray

c. Ultrasound examination of abdomen

d. pH-metry

e. Esophagogastroduodenoscopy with biopsy

206. On the 20th of June a townsman was brought to clinic. The disease broke out acutely, starting with fever, rise in temperature to 38-39°C. There also was weakness, acute headache, nausea, vomiting, pain all over the body, sleep disorder. On physical examination: hyperemia of skin of face, neck, thorax. Meningeal signs are positive. 12 days ago the patient returned from the Siberia, from the forest. What is the most probable diagnosis?

a. Tick-borne encephalitis

b. Omsk hemorrhagic fever

c. Epidemic typhus

d. Pseudotuberculosis

e. Influenza

207. A 37-year-old patient has sudden acute pain in the right epigastric area after having fatty food. What method of radiological investigation is to be used on the first stage of examining the patient?

a. Roentgenological

b. Magnetic-resonance

c. Thermographic

d. Ultrasonic

e. Radionuclid

208. A man, aged 68, complains of tiredness, sweating, enlargement of cervical, submaxillary and axillary lymph nodes. Blood test: WBC- 35109/L, lymphocytes - 60%, Botkin and Gumprecht bodies, level of haemoglobin and quantity of thrombocytes is normal. Myelogram showed 40% of lymphocytes. What is the most probable diagnosis?

a. Tuberculous lymphadenitis

b. Chronic lympholeucosis

c. Lymphogranulomatosis

d. Chronic myeloleucosis

e. Acute leucosis

209. Examination of a 32 y.o. patient who had appendectomy because of gangrenous appendicitis revealed clinical picture of pelvic abscess. What is the best way to expose pelvic abscess of this

patient?

- a. Through the rectum
- b. By means of the sacral approach
- c. Through the obturator foramen
- d. Through the anterior abdominal wall
- e. Through the postoperative wound

210. A 38-year-old patient is under observation having polyneuritic syndrome with considerable loss of weight, fever, rise in BP. Blood test:: considerable inflammatory changes. What examination is the most expedient to make the diagnosis?

- a. Blood culture
- b. Determination of HLA antigens
- c. Determination of antinuclear antibodies
- d. Electromyography
- e. Muscular biopsy with histological investigation of the material

211. A 32-year-old male patient has been suffering from pain in the sacrum and coxofemoral joints, painfulness and stiffness in the lumbar spine for a year. ESR - 56 mm/h. Roentgenography revealed symptoms of bilateral sacroileitis. The patient is the carrier of HLA B27 antigen. What is the most likely diagnosis?

- a. Ankylosing spondylitis
- b. Rheumatoid arthritis
- c. Spondylosis
- d. Reiters disease
- e. Coxarthrosis

212. A 58-year-old female patient complains about periodical headache, dizziness and ear noise. She has been suffering from diabetes mellitus for 15 years. Objectively: heart sounds are rhythmic, heart rate is 76/min, there is diastolic shock above aorta, AP is 180/110 mm Hg. In urine: OD- 1,014. Daily loss of protein with urine is 1,5 g. What drug should be chosen for treatment of arterial hypertension?

- a. Inhibitor of angiotensin converting enzyme
- b. Calcium channel antagonist
- c.  $\beta$ -blocker
- d. Thiazide diuretic
- e.  $\alpha$ -blocker

213. A 25 year old patient had pharyngitis 2 weeks ago. Now he complains about body temperature rise up to 38°C, general weakness, dyspnea during walking, swelling and shifting pain in the articulations. Objectively: cyanosis of lips, rhythmic pulse of poor volume - 100 bpm. Left cardiac border deviates outwards from the medioclavicular line by 1 cm. The first heart sound is weakened on the apex, auscultation revealed systolic souffle. What is the most probable aetiological factor that caused this pathological process?

- a. Virus
- b. Fungi
- c. Staphylococcus
- d. Pneumococcus
- e.  $\alpha$ -haemolytic streptococcus

214. A 26 y.o. male patient with postoperative hypothyroidism take thyroxine 100 mg 2 times a day. He has developed tachycardia, sweating, irritability, sleep disorder. Determine further treatment tactics

- a. To add mercasolil to the treatment
- b. To administer sedatives
- c. To increase thyroxine dosage
- d. To administer betablockers
- e. To decrease thyroxine dosage

215. A 35 year old woman consulted a doctor about affection of arm skin and lower third of forearm in



form of a large edema, hyperemia, vesiculation and maceration. The disease developed after using a laundry detergent "Lotos". The patient has been using it for a month. She hasn't suffered from dermatological diseases before. What is the most probable diagnosis?

a. Allergic dermatitis

b. Toxic allergic dermatitis

c. Localized neurodermatitis

d. Microbial eczema

e. Dermatitis simplex

216. A 28-year-old man was discharged from the hospital after having an out-of-hospital pneumonia. He has no complaints. On physical exam: his temperature is  $36,6^{\circ}\text{C}$ , RR-18/min, Ps - 78 bpm, BP-120/80 mm Hg. During auscultation there is harsh respiration to the right of the lower part of the lung. Roentgenologically: infiltrative changes are absent, intensification of the pulmonary picture to the right in the lower lobe. How long should the doctor keep the patient under observation?

a. Permanently

b. 12 months

c. 3 months

d. 1 month

e. 6 months

217. A 32 year old patient complains about heartburn and dull pain in the epigastrium that appear 2-3 hours after meal. Exacerbations happen in spring and in autumn. The patient has food intolerance of eggs and fish. Objectively: stomach palpation reveals painfulness in the gastroduodenal area. Electrophasoduodenoscopy revealed a 5 mm ulcer on the anterior wall of duodenum. Urease test is positive. What is the most probable leading mechanism of disease development?

a. Dietary allergy

b. Reduced prostaglandin synthesis

c. Disorder of gastric motor activity

d. Helicobacterial infection

e. Autoantibody production

218. A 48 year old woman complains about weakness, weight loss, appetite loss, headache. The patient had acute glomerulonephritis when she was young. She has been suffering from arterial hypertension since she was 25. She didn't undergo systematic treatment, consulted a doctor rarely. Examination revealed signs of chronic renal insufficiency of the I stage (creatinine - 0,43 millimole/l). What dietary recommendations are the most reasonable?

a. Restriction of carbohydrate consumption

b. Restriction of fat consumption

c. Restriction of protein consumption

d. Diet with high content of "alkaline" dishes

e. Consumption of higher amounts of liquid

219. A 20-year-old adolescent lives in the nidus of tuberculous infection. The tuberculin Mantoux test with 2 TU was determined as hyperergic. What signs determine the hyperergic test of this adolescent?

a. 6 mm papula, necrosis

b. 24 mm hyperemia

c. 12 mm hyperemia

d. 4 mm papula

e. 20 mm papula

220. Chest X-ray of the miner (with 24- year-length of service; dust concentration on working place is 260-280 mg/m<sup>3</sup>, 15% of which is free silicon dioxide) showed the signs that are typical of pneumoconiosis. What kind of pneumoconiosis is this?

a. Silicosis

b. Carboconiosis

c. Anthraco-silicosis

- d. Anthraco-silicatosi
- e. Silicosis

221. A patient complains of pathological lump, appearing in the right inguinal region on exercise. The lump is round-shaped, 4 cm in diameter, on palpation: soft elastic consistency, is positioned near the medial part of Poupart's ligament. The lump is situated inwards from the spermatic cord. What is the most probable preliminary diagnosis?

- a. Right-sided direct inguinal hernia
- b. Right-sided femoral hernia
- c. Lipoma of the right inguinal area
- d. Varicose veins of the right hip
- e. Right-sided oblique inguinal hernia

222. A 35-year-old man was operated on peptic ulcer of the stomach. Mass deficit of the body is 10 kg. The level of glucose after operation in the undiluted cellular blood on an empty stomach is 6,7 mmol. During repeated examination - 11,1 mmol (after meal), level of HbA1c - 10%. Could you please make an interpretation of the given data?

- a. Disordered tolerance to glucose
- b. Norm
- c. Postoperative hyperinsulinemia
- d. Diabetes mellitus
- e. Diabetes mellitus risk group

223. A 52 y.o. woman complains of weakness, painful itching after washing and bathing, sensation of heaviness in the head. On examination: hyperemia of skin of face, neck, extremities. AP- 180/100 mm Hg. Speel is 4 cm below the rib arch edge. What is the most probable diagnosis?

- a. Erythema
- b. Dermatomyositis
- c. Systemic scleroderma
- d. Allergic dermatitis
- e. Essential hypertension

224. A 37-year-old patient was brought to resuscitation unit. General condition of the patient is very serious. Sopor. The skin is grey, moist. Turgor is decreased. Pulse is rapid, intense. BP - 160/110 mm Hg, muscle tone is increased. Hyperreflexia. There is an ammonia odor in the air. What is the presumptive diagnosis?

- a. Hypoglycemic coma
- b. Cerebral coma
- c. Alcoholic coma
- d. Hyperglycemic coma
- e. Uraemic coma

225. A 50 year old woman complains about dull cardiac pain, asphyxia, body temperature rise up to 38°C. She had influenza a week ago. Objectively: Ps - 100 bpm, dropped-beat pulse during inspiration. AP - 100/70 mm Hg, heart sounds are muffled. ECG: reduced voltage, ST segment is above the isoline in all leads. X-ray picture shows extensively enlarged cardiac silhouette. Palmus is of small amplitude. What is the most probable diagnosis?

- a. Dilatation cardiomyopathy
- b. Myocardium infarction
- c. Exudative pericarditis
- d. Myocarditis
- e. Stenocardia

226. A 57-year-old man complains of shortness of breath, swelling on shanks, irregularity in cardiac work, pain in the left chest half with irradiation to the left scapula. Treatment is ineffective. On physical exam: heart sounds are diminished, soft systolic murmur on the apex. Ps - 100/min, arrhythmical, BP - 115/75 mm Hg. The liver is +2 cm, painful. Roentgenoscopy: enlargement of heart shadow to all sides, pulsation is weak. Electrocardiogram (ECG): left ventricular extrasystolia,

decreased voltage. What method of investigation is necessary to do to determine the diagnosis?

a. Echocardiography

b. X-ray kymography

c. Coronarography

d. ECG in the dynamics

e. Veloergometria

227. A 55 y.o. patient complains of distended abdomen and rumbling, increased winds evacuation, liquid foamy feces with sour smell following the dairy products consumption. What is the correct name of this syndrome?

a. Syndrome of fatty dyspepsia

b. Syndrome of decayed dyspepsia

c. Syndrome of fermentative dyspepsia

d. Dyskinesia syndrome

e. Malabsorption syndrome

228. A patient suffers from chronic recurrent pancreatitis with evident disturbance of exocrine function. After intake of rich spicy food and spirits his stool becomes fatty. Reduced production of what factor is the most probable cause of steatorrhea?

a. Amylase

b. Alkaline phosphatase

c. Trypsin

d. Acidity of gastric juice

e. Lipase

229. A 54 y.o. woman has been ill with osteomyelitis of femoral bone for over 20 years. During the last month there appeared and have been steadily increasing edemata of lower extremities. Urine analysis revealed: proteinuria - 6,6 g/l. Blood analysis: disproteinemia in form of hypoalbuminemia, raise of  $\alpha_2$ - and  $\gamma$ -globulines, ESR- 50 mm/h. What is the most probable diagnosis?

a. Secondary renal amyloidosis

b. Myelomatosis

c. Systemic lupus erythematosus

d. Chronic glomerulonephritis

e. Acute glomerulonephritis

230. In an inhabited locality there is an increase of diphtheria during the last 3 years with separate outbursts in families. What measure can effectively influence the epidemic process of diphtheria and reduce the morbidity rate to single cases?

a. Detection of carriers

b. Hospitalization of patients

c. Immunization of the population

d. Early diagnostics

e. Disinfection in disease focus

231. A 50-year-old locksmith was diagnosed with typhoid fever. The patient lives in a separate apartment with all facilities. Apart of him there are also 2 adults in his family. What actions should be taken about persons communicating with the patient?

a. Bacteriological study

b. Isolation

c. Vaccination

d. Dispensary surveillance

e. Antibiotic prophylaxis

232. A mineshaft is situated on the territory of homestead land, it is 20 m away from the house, 10 m - from the toilet and 15 m - from the neighbours house. What is the smallest distance that, according to the sanitary code, should be established between the well and the source of probable water pollution?

a. 25 m

- b. 15 m
- c. 10 m
- d. 30 m**
- e. 20 m

233. A 39 year old patient complained about morning headache, appetite loss, nausea, morning vomiting, periodic nasal haemorrhages. The patient had acute glomerulonephritis at the age of 15. Examination revealed rise of arterial pressure up to 220/130 mm Hg, skin haemorrhages on his arms and legs, pallor of skin and mucous membranes. What biochemical index has the greatest diagnostic importance in this case?

- a. Fibrinogen
- b. Blood creatinine**
- c. Blood sodium
- d. Blood bilirubin
- e. Uric acid

234. A 14-year-old victim was drawn out of the water in winter after 15 minutes of being in the water. The victim shows no vital signs. What measures are to be taken?

- a. To release respiratory tract from water, to create drain position and to take on measures to restore respiration and blood circulation**
- b. To transport the victim to the nearest hospital to carry out reanimation measures
- c. Not to carry out reanimation measures
- d. To transport the victim to the nearest warm room to carry out reanimation measures
- e. Not to waste time on the release of respiratory tract from water, to take on cardiopulmonary reanimation

235. A 43 year old patient was admitted to the infectious diseases hospital with high body temperature and intense headache. The illness has lasted for 2 days. Examination revealed a carbuncle on his forearm. The area around it was apparently edematic and slightly painful. Regional lymphadenitis and hepatolienal syndrome were also present. It is known from the anamnesis that the patient works at a cattle-breeding farm. What disease should be suspected in the first place?

- a. Erysipelas
- b. Skin cancer
- c. Eczema
- d. Anthrax**
- e. Erysipeloid

236. After a long periode of subfebrility a patient registered increase of dyspnea, pain in the right hypochondrium, leg edemata. Objectively: neck veins are edematic. Ps is 120 bpm, sometimes it disappears during inspiration. Heart sounds are very weakened. ECG showed low-voltage waves of ventricular complex. A month ago there was raise of ST V1-V4 segment. Cardiac silhouette is enlarged, roundish. What is the most probable diagnosis?

- a. Exudative pericarditis**
- b. Postinfarction cardiosclerosis
- c. Primary rheumatic carditis
- d. Metabolic postinfection myocardiopathy
- e. Small-focal myocardial infarction

237. A woman complains of high temperature to 38°C, mild pain in the throat during 3 days. On examination: angle lymphatic nodes of the jaw are 3 cm enlarged, palatinel tonsils are enlarged and coated with grey plaque which spreads to the uvula and frontal palatinel arches. What is the most probable diagnosis?

- a. Larynx dyphtheria**
- b. Vincents angina
- c. Oropharyngeal candidosis
- d. Agranulocytosis
- e. Infectious mononucleosis

238. A 16 y.o. teenager complains of weakness, dizziness, sense of heaviness in the left hypochondrium. Objectively: skin and visible mucous membranes are icteric. Steeple skull. Liver +2 cm, the lower pole of spleen is at the level of navel. Blood test: RBC- 2,71012/L, Hb- 88 g/L, WBC- 5,6109/L, ESR- 15 mm/h. What is the most probable reason of bilirubin level change?

- a. Decrease of conjugated bilirubin
- b. Decrease of unconjugated bilirubin
- c. Increase of conjugated bilirubin
- d. Increase of unconjugated and conjugated bilirubin
- e. Increase of unconjugated bilirubin**

239. A 28 y.o. woman consulted a doctor about edematic face, moderate legs edemata; occasionally her urine has colour of "meat slops". When she was a teenager she often fell ill with angina. Objectively: skin is pallor, body temperature is 36,80C, Ps- 68/min, rhythmic. AP- 170/110 mm Hg. What urine changes are the most probable?

- a. Erythrocyturia and urinozuria
- b. Decrease of relative density, proteinuria
- c. Increase of relative density, hematuria, bacteriuria
- d. Decrease of relative density, proteinuria, some urinary sediment
- e. Proteinuria, hematuria, cylindrouria**

240. A 60-year-old female patient was admitted to a hospital for acute transmural infarction. An hour ago the patients condition got worse. She developed progressing dyspnea, dry cough. Respiratory rate - 30/min, heart rate - 130/min, AP- 90/60 mm Hg. Heart sounds are muffled, diastolic shock on the pulmonary artery. There are medium moist rales in the lower parts of lungs on the right and on the left. Body temperature - 36,40C. What drug should be given in the first place?

- a. Heparin
- b. Digoxin
- c. Aminophylline
- d. Dopamine
- e. Promedol**

241. A 58 y.o. woman had voluminous bleeding from the ruptured varicose node on the left crus. What first aid should be provided?

- a. Heightened position of extremity, compressive sterile bandage**
- b. Proximal tourniquet
- c. Z-shaped stitch on the ruptured varicose node
- d. Troyanov-Trendelenburg operation
- e. Distal tourniquet

242. A 52-year-old male patient complains about attacks of asphyxia, pain in his right side during respiration. These manifestations turned up all of a sudden. It is known from his anamnesis that he had been treated for thrombophlebitis of the right leg for the last month. In the admission ward the patient suddenly lost consciousness, there was a sudden attack of asphyxia and pain in his side. Objectively: heart rate - 102/min, respiratory rate - 28/min, AP- 90/70 mm Hg. Auscultation revealed diastolic shock above the pulmonary artery, gallop rhythm, small bubbling rales above the lungs under the scapula on the right, pleural friction rub. What examination method will be the most informative for a diagnosis?

- a. ECG
- b. Coagulogram
- c. Echocardiography
- d. Study of external respiration function
- e. Angiography of pulmonary vessels**

243. A 58 y.o. patient complains of weakness, leg edemata, dyspnea, anorexia. He has been suffering from chronic bronchitis for many years. During the last 5 years he has been noting intensified discharge of sputum that is often purulent. Objectively: RR- 80/min, AP- 120/80 mm Hg. Disseminated edemata, skin is dry and pale, low turgor. In urine: intense proteinuria, cylindruria. Specify the most

probable pathological process in kidneys:

a. Acute glomerulonephritis

**b. Renal amyloidosis**

c. Chronic pyelonephritis

d. Chronic glomerulonephritis

e. Interstitial nephritis

244. A 23 year old man complains about face edemata, headache, dizziness, reduced urination, change of urine colour (dark-red). These presentations appeared after pharyngitis. Objectively: face edemata, pale skin, temperature - 37,4°C; heart rate - 86/min, AP - 170/110 mm Hg. Heart sounds are muffled, the II sound is accentuated above aorta. What etiological factor is probable in this case?

a. Pyogenic streptococcus

b. Saprophytic staphylococcus

c. Staphylococcus aureus

d. Alpha-hemolytic streptococcus

**e. Beta-hemolytic streptococcus**

245. A 15 year old girl suddenly got arthralgia, headache, nausea, vomiting; pain and muscle tension in the lumbar area; body temperature rose up to 38-39°C. Pasternatskys symptom was distinctly positive on the right. In the urine: bacteriuria, pyuria. What is the most probable diagnosis?

a. Acute glomerulonephritis

b. Renal colic

**c. Acute pyelonephritis**

d. Pararenal abscess

e. Cystitis

246. A 18 y.o. male patient complains of pain in knee and ankle joints, temperature elevation to 39,5°C. He had a respiratory disease 1,5 week ago. On examination: temperature- 38,5°C, swollen knee and ankle joints, pulse- 106 bpm, rhythmic, AP- 90/60 mm Hg, heart borders without changes, sounds are weakened, soft systolic apical murmur. What indicator is connected with possible etiology of the process?

a. Creatinkinase

b. 1-antitrypsine

**c. Antistreptolysine-O**

d. Rheumatic factor

e. Seromucoid

247. A 28 y.o. patient who has no permanent residence was admitted to the hospital with preliminary diagnosis "influenza", on the 5-th day of disease there are appeared maculopapular and petechial rash on his body and internal surfaces of his extremities. Body temperature is 41°C, euphoria, hyperemic face, scleras reddening, tongue tremor, tachycardia, splenomegaly, excitement. What is the most probable diagnosis?

a. Delirium alcoholicum

b. Measles

c. Typhoid fever

**d. Spotted fever**

e. Leptospirosis

248. An 18 year old woman consulted a gynecologist about the pain in the lower part of abdomen, fever up to 37,5°C, considerable mucopurulent discharges from the genital tracts, painful urination. Vaginal and speculum examination results: the urethra is infiltrated, cervix of the uterus is hyperemic, erosive. The uterus is painful, ovaries are painful, thickened; fornixes are free. Bacterioscopy test revealed diplococcus. What diagnosis is the most probable?

a. Candidomycosis

b. Trichomoniasis

**c. Recent acute ascending gonorrhea**

d. Chronic gonorrhea

e. Chlamydiosis

249. A 30 y.o. male patient complains of itching of the skin which intensifies in the evening. He has been ill for 1,5 months. On examination: there is rash with paired papules covered with bloody crusts on the abdomen, hips, buttocks, folds between the fingers, flexor surfaces of the hand. There are traces of line scratches. What additional investigations are necessary to make diagnosis?

a. Examination of rash elements scrape

b. Serologic blood examination

c. Examination for helminths

d. Blood glucose

e. Determination of dermographism

250. A 28 y.o. patient complains of pain in legs during walking, chill of feet and toes. He has been ill for a year. Objectively: leg skin is pale, cool; turgor is decreased, hypotrichosis. Femoral and popliteal artery pulsation is weak, it is palpable on the foot arteries only after nitroglycerine test. Rheographic index is  $<1$ . What is the most probable diagnosis?

a. Obliterating atherosclerosis

b. Chronic thrombophlebitis

c. Obliterating endarteritis

d. Raynauds disease

e. Buerger's disease

251. A 58 y.o. male patient is examined by a physician and suffers from general weakness, fatigue, mild pain in the left subcostal area, sometimes frequent painful urination. Moderate splenomegaly has been revealed. Blood test: neutrophilic leukocytosis with the progress to myelocyte; basophil- 2%; eosinophil- 5%. There is a urate crystals in urine, erythrocyte- 2-3 in the field of vision. What is the preliminary diagnosis?

a. Lymphogranulomatosis

b. Leukemoid reaction

c. Chronic myeloleucosis

d. Hepar cirrhosis

e. Urolithiasis

252. A 56-year-old patient with diffuse toxic goiter has ciliary arrhythmia with pulse rate 110 bpm, arterial hypertension, AP- 165/90 mm Hg. What preparation should be administered along with mercazolil?

a. Verapamil

b. Corinfar

c. Radioactive iodine

d. Procaine hydrochloride

e. Propranolol

253. A 43 y.o. woman complains of severe pain in the right abdominal side irradiating in the right supraclavicular area, fever, dryness and bitterness in the mouth. There were multiple vomitings without relief. Patient relates the onset of pain to the taking of fat and fried food. Physical examination: the patient lies on the right side, pale, dry tongue, tachycardia. Right side of abdomen is painful during palpation and somewhat tense in right hypochondrium. What is the most likely diagnosis?

a. Acute appendicitis

b. Right-sided renal colic

c. Acute cholecystitis

d. Acute bowel obstruction

e. Perforative ulcer

254. A 46 y.o. patient complains of colicky pain in the right lumbar region that is irradiating to the lower part of abdomen, nausea. She didn't have such pains before. Survey radiograph of abdominal cavity organs didn't reveal any pathological stains. Ultrasonic sonogram revealed in the enlarged right renal pelvis a hyperechoic mass approximately 1,5 cm large that gives rise to an "ultrasonic track".



What is the most probable diagnosis?

- a. Renal tuberculosis
- b. Malignant tumor of kidney
- c. Benign tumor of kidney
- d. Renal cyst

**e. Renal calculus**

255. On the 5-th day of the respiratory disease a 24 y.o. man has developed progressive headaches systemic dizziness, feeling of seeing double, paresis of mimic muscles on the right, choking while swallowing. Acute viral encephalitis has been diagnosed. What is the main direction of urgent therapy?

- a. Glucocorticoids
- b. Lasix
- c. Hemodesis

**d. Zovirax**

e. Ceftriaxon

256. A 24-year-old man on the 5th day of acute respiratory disease with high grade temperature started having strong headaches, systemic dizziness, sensation of double vision, paresis of mimic muscles to the right, tickling by swallowing. Diagnosis: Acute viral encephalitis. Determine the basic direction of the emergent therapy

- a. Cephtriaxon
- b. Glucocorticoids

**c. Zovirax**

- d. Lasix
- e. Hemodesis

257. A 65 y.o. woman complains of complicated mouth opening following foot trauma 10 days ago. Next day she ate with difficulties, there were muscles tension of back, the back of the head and abdomen. On the third day there was tension of all muscle groups, generalized convulsions every 10-15 min. What is the most probable diagnosis?

a. Epilepsy

**b. Tetanus**

- c. Meningoencephalitis
- d. Tetania
- e. Hemorrhagic stroke

258. A 60 y.o. woman complains of unbearable pains in the right hypochondrium. In the medical history: acute pancreatitis. Body temperature is 38,20C. Objectively: sclera icteritiousness. No symptoms of peritonium irritation are present. There are positive Ortner and Hubergrits-Skulskis symptoms. Urine diastase is 320 g/h. What diagnosis is the most probable?

- a. Chronic cholecystitis
- b. Acute cholangitis

**c. Chronic pancreatitis**

- d. Acute cholecystitis
- e. Cancer of pancreas

259. A 16-year-old boy was admitted to the hospital for the reason of intractable nasal haemorrhage and intolerable pain in the right cubital articulation. Objectively: the affected articulation is enlarged and exhibits defiguration and skin hyperaemia. There are manifestations of arthropathy in the other articulations. Ps- 90 bpm; colour index - 1,0, WBC - 5,6109/l, thrombocytes- 220109/l, ESR - 6 mm/h. Lee-White coagulation time: start - 24, finish - 2710. What drug will be the most effective for this patient treatment?

**a. Cryoprecipitate**

- b. Erythromass
- c. Vicasol
- d. Aminocapronic acid

e. Calcium chloride

260. A 42-year-old woman complains about bruises on her both legs and prolonged menstruation; general weakness, tinnitus cerebri. Objectively: multiple macular haemorrhages on the legs and body. The patient presents with tachypnoea, tachycardia, systolic murmur in all auscultatory points. AP- 75/50 mm Hg. Blood count: RBC - 1,91012/l, Hb- 60 g/l, colour index - 0,9, WBC - 6,5109/l, thrombocytes - 20109/l, ESR- 12 mm/h. Duke bleeding time - 12 minutes. Bone marrow analysis revealed plenty of juvenile immature forms of megacaryocytes without signs of thrombocyte pinch-off. What is the most likely diagnosis?

- a. Acute megacaryoblastic leukemia
- b. Tupe B haemophilia
- c. Type A haemophilia
- d. Willebrands disease

**e. True thrombocytopenic purpura**

261. A 32 year old patient complains about pain in small joints of her hands, paresthesia at the tips of fingers, weakness, difficult deglutition. She has been suffering from this for 13 years. Objectively: face amimia, shortening of nail bones, skin indurations in the area of shoulder girdle are present. Roentgenological examination of lungs revealed basal pneumosclerosis. Fibrogastroscopy revealed esophagus constriction in its cardiac part. Blood count: leukocytes - 9,8109/l, ESR - 22 mm/h, ?-globulin - 22%. What is the most probable diagnosis?

**a. Systemic scleroderma**

- b. Rheumatoid arthritis
- c. Myxedema
- d. Dermatomyositis
- e. Systemic lupus erythematosus

262. A 18 y.o. female student complains of dyspnea during the intensive exertion. The condition became worse half a year ago. On examination: pulse rate is 88 bpm, accelerated, AP- 180/20 mm Hg, pale skin, heart borders are dilated to the left and up. There is systolic-diastolic murmur in the 2nd intercostal space, S2 at pulmonary artery is accentuated. ECG has revealed both ventricles hypertrophy. Thoracic X-ray has revealed pulsation and protrusion of the left ventricle, lung trunk. What doctors tactics should be?

- a. Continuation of investigation
- b. Exemption from physical exercises
- c. Dispensary observation
- d. Administration of therapeutic treatment

**e. Cardiosurgeon consultation**

263. A 42 y.o. patient complains of weakness, heartbeat, nasal hemorrhages, cutaneous hemorrhages. His condition has been worsening progressively for a month. Objectively: grave condition, the extremities and body skin has spotted and petechial hemorrhages, lymph nodes are not palpable, Ps- 116/min, liver is +2 cm enlarged, spleen is not palpable. Blood has evident pancytopenia. What disease should you think about first of all?

a. Acute agranulocytosis

**b. Hypoplastic anemia**

- c. Werlhofs disease
- d. Acute leukosis
- e. Hemorrhagic vasculitis

264. A 24-year-old man on the second day of the disease with a sudden onset complains of a strong headache in temples and in the area of orbits, dull pain in the body, dry painful cough. His temperature is 39°C. Adynamic. Mucous membrane of oropharynx is "flaming", rales are not auscultated. What is the most probable diagnosis?

- a. Respiratory mycoplasmosis
- b. Parainfluenza

**c. Influenza**

- d. Pneumonia
- e. Meningococcus infection

265. A 63 y.o. patient was operated on account of big multinodular euthyroid goiter. Despite of technical difficulties a forced subtotal resection of both parts of the thyroid gland was performed. On the 4-th day after the operation the woman had cramps of face muscles and upper extremities, stomach ache. Positive Chvosteks and Trousseaus signs. What is the most probable cause of such condition?

- a. Insufficiency of parathyroid glands**
- b. Thyrotoxic crisis
- c. Tracheomalacia
- d. Injury of recurrent nerve
- e. Postoperative hypothyroidism

266. A 32 year old patient suffering from chronic viral hepatitis complains about dull pain in the right subcostal area, nausea, dry mouth. Objectively: liver dimensions are 13-21-11 cm (according to Kurlov), spleen is by 2 cm enlarged, aspartate aminotransferase is 3,2 micromole/lh, alanine aminotransferase - 4,8 millimole/lh. Serological study revealed HBeAg, high concentration of DNA HBV. What drug should be chosen for treatment of this patient?

- a. Essentiale-forfe
- b. ?-interferon**
- c. Remantadinum
- d. Acyclovir
- e. Arabinoside monophosphate

267. A 30 year old woman ill with influenza felt palpitation and dull cardiac pain during moderate physical exercise. Objectively: Ps - 96 bpm, AP - 100/60 mm Hg. The first sound is quiet above the apex, soft systolic murmur is present. What complication is indicated by these clinical presentations?

- a. Neurocirculatory dystonia
- b. Acute viral myocarditis**
- c. Idiopathic myocarditis
- d. Acute allergic infectious myocarditis
- e. Myocardiopathy

268. A 43-year-old man who often contacts with ethyl gasoline was admitted to a hospital with complaints of general weakness, dizziness, memory impairment, sleepiness at daytime and insomnia at night, sense of hair in the mouth, colicky pains in the right subcostal region. What is the most likely diagnosis?

- a. Chronic lead intoxication
- b. Chronic tetraethyl lead intoxication**
- c. Chronic mercury intoxication
- d. Alcoholic delirium
- e. Chronic manganese intoxication

269. A 48 y.o. patient has been staying in the emergency department for 2 days on account of acute anteroseptal myocardial infarction. In the course of examination he suddenly "snored". There was a tonic contraction of skeletal muscles; eye pupils dilatated. Pulse on a.carotis is absent. What is the immediate tactics?

- a. Saphars triple airway maneuver
- b. Intracardiac introduction of adrenalin with atropine
- c. Precardiac stroke
- d. Electric defibrillation**
- e. ECG record

270. A 31 y.o. woman has complained for 3 years of pain and swelling of radiocarpal and metacarpophalangeal articulations, morning stiffness that lasts up to 1,5 hours. Two weeks ago she felt pain, swelling and reddening of knee joints, body temperature raised up to 37,50C. Examination of her internal organs revealed no pathologic changes. Her diagnosis was rheumatoid arthritis. What

changes in X-ray pictures of her joints are the most probable?

- a. Multiple marginal osteophytes
- b. Epiphysis osteolysis
- c. Constriction of joint space, subchondral osteosclerosis
- d. Cysts in subchondral bone
- e. Constriction of joint space, usura**

271. A 45-year-old man was brought to clinic with complaints of the pain that started suddenly in the left chest part and epigastric area, shortness of breath, nausea, one-time vomiting. The acute pain started after weight-lifting. On physical exam: shallow breathing, RR - 38/min, left chest part is behind during respiration, by percussion - tympanitic sound, respiration is not auscultated. Ps - 110 bpm, of weak filling. BP - 100/60 mm Hg, insignificant displacement of heart to the right, sounds are dull. What examination is the most expedient to do first?

- a. Roentgenography**
- b. Bronchoscopy
- c. Ultrasound of the abdominal cavity
- d. Esophagogastroscope
- e. Electrocardiography

272. A 35 y.o. woman is suspected of aplastic anemia. The bone marrow puncture has been administered with the diagnostic purpose. What changes in the marrow punctate are suggested?

- a. Presence of blast cells
- b. Absolute lymphocytosis
- c. Replacement of marrow elements with fibrous tissue
- d. Prevalence of megaloblasts
- e. Replacement of marrow elements with adipose tissue**

273. 8 hours after a road accident an unconscious victim with closed craniocerebral trauma was admitted to the hospital. Objectively: anisocoria, wound in the parietal region - 3,0x1,0 cm, neck muscles rigidity, Ps - 58/min, tense. Convulsive syndrome. What is the most important indication for the immediate surgical procedure?

- a. Anisocoria
- b. Wounds
- c. Intensification of convulsions
- d. Intracranial hemorrhage**
- e. Unconsciousness

274. A 30-year old woman taken by influenza has empty stomach glycemia at the rate of 11,3 millimole/l, glucosuria at the rate of 25 g/l. The patient is 168 cm tall and weighs 67 kg. What test would be the most informative for the diagnosis specification?

- a. Glucose tolerance test
- b. Insulinemia on an empty stomach**
- c. Daily glucosuria variability
- d. Daily glycemia variability
- e. Glycemia test an hour after taking meals

275. A 52-year-old male patient has an 18 year history of diabetes mellitus. One year ago he had cystitis. The patient takes 0,005 g of maninil thrice a day. Objectively: height - 176 cm, weight - 82 kg. Glycemia variability on an empty stomach is at the rate of 10,3-12,4 millimole/l. Analyses revealed proteinuria at the rate of 0,033 g/l. The most efficient way to prevent diabetic nephropathy progress will be:

- a. To administer antibacterial therapy
- b. To replace maninil with insulin**
- c. To decrease daily caloric content
- d. To increase maninil dosage
- e. To supplement the present therapy with insulin

276. A 34-year-old female patient complains about weakness, 12 kg weight loss within 6 months,

sweating, palpitation, irritability. Objectively: III grade thyroid gland is elastic, diffuse enlargement is present, there is also a node in the right lobe. Cervical lymph nodes are not enlarged. What treatment tactics would be the most rational?

- a. Radioactive iodine administration
- b. Conservative antithyroid therapy
- c. Immediate gamma-ray teletherapy
- d. Operation after antithyroid therapy**
- e. Immediate surgical intervention

277. A 55 y.o. male patient complains of weakness during 2 months, pain in the right side of the thorax, cough, blood-streaked sputum. On X-ray: intensive triangle shadow in the area of lower lobe that is connected to mediastinum. What is the most likely disorder in the lungs?

- a. Pulmonary infarction
- b. Pleuropneumonia
- c. Tuberculosis of lungs
- d. Bronchiectasia
- e. Central cancer of lungs**

278. A 45 year old woman complains about unbearable pain attacks in the left part of face lasting 1-2 minutes. Such attacks are provoked by mastication. These symptoms appeared 2 months ago after exposure to cold. Objectively: the pain is localized in the ending points of trigeminus on the left. A touch near nose wing provokes another pain attack and tonic spasm of face muscles. What is the most probable diagnosis?

- a. Maxillary sinusitis
- b. Neuralgia of trigeminus**
- c. Arthritis of mandibular joint
- d. Neuralgia of glossopharyngeal nerve
- e. Facial migraine

279. A 38 year old man was delivered to the hospital in unconscious state. The symptoms of illness turned up a day before: headache, nausea, vomiting,  $t^{\circ}38,5^{\circ}\text{C}$ , dizziness, delusion. For the last 4 days he had been complaining of pain and hearing loss in the left ear. Objectively: sopor, rigidity of occipital muscles, bilateral Kernigs symptom, general hyperesthesia, purulent discharges from the left ear. What is the most probable diagnosis?

- a. Parenchymatous subarachnoidal haemorrhage
- b. Secondary purulent meningitis**
- c. Tuberculous meningitis
- d. Primary purulent meningitis
- e. Subarachnoidal haemorrhage

280. On the next day after being taken by influenza a 46-year-old woman presented with intensified headache, dizziness, nausea. Objectively: the patient is conscious, psychomotor excitement is present; there is general hyperesthesia, moderate meningeal syndrome, nystagmus. Tendon reflexes are higher on the right, right extremities display muscle weakness, right-sided pathological Babinski sign is present. Liquor is transparent, pressure is 220 mm of water column; cytosis is 46/3 with prevailing lymphocytes. What is the most likely diagnosis?

- a. Parenchymatous subarachnoidal haemorrhage
- b. Ischemic stroke
- c. Bacterial meningoencephalitis
- d. Subarachnoidal haemorrhage
- e. Influenzal meningoencephalitis**

281. A 60 y.o. patient experiences acute air insufficiency following of the venoectomy due to subcutaneous vein thrombophlebitis 3 days ago. Skin became cyanotic, with grey shade. Marked psychomotor excitement, tachypnea, substernal pain. What postoperative complication has occurred?

- a. Myocardial infarction
- b. Valvular pneumothorax

- c. Hemorrhagia
- d. Hypostatic pneumonia

**e. Thromboembolia of pulmonary artery**

282. A 19-year-old woman complains of pain in the abdomen and joints, asks for more analgetics and somnifacient injections. The patient was examined. Gynecological and urological pathologies are absent. There are signs of previous punctures along superficial veins of the extremities. The patient does not explain the origin of punctures. Tendon reflexes of upper and lower extremities are the same, quick. Photoreaction of the pupil of the eye is weak. The tongue is grey coated. During communication the patient is affectively not even-tempered. There is diarrhea without pathologic inclusions. What tactics is necessary to improve the condition of this patient?

- a. Additional consultation of surgeon
- b. Prescription of medications the patient asks for

**c. Consultation of an expert in narcology**

- d. Treatment with antibiotics
- e. Consultation of infectious diseases doctor

283. A 34-year-old male patient was delivered to the neurological department with complaints of intense headache, double vision, light and noise intolerance. The attack came suddenly while load lifting. Objectively: torpor, moderate divergent strabismus, diplonia. Bilateral Kernigs symptoms. No paresises. Bloody liquor. What medication should be administered in the first line?

- a. Heparin
- b. Acetylsalicylic acid

**c. Epsilon-aminocaproic acid**

- d. Nicotinic acid
- e. Glutamic acid

284. A 25 y.o. man who has been suffering from disseminated sclerosis for 4 years complains of increasing unsteadiness, weakness of his lower extremities, urinary retention. Objectively: central tetraparesis. Cerebellar ataxia. Disturbed function of pelvic organs. What is the most appropriate therapy in this case?

- a. Vitamins

**b. Glucocorticoids**

- c. Nootropics
- d. Antibiotics
- e. Desensitizing medications

285. A 70 year old man is suffering from coronary heart disease. His mood is evidently depressed, anxious. As a result of continuous sleeplessness he has got fears, suicidal thoughts. He would sit for a long time in the same pose, answer after a pause, in a low, monotonous voice. His face has a look of suffering, pain, fear. What is the main psychopathologic syndrome?

**a. Depressive syndrome**

- b. Asthenic syndrome
- c. Obsessive syndrome
- d. Phobic syndrome
- e. Paranoid syndrome

286. A 37 year old farmer complains about general weakness, spastic pain in the lower parts of his abdomen, mainly in the left iliac area, frequent defecations up to 18 times a day, feces contain admixtures of mucus and blood. The illness began abruptly 3 days ago with chill, fever, headache. General condition is moderately severe, body temperature is 37,8°C. Sigmoid colon is spasmed and painful. What is the most probable diagnosis?

- a. Nonspecific ulcerative colitis
- b. Amebiasis

**c. Dysentery**

- d. Yersiniosis
- e. Salmonellosis

287. A 23 year old female patient complains about periodical chill and body temperature rise up to 40°C, sense of heat taking turns with profuse sweating. The patient has had already 3 attacks that came once in two days and lasted 12 hours. She has lived in Africa for the last 2 months. Liver and spleen are enlarged. In blood: erythrocytes - 2,51012/l. What is the most probable diagnosis?

- a. Haemolytic anaemia
- b. Leptospirosis
- c. Spotted fever
- d. Sepsis

**e. Malaria**

288. A female rheumatic patient experiences diastolic thoracic wall tremor (diastolic thrill), accentuated S1 at apex, there is diastolic murmur with presystolic intensification, opening snap, S2 accent at pulmonary artery. What kind of heart disorder is observed?

- a. Aortic valve insufficiency
- b. Mitral valve insufficiency
- c. Opened arterial duct

**d. Mitral stenosis**

- e. Pulmonary artery stenosis

289. A 32 y.o. patient has been suffering from systematic scleroderma for 14 years. She was repeatedly exposed to treatment in the in-patient department. Complains of periodical dull cardiac pain, dyspnea, headache, eyelid edemata, weight loss, pain and deformation of extremities joints. What organs lesion deteriorates the prognosis for the disease?

**a. Kidneys**

- b. Lungs
- c. Skin and joints
- d. Gastrointestinal tract
- e. Heart

290. The doctors in maternity hospital made a newborn boy the following diagnosis: congenital heart disease (interventricular septal defect). At the age of 2 months the boy has got a dyspnea. Objectively: BR- up to 60/min, tachycardia up to 170/min, liver is 3 cm below the costal margin. What medicines must be immediately prescribed?

- a. Beta-adrenoceptor blockers
- b. Glucocorticoids
- c. Nonsteroidal antiinflammatory drugs
- d. Potassium preparations

**e. Cardiac glycosides**

291. A 50 y.o. woman who suffers from chronic pyelonephritis was prescribed a combination of antibiotics for the period of exacerbation - gentamicin (80 mg 3 times a day) and bisseptol (960 mg twice a day). What consequences may be caused by such a combination of antibiotics?

- a. Chronic renal insufficiency
- b. Glomerulosclerosis

**c. Acute renal insufficiency**

- d. Antibiotic combination is optimal and absolutely safe
- e. Acute suprarenal insufficiency

292. A patient has been suffering from morning cough accompanied by discharge of small amount of sputum, dyspnea for 8 years. He has been smoking for 10 years. Objectively: cyanosis, prolonged expiration, dry rales. What is the most probable diagnosis?

- a. Multiple bronchiectasis
- b. Bronchial asthma
- c. Chronic non-obstructive bronchitis
- d. Idiopathic fibrosing alveolitis

**e. Chronic obstructive bronchitis**

293. A 60 y.o. patient complains of having passing reduction of strength in his left extremities for a



month. Some time later he has got persistent weakness of extremities in the mornings. Objectively: AP- 140/90 mm Hg, conscious, central paresis of the VII and XII pair of left-side cranial nerves, central hemiparesis and hemihyperesthesia also on the left side. What medicines should be chosen for the differentiated treatment of the patient?

- a. Diuretics
- b. Corticosteroids
- c. Hemostatics
- d. Hypotensive

**e. Anticoagulants**

294. A 70 y.o. male patient with mild headaches complains of speech disorder, weakness in right limbs. There was a history of myocardial infarction and arrhythmia. On neurological examination there are elements of motor aphasia, central paresis of VII and XII cranial nerves pairs on the right side, central type of hemiparesis and hemihyperesthesia on the same side. What is the most probable diagnosis?

- a. Cerebral tumor
- b. Ischemic stroke**
- c. Transitory ischemic attack
- d. Hemorrhagic stroke
- e. Epidural hematoma

295. A 52 y.o. male patient suffers from squeezing pain attacks in substernal area which irradiates to the left hand and occurs occasionally and on physical exercises. He has had it for 1 year. On examination: heart borders are enlargement to the left side, sounds are muffled, Ps- 76 bpm, rhythmic, AP- 155/80 mm Hg, ECG: the left type, the rest signs are normal. What additional examination is necessary to confirm the diagnosis?

- a. Velocergometry**
- b. Lipoprotein test
- c. Transaminases of blood
- d. General blood count
- e. Echocardiography

296. A 70 y.o. patient complains of weakness, dizziness, short periods of unconsciousness, pain in the cardiac area. Objectively: HR- 40 bpm, heart sounds are rhythmic, the S1 is dull, periodically amplified. AP is 180/90 mm Hg. What is the most probable cause of hemodynamic disturbances?

- a. Atrioventricular block type I
- b. Sinus bradycardia
- c. Complete left bundle-branch block

**d. Atrioventricular block type III**

- e. Bradysystolic form of ciliary arrhythmia

297. A 32 y.o. patient who has been staying in a hospital on account of acute abscess of his right lung suddenly felt pain after coughing in the right half of thorax, he got heavy breathing, cyanosis. What complication is the most probable?

- a. Myocardial infarction
- b. Infarction-pneumonia

**c. Pyopneumothorax**

- d. Esophagus perforation
- e. Exudative pleurisy

298. A 39 year old patient suffering from hypertension suddenly gotb intense headache in the region of occiput; there appeared recurrent vomiting. These presentations has been lasting for 5 hours. Objectively: Ps - 88 bpm, AP - 205/100 mm Hg, painfulness of occipital points, rigidity of occipital muscles are present. Kernigs symptom is bilaterally positive. Subarachnoid haemorrhage is also suspected. What diagnostic method will be of the greatest importance for confirmation of provisional diagnosis?

- a. EEG**

- b. Computer tomography
- c. Examination of eye fundus
- d. Ultrasonic dopplerography

**e. Lumbar puncture**

299. Fluorography of a 45 y.o. man revealed some little intensive foci with indistinct outlines on the top of his right lung for the first time. The patient doesn't feel worse. He has been smoking for many years. Objectively: pulmonary sound above lungs on percussion, respiration is vesicular, no rales. Blood count is unchanged. What is the most probable diagnosis?

- a. Eosinophilic pneumonia
- b. Peripheral cancer of lung

**c. Focal pulmonary tuberculosis**

- d. Bronchopneumonia
- e. Disseminated pulmonary tuberculosis

300. A 40-year-old man is ill with autoimmune hepatitis. Blood test: A/G ratio 0,8, bilirubin - 42  $\mu$ mol/L, transaminase: ALT- 2,3 mmol g/L, AST - 1,8 mmol g/L. What is the most effective means in treatment from the given below?

- a. Antibacterial medication
- b. Antiviral medications
- c. Hemosorption, vitamin therapy

**d. Glucocorticoids, cytostatics**

- e. Hepatoprotectors

301. An 18 y.o. patient was admitted to the hematologic department with complaints of headache, general weakness, poor appetite, body temperature rise up to 39°C, neck swelling. Objectively: skin and mucous membranes are extremely pale, lymph nodes on the both sides of neck are up to 1 cm large, painless. Liver is enlarged +1 cm, painless, spleen +0,5 cm,  $t^{\circ}$ - 38°C. Blood count: Hb- 98g/L, RBC- 2,91012/L, leukocytes - 32109/L, stab neutrophils - 0%, segmental leukocytes - 28%, monocytes - 2%, lymphocytes - 39%, blasts - 31%, reticulocytes - 31%, thrombocytes - 120109/L, ESR- 36 mm/h. What form of leukosis does the patient have?

- a. Chronic myeloleukosis
- b. Undifferentiated leukosis
- c. Acute myeloblastic leukosis
- d. Chronic lympholeukosis

**e. Acute lymphoblastic leukosis**

302. After manual reposition and application of plaster splint a patient with fractures of forearm bones had an edema of hand and fingers, he felt pain and lack of sensitivity. What tactics should the doctor choose?

- a. To prescribe analgetics and diuretics
- b. It's a natural phenomena, the edema will dissipate in a day
- c. To repeat reposition

**d. To cut the bandage that fastens the splint**

- e. To remove the plaster

303. A 33 year old patient was delivered to the infectious diseases department on the 7-th day of disease. He complained about great weakness, high temperature, pain in the lumbar area and leg muscles, icteritiousness, dark colour of urine, headache. The acute disease started with chill, body temperature rise up to 40°C, headache, pain in the lumbar area and sural muscles. Icterus turned up on the 4th day, nasal and scleral haemorrhages came on the 5th day. Fever has lasted for 6 days. Diuresis - 200 ml. What is the most probable diagnosis?

- a. Yersiniosis

**b. Leptospirosis**

- c. Virus A hepatitis
- d. Typhoid fever
- e. Sepsis

304. After supercooling a 38-year-old woman developed muscle pain, body temperature rise up to 39°C, headache, dysuria, positive Pasternatsky's symptom. In the urine: leukocyturia, bacteriuria. In blood: Decrease in Hb rate down to 103 g/l, left shift leukocytosis, ESR acceleration up to 32 mm/h. Blood urea - 6,0 millimole/l. What is the most likely diagnosis?

- a. Acute cystitis
- b. Acute pyelonephritis**
- c. Acute glomerulonephritis
- d. Renal tuberculosis
- e. Urolithiasis

305. A 35 year old patient who suffers from chronic glomerulonephritis and has been hemodialysis-dependent for the last three years developed intermissions of heart activity, hypotension, progressing weakness, dyspnea. ECG showed bradycardia, atrioventricular block type I, high pointed waves T. The day before the flagrant violation of diet took place. What is the most probable cause of these changes?

- a. Hypokaliemia
- b. Hyperhydration
- c. Hyperkalemia**
- d. Hyponatremia
- e. Hypocalcemia

306. A 60 y.o. patient complains of pain in interphalangeal joints of hand that gets worse during working. Objectively: distal and proximal joints of the II-IV fingers are deformed, with Heberden's and Bouchard's nodes, painful, stiff. X-ray picture of joints: joint spaces are constricted, there are marginal osteophytes, subchondral sclerosis. What is the most probable diagnosis?

- a. Bechterew's disease
- b. Reiter's disease
- c. Osteoarthritis**
- d. Rheumatic arthritis
- e. Psoriatic arthritis

307. A 20 daily y.o. female patient is suffering from chronic bronchitis. Recently there has been production about 0,5 L of purulent sputum with maximum discharge in the morning. Fingers are like "drum sticks", there are "watching glass" nails. What is the most probable diagnosis?

- a. Chronic bronchitis
- b. Pneumonia
- c. Bronchiectasia**
- d. Gangrene of lungs
- e. Tuberculosis

308. A 42 y.o. man who has been ill with duodenal ulcer for 20 years complains of getting a sense of heaviness in stomach after meal, foul-smelling eructation, vomiting, weight loss. Objectively: his state is relatively satisfactory, tissue turgor is diminished. On palpation the belly is soft, there are no symptoms of peritonium irritation, "splashing sounds" in epigastrium. Defecation - once in 3 days. What complication corresponds with the patient's state and described clinical presentations?

- a. Ulcer penetration
- b. Chronic pancreatitis
- c. Concealed ulcer perforation
- d. Stomach cancer
- e. Ulcerative pyloric stenosis**

309. A 60 y.o. patient complains of weakness, dizziness, heaviness in the upper part of abdomen, paresthesia of toes and fingers. Objectively: skin icteritiousness, tongue is crimson, smooth. Hepatomegaly. In blood: Hb- 90 g/l, erythrocytes -  $2,3 \cdot 10^{12}/l$ , reticulocytes - 0,2%; color index - 1,2, macrocytosis; Jolly's bodies, Cabot's ring bodies. What medication is the most appropriate for treatment?

- a. Prednisolone

- b. Dyspherol
- c. Feroplex
- d. Packed red blood cells

**e. Vitamin B12**

310. An 18 y.o. girl complains of weakness, dizziness, loss of appetite, menorrhagia. There are many-coloured petechiae on the skin of the upper extremities. Blood test: Hb- 105 g/l; RBC- 3,21012/L; C.I.- 0,95; thromb.- 20109/L. The sedimentation time according to Lee White is 5; hemorrhagia duration according to Duke is 8, "pinch and tourniquet" test is positive. What is the most probable diagnosis?

- a. Hemorrhagic diathesis
- b. Hemophilia

**c. Idiopathic thrombocytopenic purpura**

- d. Iron deficiency anemia
- e. Marchiafava-Micheli disease

311. A 46 y.o. patient complains of skin itch, sweating, especially at night, body temperature rise up to 38,60C. Objectively: chest skin has marks of scratching, supraclavicular lymph nodes are as big as a pigeon egg, they are not matted together with skin. What test is the most reasonable?

- a. Whole protein and protein fractions

**b. Punction of an enlarged lymph node**

- c. Plan radiography of thorax
- d. Common blood count
- e. Immunogram

312. A 32 y.o. patient lives in an endemic echinococcos region. For the last 6 months he has been having pain in the right hypochondrium, temperature rise. An echinococcus liver affection is suspected. What type of examination will be the most informative in this case?

**a. USI examination**

- b. Biochemical laboratory analysis
- c. Liver scanning
- d. Angiography
- e. Plan radiography of abdominal cavity

313. A 28 y.o. male patient was admitted to the hospital because of high temperature 39°C, headache, generalized fatigue, constipation, sleep disorder for 9 days. There are sporadic roseolas on the abdomen, pulse- 78 bpm, liver is enlarged for 2 cm. What is the most probable diagnosis?

- a. Brucellosis
- b. Leptospirosis
- c. Typhus
- d. Sepsis

**e. Abdominal typhoid**

314. A 50-year-old patient complains about having pain attacks in the right subcostal area for about a year. He pain arises mainly after taking fattening food. Over the last week the attacks occurred daily and became more painful. On the 3rd day of hospitalization the patient presented with icteritiousness of skin and scleras, light-colored feces and dark urine. In blood: neutrophilic leukocytosis - 13,1109/l, ESR - 28 mm/h. What is the most likely diagnosis?

- a. Chronic recurrent pancreatitis
- b. Chronic cholangitis, exacerbation stage
- c. Hypertensive dyskinesia of gallbladder

**d. Chronic calculous cholecystitis**

- e. Fatty degeneration of liver

315. A 20 y.o. patient with bronchial asthma experiences dyspnea attacks 3-4 times a week. Nocturnal attacks are 1 time a week. FEV1- 50% of necessary figures, during the day its variations is 25%. What is the severity of bronchial asthma condition?

- a. Asthmatic status

- b. Intermittent flow
- c. Mild condition
- d. Serious condition

**e. Moderate severity condition**

316. A 40 y.o. man complains of headache in occipital area. On physical examination: the skin is pale; face and hand edema, BP- 170/130 mm Hg. On EchoCG: concentric hypertrophy of the left ventricle. Ultrasound examination of the kidneys reveals thinned cortical layer. Urine analysis shows proteinuria of 3,5 g/day. What is the probable diagnosis?

**a. Essential arterial hypertension**

- b. Chronic glomerulonephritis
- c. Cushing's disease
- d. Polycystic disease of the kidneys
- e. Chronic pyelonephritis

317. A 34 year old coal miner who has been in service for 10 years was discharged from an occupational disease clinic after examination and treatment. He was diagnosed with the I stage of anthracosilicosis, peribronchitis, 0 stage of respiratory failure. What expert decision should be taken about his working capacity?

- a. He can continue working as coal miner provided that sanitary and hygienic conditions are observed
- b. He should stay on the sick-list to consolidate treatment results
- c. He should be referred to the local medical expert commission for determination of percentage of working capacity loss
- d. He should be referred to the local medical expert commission for determination of his disability group for the period of re-training**
- e. He should be given medical certificate for the further out-patient treatment

318. A 72-year-old male patient complains about itch in his left shin, especially around a trophic ulcer. Skin is reddened and edematous, there are some oozing lesions, single yellowish crusts. The focus of affection is well-defined. What is the most likely diagnosis?

- a. Allergic dermatitis
- b. Cutaneous tuberculosis
- c. Streptococcal impetigo

**d. Microbial eczema**

e. Seborrheic eczema

319. A 29 year old female patient complains about periodical right-sided headache that is usually provoked by strong smells or excitement. The patient's mother suffers from the same disease. Objectively: examination of internal organs revealed no pathology. During the attack there are general hyperesthesia and nausea, at the end of the attack polyuria is observed. Palpation of the right temporal artery during the attack revealed tension and painfulness of the artery. Complete blood count and urine analysis revealed no peculiarities. What is the most probable diagnosis?

a. Epilepsy

**b. Migraine**

- c. Neuralgia of trigeminus
- d. Neuritis of the facial nerve
- e. Meniere's syndrome

320. A 52 year old woman complains about face distortion. It turned up 2 days ago after supercooling. Objectively: body temperature is 38,2°C. Face asymmetry is present. Frontal folds are flattened. Left eye is wider than right one and doesn't close. Left nasolabial fold is flattened, mouth corner is lowered. Examination revealed no other pathology. Blood count: leukocytes – 10109/l, ESR – 20 mm/h. What is the most probable diagnosis?

a. Brain tumour

**b. Facial neuritis**

- c. Hemicrania (migraine)
- d. Trigeminal neuralgia

e. Ischemic stroke

321. A 43 y.o. patient complains of periodical pain attacks in the right half of her face. The attack is characterized by spasm of mimetic muscles of the right faces half, reddening of skin on this side. Blood has no pathologies. She was diagnosed with right-sided trifacial neuralgia. What medication should be prescribed?

a. Finlepsin

b. Actovegine

c. Indometacin

d. Analgine

e. Prednisolone

322. A 35 y.o. patient experienced a strong nervous stress that resulted in formation of reddened and edematic areas on the back surface of her hands with further formation of small inflamed nodules, vesicles and then erosions accompanied by profuse discharge of serous liquid. The process is also accompanied by intense itching. What is the most probable diagnosis?

a. Toxicoderma

b. Common eczema

c. Microbial eczema

d. Allergic dermatitis

e. Common contact dermatitis

323. A patient complained about general weakness, fever, painful rash on his trunk skin . He has been suffering from this for 3 days. Objectively: lateral surface of trunk on the left is hyperemic and edematic, there are some groups of vesicles with serous and haemorrhagic contents. What is the most probable diagnosis?

a. Contact dermatitis simplex

b. Microbial eczema

c. Herpetiform Duhrings dermatosis

d. Herpes zoster

e. Contact allergic dermatitis

324. A patient complains of skin painfulness and redness of the right gastrocnemius muscle. Objectively: body temperature is 38,50C, enlarged and painful inguinal lymph nodes on the right. Skin of extremity is edematic, hyperemic, covered with eruption in form of vesicles containing dark fluid; its palpation is painful. There is distinct border between normal and hyperemic skin. What is the most probable diagnosis?

a. Erysipelas, hemorrhagic form

b. Herpetic infection

c. Crus phlegmon

d. Chickenpox

e. Anthrax, dermal form

325. A 41 y.o. patient complains of acute pain in the right side of the thorax and sudden progress of dyspnea following the lifting of a heavy object. The patients condition is grave: lips and mucous membranes are cyanotic, BR- 28/min, Ps- 122 bpm., AP- 80/40 mm Hg. There is tympanitis on percussion and weakened breathing on auscultation on the right. S2 sound is accentuated above pulmonary artery. What is the main urgent measure on the prehospital stage?

a. Epinephrine introduction

b. Call for cardiologic team

c. Oxygen inhalation

d. Air aspiration from the pleural cavity

e. Euphilline introduction

326. A 42 y.o. patient lifted a heavy object that resulted in acute pain in the right half of his chest, increased dyspnea. The patients condition is grave: cyanosis of lips and mucous membranes, RR is 28 pm, Ps- 122 bpm. On percussion there is tympanitis above the right half of chest, on auscultation - strongly diminished breath sounds; accent of the II heart sound above the pulmonary artery. AP is

80/40 mm Hg. What is the main emergency action at the pre-admission stage?

- a. Adrenaline introduction
- b. Calling a cardiological brigade
- c. Oxygen inhalation
- d. Air aspiration from the pleural cavity**
- e. Aminophylline introduction

327. A 38 y.o. woman suffers from paroxysmal AP rises up to 240/120 mm Hg accompanied by nausea, vomiting, tachycardia, excessive sweating. During the onset blood is hyperglycemic. After the onset there is voluminous urination. Kidneys sonography revealed accessory mass bordering upon the upper pole of the right kidney, presumably it belongs to the adrenal gland. What laboratory test will allow to make a more precise diagnosis?

- a. Estimation of thyroxine and thyrotropic hormon in blood
- b. Estimation of renin content in blood
- c. Estimation of insulin and C-peptide content in blood
- d. Estimation of glomerular filtration rate
- e. Estimation of catecholamine and vanillylmandelic acid excretion with urine**

328. A 30-year-old patient presented with body temperature rise up to 38,5°C, pain in the small articulations of hands; face edemata and erythema. In blood: RBCs - 2,61012/l; Hb- 98 г/л; WBCs - 2109/l; ESR - 58 mm/h. In the urine: protein - 3,1 g/l; RBCs - 10-15 in the vision field. What disease can be suspected in this case?

- a. Systemic lupus erythematosus**
- b. Systemic scleroderma
- c. Acute glomerulonephritis
- d. Periarteritis nodosa
- e. Sepsis

329. A 5-grade pupil complains about extensive skin rash accompanied by intensive itch, especially at night. Objectively: there are small red papules set mostly in pairs in the region of interdigital folds on both hands, on the flexor surface of radicarpal articulations, abdomen and buttock skin as well as internal surface of thighs. In the centre of some papules vesicles or serohaemorrhagic crusts can be seen. There are multiple excoriations. What is the most likely diagnosis?

- a. Dermatitis
- b. Toxicoderma
- c. Eczema
- d. Scabies**
- e. Ringworm of body

330. A 48 y.o. farmer was admitted to the hospital with complaints of headache, nausea, vomiting, cough with sputum, breath shortage, weak sight, sweating, salivation. He was cultivated the garden with phosphoorganic pesticides. Blood count: RBC- 4,11012/L, Hb- 136 g/L, C.I.- 0,9, leukocytes - 13,0109/L, ESR- 17 mm/h. His diagnosis is acute intoxication with phosphoorganic pesticides. What is the most important diagnostic criterion for this pathology?

- a. Low level of choline esterase**
- b. Leukocytosis
- c. Thrombocytopenia
- d. Anemia
- e. Reticulocytosis

331. A 74 y.o. patient complains of abdomen pain and swelling, nausea. She suffers from ischemic heart disease, postinfarction and atherosclerotic cardiosclerosis. Objectively: the patient is in grave condition, abdomen is swollen, abdominal wall doesn't take active part in respiration. Laparoscopy revealed a small amount of muddy effusion in abdominal cavity, one of the loops of small intestine is dark-cyan. What is the most probable diagnosis?

- a. Twisted bowels
- b. Ischemic abdominal syndrome**



c. Erysipelas

d. Thrombosis of mesenteric vessels

e. Acute intestinal obstruction

332. A 56 y.o. man, who has taken alcoholic drinks regularly for 20 years, complains of intensive girdle pain in the abdomen. Profuse nonformed stool 2-3- times a day has appeared for the last 2 years, loss of weight for 8 kg for 2 years. On examination: abdomen is soft, painless. Blood amylase - 12g/L. Feces examination-neutral fat 15 g per day, starch grains. What is the most reasonable treatment at this stage?

a. Imodium

b. Pancreatine

c. Aminocapron acid

d. Contrykal

e. Levomicytine

333. A 13 year old patient is suffering from an acute disease with the following symptoms: thirst, polyuria, weakness. Objectively: his general condition is satisfactory, there is no smell of acetone. Glucose concentration in blood on an empty stomach is 32 micromole/l, in urine - 6%, acetone +. What treatment should be administered?

a. Biguanides

b. Long-acting insulin

c. Short-acting insulin

d. Sulfonylurea

e. Diet

334. A 43-year-old female patient complains of eruption on her right leg skin, pain, weakness, body temperature rise up to 38°C. The disease is acute. Objectively: there is an edema on the right leg skin in the region of foot, a well-defined bright red spot in form of flame tips which feels hot. There are isolated vesicles in focus. What is your provisional diagnosis?

a. Toxicoderma

b. Haemorrhagic vasculitis

c. Microbial eczema

d. Contact dermatitis

e. Erysipelas

335. A 75 y.o. man with IHD (atherosclerotic cardiosclerosis, atrial fibrillation, cardiac insufficiency stage 2 B; chronic pyelonephritis) was prescribed digoxin. During the first 6 days the digoxin dose amounted 0,25 mg twice per day that led to abatement of dyspnea, edemata and cyanosis. But on the 7-th day the patient developed nausea and bradycardia. What is the most probable cause of digoxin intoxication?

a. Too long intake of saturating dose

b. Disturbed metabolism of digoxin in liver

c. Treatment complex doesn't include unitiole

d. Disturbed elimination of the medication by kidneys

e. Exceeding daily saturating dose

336. A patient who has been contacting with benzol for 6 years has a nonevident leukopenia, moderate reticulocytosis, gingival hemorrhage, dizziness, asthenovegetative syndrome. What a severity degree of chronic intoxication with benzol corresponds with described symptoms?

a. Minor

b. Severe

c. -

d. Disease is not connected with work conditions

e. Moderate

337. A 30 y.o. man was always reserved by nature. He never consulted psychiatrists. He complains of headache, sensation "as if something bursts, moves, bubbles under his skin". Objectively: no pathology was revealed. What is the most probable psychopathologic symptom in this case?

- a. Hallucination
- b. Paresthesia
- c. Cenestopathy**
- d. Hypersthesia
- e. Dysmorphopsia

338. A 31 y.o. patient has had mental disorder for a long time. He suffers from insomnia for a long time. He has got fears, suicidal thoughts, tried to hang himself. His mood is depressed, he refuses from treatment. What measures are the most expedient for the prevention of suicide?

- a. Admission to the mental hospital**
- b. Out-patient treatment
- c. Strict supervision at home
- d. Psychotherapeutic conversation
- e. Admission to the neurological department

339. A 43 y.o. woman complains of shooting heart pain, dyspnea, irregularities in the heart activity, progressive fatigue during 3 weeks. She had acute respiratory disease a month ago. On examination: AP- 120/80 mm Hg, heart rate 98 bpm, heart borders +1,5 cm left side, sounds are muffled, soft systolic murmur at apex and Botkins area; sporadic extrasystoles. Liver isn't palpated, there are no edema. Blood test: WBC- 6,7109/L, sedimentation rate- 21 mm/hour. What is the most probable diagnosis?

- a. Rheumatism, mitral insufficiency
- b. Hypertrophic cardiomyopathy
- c. Climacteric myocardiodystrophy
- d. Ischemic heart disease, angina pectoris

**e. Acute myocarditis**

340. A 63 y.o. woman complains of motiveless weakness, rapid fatigability, loss of appetite, aversion to meat. Two days ago she had stomach bleeding. Objectively: temperature - 37,5°C, BR- 20/min, Ps- 96/min, AP- 110/75 mm Hg. On palpation in epigastrium - pain and muscle tension. Blood count: Hb- 82 g/L, ESR- 35 mm/h. What examination will allow to make a diagnosis?

- a. Coprology
- b. Cytologic**
- c. Endoscopy
- d. Radiography
- e. Stomach content examination

341. A 45 y.o. man complains of having intensive pain in the epigastric region 1,5-2 hours later after food intake. He has been suffering from ulcer for 11 years. Objectively:  $t^{\circ}$ - 36,50C, RR- 16/min, Ps- 70 bpm, AP- 120/80 mm Hg. On palpation: local painfulness in the right epigastric region. What parameters of intragastric Ph-meter in the region of stomach body are the most typical for this patient's disease?

- a. pH = 5,0-6,0
- b. pH = 6,0-7,0
- c. pH = 3,0-4,0
- d. pH = 4,0-5,0
- e. pH = 1,0-2,0**

342. A 37-year-old woman is sick with bronchial asthma for 15 years. Recently asthmatic attacks occur 4-5 times per week, night attacks - 2-3 times per month. To stop attacks, the patient takes salbutamol. On physical exam: condition is relatively satisfactory. RR - 20/min, Ps is 76 bpm, BP - 120/80 mm Hg. Respiration in lungs is vesicular. Cardiac sounds are muted, rhythm is normal. What medication should be prescribed to prevent attacks of bronchial asthma on the first stage?

- a. Injection of corticosteroids
- b. Cromoglycat sodium**
- c. Inhalation corticosteroids
- d. Regular dose of salbutamol

e. Tabletted corticosteroids

343. A 52 y.o. male patient has become ill gradually. There is pain in the left side of the thorax during 2 weeks, elevation of temperature till 38-39°C. On examination: left chest side falls behind in breathing movement no voice tremor over the left lung. Dullness that is more intensive in lower parts of this lung. Right heart border is deviated outside. Sharply weakened breathing over the left lung, no rales. Heart sounds are muffled, tachycardia. What is the most probable diagnosis?

a. Infarction-pneumonia

**b. Exudative pleuritis**

c. Atelectasis of lung

d. Spontaneous pneumothorax

e. Cirrhotic tuberculosis

344. A 24 year old patient complains about general weakness, dizziness, body temperature rise up to 37,5°C, sore throat, neck edema, enlargement of submaxillary lymph nodes. Objectively: mucous membrane of oropharynx is edematous and cyanotic, tonsils are enlarged and covered with films that spread beyond the tonsils and cannot be easily removed. What is the leading mechanism of this illness development?

a. Bacteremia

**b. Action of bacterial exotoxin**

c. Allergic

d. Action of bacterial endotoxin

e. Accumulation of suboxidized products

345. A 35-year-old patient was admitted to the in-patient psychiatric facility for the first time. He was diagnosed with paranoid schizophrenia. What is the most rational treatment method?

a. Vitamin therapy

b. Psychotherapy

c. Reflex therapy

**d. Neuroleptic therapy**

e. Physiotherapy

346. A 50-year-old patient was hospitalized in severe condition with complaints of chills, high grade temperature, dryness in the mouth, multiple vomiting, pain in the epigastrium, frequent watery, foamy, dirty green color stool of unpleasant odor. The tongue and the skin are dry. BP - 80/40 mm Hg. What first aid is necessary for the patient?

a. Fresh-frozen plasma transfusion

b. Sympathomimetics

c. Hemosorption

**d. Intravenous injection of sodium solutions**

e. To prescribe polyglucin

347. A 42 y.o. woman suffers from micronodular cryptogenic cirrhosis. During the last week her condition has been worsening: she had spasms, consciousness aberration, jaundice. What examination may account for the worsening of the patient's condition?

a. Estimation of alkaline phosphatase level

**b. Estimation of serum ammonia**

c. Estimation of  $\alpha$ -fetoprotein content

d. Estimation of cholesterol esters

e. Estimation of alanine aminotransferase and aspartate aminotransferase

348. A 38 year old man complains about mild pain and muscle weakness of shoulder and pelvic girdles and back that has been progressing for the last 3 weeks. He has also significant problems with getting up, going up and down the stairs and shaving. It is suspected that the patient is suffering from dermatomyositis. Blood count: Hb - 114 g/l, leukocytes - 10,8109/l, eosin - 9%, ESR - 22 mm/h, C-reactive protein (++) . Change of the following laboratory factor will be of the greatest diagnostic importance:

a. Sialic acids

b. Ceruloplasmin

**c. Creatine phosphokinase**

d. Antibodies to the native DNA

e. gamma-globulins

349. A worker at a porcelain factory who has been in service for 10 years complains of cough, dyspnea, ache in his chest. What occupational disease are these complaints most typical for?

a. Multiple bronchiectasis

b. Occupational bronchial asthma

c. Chronic cor pulmonale

**d. Silicosis**

e. Chronic dust bronchitis

350. A patient has got acute macrofocal myocardial infarction complicated by cardiogenic shock. The latter is progressing under conditions of weak general peripheral resistance and decreased cardiac output. What antihypertensive drug should be injected to the patient in the first place?

a. Adrenaline

b. Noradrenaline

**c. Dopamine**

d. Mesatonum

e. Prednisolone

351. Medical examination of a man revealed "geographic tongue". This microsymptom is the evidence of the following vitamin deficiency:

**a. Vitamins of B group**

b. Vitamin C

c. Vitamin PP

d. Vitamin D

e. Vitamin A

352. A 25 year old pediatrician fell ill a week ago: body temperature rose up to 37,6°C, there appeared a slight swelling on his neck. His illness was diagnosed as ARD, cervical lymphadenitis. Treatment course included erythromycin, hot compress on the neck. In course of treatment body temperature rose up to 39°C, there appeared headache, repeated vomiting, meningeal syndrome. What studies are necessary for the final diagnosis?

a. Puncture of cervical lymph node

b. Sputum test for secondary flora

c. Roentgenological examination of lungs

**d. Cerebrospinal puncture**

e. Complete blood count

353. A 37-year-old woman complains of generalized fatigue, irritability, dysphagia, chalk hunger. On physical exam:  $t = 36,5^{\circ}\text{C}$ , respirations - 20/min, Ps - 96 bpm, BP - 110/70 mm Hg. Satisfactory nourishment. The skin and visible mucous membranes are pale. Blood test: Hb - 70g/L, erythrocytes -  $3,4 \cdot 10^{12}/\text{L}$ , CI - 0,7, reticulocytes - 2%, leucocytes -  $4,7 \cdot 10^9/\text{L}$ , eosinophils - 2%, band neutrophils - 3%, segmented neutrophils - 64%, lymphocytes - 26%, monocytes - 5%, ESR - 15 mm/min. Serum ferrum -  $7,3 \mu\text{mol/L}$ , total protein - 70g/L. Deficit of what factor caused the development of the disease?

a. Folic acid

**b. Ferrum**

c. Vitamin B12

d. Vitamin B6

e. Protein

354. It was noticed that a 7 year old pupil had been inattentive several times during the lessons. The teacher also noticed that the child had been smacking his lips and had vacant look. There were no falls and convulsions. During such short periods of absence the child didn't react to calling his name. His mother noticed such phenomena before but didn't pay much attention to them thinking that the child

was deep in thought. What type of epileptic attack (according to the standard classification) is it?

a. Jacksonian partial epilepsy

**b. Absentia**

c. Simple partial epilepsy

d. Generalized tonic-clonic epilepsy

e. Complex partial epilepsy

355. A 41 year old woman has suffered from nonspecific ulcerative colitis for 5 years. On rectoscopy: evident inflammatory process of lower intestinal parts, pseudopolypoid changes of mucous membrane. In blood: WBC- 9,8109/l, RBC- 3,01012/l, ESR - 52 mm/hour. What medication provides pathogenetic treatment of this patient?

**a. Sulfasalazine**

b. Vikasolum

c. Kreon

d. Linex

e. Motilium

356. A 38 year old female patient complains about body stiffness in the morning, especially in the articulations of her upper and lower limbs, that disappears 30-60 minutes later after active movements. She has also arthritis of metacarpophalangeal and proximal phalangeal articulations, subfebrile temperature. ESR- 45 mm/h. Roentgenography revealed osteoporosis and erosion of articular surface of small hand and foot articulations. What is the most probable diagnosis?

a. Systemic lupus erythematosus

b. Reactive polyarthritis

c. Psoriatic arthropathy

d. Osteoarthritis deformans

**e. Rheumatoid arthritis**

357. A 49 year old female patient was admitted to a hospital with acute attacks of headache accompanied by pulsation in temples, AP rose up to 280/140 mm Hg. Pheochromocytoma is suspected. What mechanism of hypertensive attack does this patient have?

a. Increase of plasma renin activity

b. Increase of aldosterone level in blood

**c. Increase of catecholamine concentration**

d. Increase of vasopressin secretion

e. Increase of thyroxine secretion

358. A patient with hepatic cirrhosis drank some spirits that resulted in headache, vomiting, aversion to food, insomnia, jaundice, fetor hepaticus, abdominal swelling. What complication of hepatic cirrhosis is meant?

a. Thrombosis of mesenteric vessels

**b. Hepatocellular insufficiency**

c. Portal hypertension

d. Hemorrhage from varicose dilated veins of esophagus

e. Acute stomach ulcer

359. On the 4-th day of injections a 60 y.o. patient felt pain and tissue induration in the left buttock. Objectively: the skin in the superexternal quadrant of the left buttock is red and hot, palpation reveals a painful infiltrate 6x6 cm large with softening in the centre. Body temperature is 37,90C. What action is necessary to diagnose an abscess?

a. X-ray investigation

b. Clinical blood analysis

c. Biopsy

d. Ultrasonic examination

**e. Punction**

360. A 24 y.o. emotionally-labile woman presents with irritation, depressed mood, palpitation, shooting pain in the heart area, generalized fatigue following the divorce. On examination: palm

hyperhidrosis, pulse rate- 72-78 bpm, labile, heart without changes. ECG is normal. What is the most probable pathology in this case?

- a. Compulsive neurosis
- b. Ipochondric neurosis
- c. Neurasthenia**
- d. Schizophrenia
- e. Depressive neurosis

361. A 30-year-old woman with a long history of chronic pyelonephritis complains about considerable weakness, sleepiness, decrease in diuresis down to 100 ml per day. AP- 200/120 mm Hg. In blood: creatinine - 0,62 millimole/l, hypoproteinemia, albumines - 32 g/l, potassium - 6,8 millimole/l, hypochromic anemia, increased ESR. What is the first step in the patient treatment tactics?

- a. Antibacterial therapy
- b. Haemosorption
- c. Blood transfusion
- d. Haemodialysis**
- e. Enterosorption

362. A 32 y.o. woman has been suffering for 5 months from pain in lumbar region, low grade fever, frequent urination. Urine analysis: moderate proteinuria, leukocytes occupy the whole field of sight, bacteriuria. Blood analysis: leukocytosis, increased ESR. What is the most probable diagnosis?

- a. Acute glomerulonephritis
- b. Acute pyelonephritis
- c. Urolithiasis
- d. Chronic pyelonephritis**
- e. Chronic glomerulonephritis

363. A 23 year old patient fell ill 3 weeks ago when she noticed a very painful induration in her axillary crease. 4-5 days later it burst and discharged a lot of pus. After that some new infiltrations appeared around the affected area. The patient has never suffered from skin diseases before. What is the most probable diagnosis?

- a. Mycosis
- b. Furuncle
- c. Hydradenitis**
- d. Herpes zoster
- e. Streptococcal impetigo

364. A patient had macrofocal myocardial infarction. He is overweight for 36%, AP is 150/90 mm Hg, blood sugar- 5,9 mmol/L, general cholesterol- 4,9 mmol/L, uric acid- 0,211 mmol/L. Which risk factor should be urgently eradicated during the secondary prevention?

- a. Hyperglycemia
- b. Arterial hypertension
- c. Obesity**
- d. Hypercholesterolemia
- e. Hyperuricemia

365. A 39 y.o. patient complains of having dyspnea during physical activity, crura edemata, palpitation, heart intermissions. Objectively: HR is 150 bpm, atrial fibrillation. Heart is both ways enlarged. Heart sounds are muted. Liver is 6 cm below the costal margin. Echocardiogram reveals dilatation of heart chambers (end diastolic volume of left ventricle is 6,8 cm) is 29% EF, valve apparatus is unchanged. What is the most probable diagnosis?

- a. Hypertrophic cardiomyopathy
- b. Thyreotoxic cardiomyopathy
- c. Exudative pericarditis
- d. Restrictive cardiomyopathy
- e. Dilated cardiomyopathy**

366. Examination of a hanged mans corpse revealed the following: livores mortis disappear when

pressed, restore in 50 seconds, rigor mortis is moderately evident only in masseteric muscles, neck muscles and fingers. Body temperature is 31,00C. What is the prescription of death coming?

- a. 10-18 hours
- b. 6-7 hours**
- c. 16-24 hours
- d. 1-2 hours
- e. 8-10 hours

367. In course of herniotomy of a 12 y.o. patient doctors revealed a testicle in the hernial sac. What type of hernia is it?

- a. Obturator hernia
- b. Congenital oblique inguinal hernia**
- c. Direct inguinal hernia
- d. Acquired oblique inguinal hernia
- e. Femoral hernia

368. Ambulance brought to the hospital a patient with acute respiratory viral infection. The illness began suddenly with temperature rise up to 39,90C. He complains of headache in frontotemporal lobes, pain in eyeballs, aching of the whole body, nose stuffiness, sore throat, dry cough. At home he had a nasal hemorrhage twice. What type of acute respiratory viral infection is it?

- a. Parainfluenza
- b. Adenoviral infection
- c. Influenza**
- d. RS-infection
- e. Enterovirus infection

369. A 19-year-old patient complains about skin rash that appeared 2 days ago after eating smoked fish. The rash disappears after 4-6 hours but then turns up again. It is accompanied by itch. Objectively: trunk and upper limbs are covered with multiple pink blisters as big as a pea or a bean. What is the most likely diagnosis?

- a. Toxicodermia
- b. Purigo
- c. Allergic dermatitis
- d. Quinckes edema
- e. Acute urticaria**

370. A 52 y.o. patient complains of dyspnea caused even by moderate physical activity, cough with hardly secreted sputum. He has been ill for 12 years. Objectively: BR- 26/min. Lung examination: tympanitis, diminished vesicular breathing with prolonged expiration, disseminated dry rales. In the past he was taking only theophylline or aminophylline intravenously. Prescribe him the basic treatment after the exacerbation is suppressed:

- a. Aminophylline
- b. Atrovent**
- c. Inhacort
- d. Alupent
- e. Tilade

371. A 42 year old man applied to a hospital 10 minutes after he got stung by a bee and complained about face edema and difficult respiration. Objectively: Ps- 98 bpm, AP- 130/80 mm Hg. A doctor on duty injected him 1 ml of 1% dimedrol solution intramuscularly and recommended to apply to his local therapist on the next day. What tactics of treatment should be chosen for this patient?

- a. Intravenous introduction of calcium chloride and hospitalization
- b. Intravenous introduction of prednisolone and hospitalization**
- c. The patient needs no further medical aid
- d. Intravenous introduction of calcium chloride
- e. Hospitalization for observation

372. A 44-year-old man has been working in coke industry for 16 years. Dust concentration at his



workplace is 5-10 times higher than maximum permissible concentration. Roentgenography of lungs revealed changes that are typical for pneumoconiosis. What is the most probable type of pneumoconiosis in this case?

- a. Siderosis
- b. Anthracosis**
- c. Silicatosi
- d. Anthracosilicosis
- e. Asbestosis

373. X-ray pattern of thorax organs revealed a large intensive inhomogeneous opacity with indistinct outlines on the right side at the level of the 4-th rib. In the centre of this opacity there is a horizontal level and clearing of lung tissue above it. What disease does this X-ray pattern correspond with?

- a. Tuberculoma of the right lung
- b. Peripheral cancer
- c. Abscess of the right lung**
- d. Right-sided pneumothorax
- e. -

374. Plain radiography of the patient's abdominal cavity reveals some hemispherical lucent areas situated above distinct horizontal levels. What is the cause of such X-ray picture?

- a. Perforative ulcer
- b. Cancer of large intestine
- c. Pilon's disease
- d. Intestinal obstruction**
- e. Meteorism

375. A 42-year-old man works in a boiler room. He complains about girdle headache and recurring vomiting. There was also short-term consciousness loss. Objectively: increase of tendon reflexes, spontaneous myofibrillations. BP is 150/80 mm Hg, PR - 104 bpm. Visible mucous membranes and cutaneous surfaces have crimson colouring. What is the most probable diagnosis?

- a. Poisoning with methane
- b. Poisoning with benzene
- c. Poisoning with hydrocyanic acid
- d. Poisoning with aniline colouring agents
- e. Poisoning with carbon monoxide**

376. A 18-year-old patient had subtotal thyroidectomy due to malignant capillary cystadenoma of the thyroid gland. In 2 months there was a suspicion of metastasis presence in the lungs. What roentgenological method is to be used first?

- a. Roentgenography of lungs**
- b. Angiopneumography
- c. Bronchoscopy
- d. Bronchography
- e. Roentgenoscopy of lungs

377. A 58-year-old patient was diagnosed basal-cell skin cancer, 1st stage. Tumor is up to 1 cm in size and with up to 0.5 cm deep infiltration in tissues. Tumor is localized in the right nasolabial area. Choose the most optimal method of treatment

- a. Chemotherapy
- b. Surgical treatment
- c. Long-distance roentgenotherapy
- d. Long-distance gamma therapy
- e. Short-distance roentgenotherapy**

378. A 63-year-old patient complained about pain in the lumbar area. He underwent a course of physiological treatment on account of radiculitis but this led to no improvement of his condition. Radiography of spinal column and pelvic bones revealed osteoporosis and serious bone defects. Blood analysis revealed moderate normochromic anaemia, urine analysis revealed proteinuria. Whole blood

protein made up 10,7 g/l. What disease should be suspected?

- a. Metastases in bones
- b. Systemic osteoporosis
- c. Urolithiasis
- d. Acute radiculitis

e. Myelomatosis

379. 2 days ago a patient presented with acute pain in the left half of chest, general weakness, fever and headache. Objectively: between the 4 and 5 rib on the left the skin is erythematous, there are multiple groups of vesicles 2-4 mm in diameter filled with transparent liquid. What disease are these symptoms typical for?

- a. Streptococcal impetigo
- b. Herpetiform Duhring's dermatosis
- c. Pemphigus
- d. Herpes simplex

e. Herpes zoster

380. A woman while working in vegetable garden developed severe pain in the loin. Lasague's and Nery's tension signs are obviously marked on the right. Lumbar lordosis is smoothed, movements are harshly restrained in lumbar part of the spine. Right ankle (Achilles) reflex is absent. What kind of disease can it be?

a. Lumbar-sacral radiculitis

- b. Hepatic colic
- c. Neuritis of femoral nerve
- d. Renal colic
- e. Lumbalgia

381. A 30 y.o. patient has got multiple body skin rash consisting of small paired elements that are scattered on the skin disorderly and mostly focally, they are accompanied by itch. The rash appeared a few days after attending sport centre and sauna. What is the most probable diagnosis?

a. Scab

- b. Contact dermatitis
- c. Neurodermitis
- d. Allergic dermatitis
- e. Eczema

382. A patient is active, lively, fussy. He opposes the examination. His speech is fast and loud, his statements are spontaneous and inconsequent. Specify the psychopathological state of this patient:

- a. Delirium
- b. Catatonic agitation

c. Psychomotor agitation

- d. Behavioral disorder
- e. Paranoid syndrome

383. A female, aged 20, after smoking notices a peculiar inebriation with the feeling of burst of energy, elation, irreality and changing of surroundings: the world gets full of bright colours, the objects change their dimensions, people's faces get cartoon features, loss of time and space judgement. What is the most likely diagnosis?

- a. Nicotinism
- b. Cannabism
- c. Morphinism
- d. Barbiturism

e. Cocainism

384. A patient of a somatic hospital has got psychomotor agitation as a result of high fever: he tried to run about the department; thought that some water was running down the walls, he pretended to see rats and cockroaches on the floor. Claimed he were in a hostel, recognized his "acquaintances". After introduction of sedative drugs he fell asleep. In the morning he remembered this condition.

What psychopathologic syndrome is it?

- a. Maniacal syndrome
- b. Delirium**
- c. Twilight disorder of consciousness
- d. Oneiric syndrome
- e. Hallucinatory paranoid syndrome

385. A 75 y.o patient can not tell the month, date and season of the year. After long deliberations she manages to tell her name. She is in irritable and dissatisfied mood. She always carries a bundle with belongings with her, hides a parcel with bread, shoes in her underwear in her bosom as well as "invaluable books". What is the most probable diagnosis?

- a. Behaviour disorder
- b. Dissociated personality (psychopathy)
- c. Atherosclerotic (lacunar) dementia
- d. Presenile melancholia
- e. Senile dementia**

386. A 56 y.o. patient ill with cholecystectomy suddenly had an intense hemorrhage. She needs blood transfusion. Her blood group is AB(IV) Rh-. Hemotransfusion station doesn't dispose of this group. What group of donors can be involved?

- a. Donors of active group
- b. Emergency donors
- c. Reserve donors
- d. Donors of rare blood groups**
- e. Relatives

387. A 33 y.o. patient was admitted to the hospital with stopped repeated ulcerative bleeding. He was pale and exhausted. Blood count: Hb- 77 g/l, Ht- 0,25. In view of anemia there were made two attempts of blood transfusion of the same group - A(II) Rh+. In both cases the transfusion had to be stopped because of development of anaphylactic reaction. What transfusion medium would be advisable in this case?

- a. Erythrocytic mass poor in leukocytes and thrombocytes
- b. Washed erythrocytes**
- c. Erythrocytic mass (native)
- d. Fresh citrate blood
- e. Erythrocytic suspension

388. A 30-year-old patient presents with sudden loss of consciousness, tonic clonic spasms, AP- 150/100 mm Hg, heart rate - 100/min. Before the attack he felt dizziness, sense of unreality, inexplicable fear. After the attack the patient failed to remember it. What is the most likely diagnosis?

- a. Vestibular syncope
- b. Morgagni-Adams-Stokes syndrome
- c. Epilepsy**
- d. Transitory ischemic attack
- e. Hyperventilation ischemic attack

389. A 26-year-old male patient complains of piercing pain during breathing, cough, dyspnea. Objectively:  $t^{\circ} 37,3^{\circ}C$ , respiration rate - 19/min, heart rate = Ps - 92/min; AP- 120/80 mm Hg. Vesicular respiration. In the inferolateral parts of chest auscultation in both inspiration and expiration phase revealed noise that was getting stronger at phonendoscope pressing and can be still heard after cough. ECG showed no pathological changes. What is the most likely diagnosis?

- a. Subcutaneous emphysema
- b. Intercostal neuralgia
- c. Acute pleuritis**
- d. Spontaneous pneumothorax
- e. Pericarditis sicca

390. A 14 y.o. girl got a bad mark at the lesson of math as well as teacher's reprimand that made her

cry for a long time. At the end of the lesson she suddenly lost consciousness and fell down. Objectively: skin is of pale pink colour, Ps- 100 bpm, satisfactory, AP- 110/70 mm Hg. Eyelids are closed and don't give away to the tries of their opening. There are no evident injuries. What is the provisional diagnosis?

- a. Sympathicotonic collapse
- b. Hysteric syncope**
- c. Vagotonic syncope
- d. Epilepsy
- e. Long QT syndrome

391. HIV displays the highest tropism towards the following blood cells:

- a. T-helpers**
- b. T-killers
- c. Erythrocytes
- d. Thrombocytes
- e. T-suppressors

392. A 22-year-old patient is a clerk. His working day runs in a conditioned room. In summer he was taken by an acute disease with the following symptoms: fever, dyspnea, dry cough, pleural pain, myalgia, arthralgia. Objectively: moist rales on the right, pleural friction rub. X-ray picture showed infiltration of the inferior lobe. In blood: WBC - 11109/l, stab neutrophils - 6%, segmented neutrophils - 70%, lymphocytes - 8%, ESR - 42 mm/h. What is the ethiological factor pneumonia?

- a. Staphylococcus
- b. Pneumococcus
- c. Mycoplasm
- d. Streptococcus
- e. Legionella**

393. A 32-year-old female patient consulted a doctor about a skin affection of her body, face and extremities which turned up after peroral intake of bisepitol. The patient was diagnosed with drug toxicoderma. What treatment methods would be the most effective for this patient?

- a. Antihistamine therapy
- b. Anti-inflammatory therapy
- c. Extracorporeal therapy**
- d. Disintoxication therapy
- e. Immunotherapy

394. Thrombosis of the coronary artery caused myocardial infarction. What mechanisms of injury will be the dominating ones in this disease?

- a. Acidotic mechanisms
- b. Electrolytoosmotic mechanisms
- c. Calcium mechanisms**
- d. Protein mechanisms
- e. Lipid mechanisms

395. Elderly people develop tumors more frequently. One of the main causes is:

- a. Decreased intensity of antibodies formation
- b. Increased activity of cellular immunity
- c. Increased intensity of antibodies formation
- d. Decreased activity of cellular immunity**
- e. Increased disfunctioning of mitoses

396. A 30 year old man complains of intense pain, reddening of skin, edema in the ankle-joint area, fever up to 39°C. There was an acute onset of the illness. In the past there were similar attacks lasting 5-6 days without residual changes in the joint. The skin over the joint is hyperemic and ill-defined, without infiltrative bank on the periphery. What is the most likely diagnosis?

- a. Gout**
- b. Rheumatoid arthritis

- c. Osteoarthritis
- d. Erysipelatous inflammation
- e. Infectious arthritis

397. Preventive examination of a 55 year old patient revealed diabetes mellitus. The patient hasn't received treatment for it. Objectively: height is 170 cm, weight is 106 kg, skin humidity is normal. Ps is 76 bpm, rhythmic, left border of relative heart dullness is deviated by 1 cm to the left from the middle clavicular line, heart sounds are quiet, AP is 140/80 mm Hg. Glycemia on an empty stomach is 6,9 millimole/l. Glucose rate in the daily urine is 0,5%, diuresis makes up 2,5 l. What treatment tactics should be chosen?

- a. To administer repaglinide
- b. To administer insulin
- c. To administer metformin
- d. To administer glibenclamid
- e. To administer dietotherapy**

398. A 54 y.o. male patient suffers from dyspnea during mild physical exertion, cough with sputum which is excreted with difficulty. On examination: diffuse cyanosis. Is Barrel-chest. Weakened vesicular breathing with prolonged expiration and dry whistling rales. AP is 140/80 mm Hg, pulse is 92 bpm, rhythmic. Spirography: vital capacity (VC)/predicted vital capacity- 65%, FEV1/FVC- 50%. Determine the type of respiratory insufficiency (RI)

- a. RI of mixed type with prevailing restriction
- b. There is no RI
- c. RI of restrictive type
- d. RI of obstructive type
- e. RI of mixed type with prevailing obstruction**

399. A 37 year old miner has lifted significant loads and afterwards felt pain in the lumbar area irradiating to his left leg. He walks slowly and carefully. Lumbar lordosis is flattened. There is also left-sided scoliosis and tension of paravertebral muscles. Neris and Dejerines symptoms are positive, there is Lasegues sign on the left from the angle of 350. What method will help to specify the diagnosis?

- a. Renal sonography
- b. Lumbal puncture
- c. CT of lumbosacral part of vertebral column**
- d. Descending myelography
- e. Electromyography

400. A 5 y.o. girl was by accident closed in a dark room for several minutes. When the door was opened, the child was standing motionless in the middle of the room staring at one point, her face had a look of terror, she didn't respond to any stimuli. 40 minutes after her state changed into crying. On the next day she could remember nothing of this incident. What is the most probable mechanism of this reaction?

- a. Exogenously organic
- b. Endogenic
- c. Psychogenic**
- d. Endogenically organic
- e. Conditioned reflex

401. A 16-year-old female patient underwent an operation on account of diffuse toxic goiter of the III-IV degree 12 years ago. Now she has recurrence of thyrotoxicosis. The patient was offered operative intervention, but it is necessary first to localize the functioning gland tissue. What method should be applied for this purpose?

- a. Roentgenography of esophagus
- b. Gland scanning**
- c. Puncture aspiration biopsy
- d. USI

e. Roentgenography of neck

402. A 42 y.o. patient was admitted 3 hours after a trauma with evident subcutaneous emphysema of the upper part of his body, dyspnea, tachycardia 120/min. X-ray examination revealed no pneumothorax, significant dilatation of mediastinum to the both sides. What emergency care is needed?

- a. Pleural cavity puncture
- b. Toracoscopy
- c. Toracotomy

**d. Drainage of anterior mediastinum**

- e. Pleural cavity drainage

403. During examination a patient is unconscious, his skin is dry and hot, face hyperemia is present. The patient has Kussmauls respiration, there is also smell of acetone in the air. Symptoms of peritoneum irritation are positive. Blood sugar is at the rate of 33 millimole/l. What emergency actions should be taken?

- a. Intravenous infusion of glucose along with insulin
- b. Intravenous infusion of neohaemodesum along with glutamic acid
- c. Intravenous infusion of sodium chloride saline

**d. Intravenous infusion of short-acting insulin**

- e. Introduction of long-acting insulin

404. A 34 year old patient was delivered to the hospital because of follicular tonsillitis characterized by high temperature. The patient has been abusing alcohol for 12 years. In the evening on the day of hospitalization he became anxious, couldn't stay in bed, left his ward several times and applied to the staff on duty with different complaints. He reported about seeing a lot of spiders and flies in his ward as well as about hearing threats from the corridor. He was exasperated by the fact that other patients didn't hear them. He lost also spatial orientation. What psychopathological syndrome is it?

- a. Amentive
- b. Oneiric

**c. Delirious**

- d. Twilight state
- e. Asthenic confusion

405. A 35 y.o. patient was admitted to the local hospital a week after a road accident with clinical picture of clotted hemothorax. What is the most appropriate treatment tactic for prevention of acute pleural empyema?

**a. Surgical removal of clotted hemothorax**

- b. Complex conservative therapy
- c. Active drainage of pleural cavity
- d. Passive drainage of pleural cavity
- e. Treatment by pleural punctures

406. A male patient presents with swollen ankles, face, eyelids, elevated AP- 160/100 mm Hg, pulse- 54 bpm, daily loss of albumine with urine- 4g. What therapy is pathogenetic in this case?

**a. Corticosteroids**

- b. NSAID
- c. Antibiotics
- d. Calcium antagonists
- e. Diuretics

407. An aircraft factory processes materials with use of lasers. It is determined that the device radiates in the light spectrum and that levels of laser radiation at the workplaces exceed the alarm level. Specify, what organs will be affected in the first place?

- a. Spleen
- b. Kidneys
- c. Skin
- d. Liver

## e. Eyes

408. During dynamic investigation of a patient the increase of central venous pressure is combined with the decrease of arterial pressure. What process is proved by such combination?

- a. Developing of cardiac insufficiency
- b. Depositing of blood in venous channel
- c. Presence of hypervolemia

## d. Increase of bleeding speed

- e. Shunting

409. A male patient complains of heartburn which gets stronger while bending the body, substernal pain during swallowing. There is a hiatus hernia on X-ray. What disorder should be expected at gastroscopy?

- a. Duodenal peptic ulcer

## b. Gastroesophageal reflux

- c. Gastric peptic ulcer
- d. Chronic gastritis
- e. Acute erosive gastritis

410. A 43 y.o. male complains of stomach pain, which relieves with defecation, and is accompanied by abdominal winds, rumbling, the feeling of incomplete evacuation or urgent need for bowel movement, constipation or diarrhea in alternation. These symptoms have lasted for over 3 months. No changes in laboratory tests. What is the most likely diagnosis?

- a. Colitis with hypertonic type dyskinesia
- b. Spastic colitis

## c. Irritable bowel syndrome

- d. Chronic enterocolitis, exacerbation phase
- e. Atonic colitis

411. A 7 year old boy has periods of loss of attention that last 10-15 seconds and occur several times a day. During these periods he stands still in one position, doesn't answer the questions or react when he is called by his name. Neurological examination revealed no changes. What diagnostic method should be applied to specify his diagnosis?

## a. Electroencephalography

- b. Computer tomogram
- c. Examination of evoked potentials
- d. Echoencephalography
- e. Skull roentgenogram

412. People who live in the radiation polluted regions are recommended to include pectins into their dietary intake for the radioactive nuclides washout. What products are the main source of pectins?

- a. Macaroni

## b. Fruit and vegetables

- c. Milk
- d. Bread
- e. Meat

413. The Transcarpathian region is characterized by constant high (over 80%) air moisture. Population of this region feels an intense cold in winter when the temperature is temperately low. What way of heat emission becomes more active?

- a. Radiation

## b. Convection

- c. Evaporation
- d. Irradiation
- e. Conduction

414. Medical examination of a 43 y.o. man revealed objectively pallor of skin and mucous membranes, smoothness of lingual papillae, transverse striation of nails, fissures in the mouth



corners, tachycardia. Hemoglobin content amounts 90 g/l; there are anisocytosis, poikilocytosis. The most probable causative agent of this condition is deficiency of the following microelement:

- a. Zinc
- b. Copper
- c. Iron**
- d. Magnesium
- e. Selenium

415. A 27 year old patient suffers from haemophilia. He was admitted to the hospital with melena and skin pallor. Objectively: Ps- 110 bpm, AP- 100/60 mm Hg. In blood: Hb- 80 g/l, erythrocytes -  $2,81012/l$ . What medication should be administered in the first place?

- a. Packed red blood cells
- b. Stored blood
- c. Cryoprecipitate**
- d. Dicinone
- e. Epsilon-aminocaproic acid

416. A 38-year-old patient complains about inertness, subfebrile temperature, enlargement of lymph nodes, nasal haemorrhages, ostealgia. Objectively: the patients skin and mucous membranes are pale, palpation revealed enlarged painless lymph nodes; sternalgia; liver was enlarged by 2 cm, spleen - by 5 cm, painless. In blood: erythrocytes -  $2,71012/l$ , Hb- 84 g/l, leukocytes -  $58109/l$ , eosinophils - 1%, stab neutrophils - 2%, segmented neutrophils - 12%, lymphocytes - 83%, lymphoblasts - 2%, smudge cells; ESR- 57 mm/h. What is the most likely diagnosis?

- a. Lymphogranulomatosis
- b. Chronic lymphatic leukemia**
- c. Acute lymphatic leukemia
- d. Chronic myeloleukemia
- e. Acute myeloleukemia

417. A 24 year old patient complained about putting on weight, limosis. Objectively: the patients constitution is of hypersthenic type, body weight index is  $33,2 \text{ kg/m}^2$ , waist circumference is 100 cm. Correlation of waist circumference to the thigh circumference is 0,95. What is the most probable diagnosis?

- a. Alimentary constitutional obesity of the II stage, abdominal type
- b. Hypothalamic Itsenko-Cushing obesity of the I stage, abdominal type
- c. Hypothalamic Itsenko-Cushing obesity of the II stage, gynoid type
- d. Alimentary constitutional obesity of the III stage, gynoid type
- e. Alimentary constitutional obesity of the I stage, abdominal type**

418. A 58-year-old patient complains about sensation of numbness, sudden paleness of II-IV fingers, muscle rigidity, intermittent pulse. The patient presents also with polyarthralgia, dysphagia, constipations. The patients face is masklike, solid edema of hands is present. The heart is enlarged; auscultation revealed dry rales in lungs. In blood: ESR - 20 mm/h, crude protein - 85/l,  $\gamma$ -globulines - 25%. What is the most likely diagnosis?

- a. Dermatomyositis
- b. Systemic lupus erythematosus
- c. Raynauds disease
- d. Systemic scleroderma**
- e. Rheumatoid arthritis

419. A 36-year-old female patient complains of general weakness, edemata of her face and hands, rapid fatiguability during walking, difficult deglutition, cardiac irregularities. These symptoms turned up 11 days after a holiday at the seaside. Objectively: face erythema, edema of shin muscles. Heart sounds are muffled, AP is 100/70 mm Hg. In blood: ASAT activity is 0,95 millimole/hl, ALAT - 1,3 millimole/hl, aldolase - 9,2 IU/l, creatine phosphokinase - 2,5 millimole P/gl. What method of study would be the most specific?

- a. Electromyography**

b. Determination of cortisol concentration in blood and urine

c. ECG

d. Echocardiogram

**e. Muscle biopsy**

420. A 33-year-old patient has acute blood loss: erythrocytes -  $2,210^{12}/l$ , Hb- 55 g/l, blood group is A(II)Rh+. Accidentally the patient got a transfusion of donor erythrocyte mass of AB(IV)Rh+ group. An hour later the patient became anxious, got abdominal and lumbar pain. Ps- 134 bpm, AP- 100/65 mm Hg, body temperature - 38,6°C. After catheterization of urinary bladder 12 ml/h of dark-brown urine were obtained. What complication is it?

a. Citrate intoxication

b. Toxic infectious shock

c. Cardial shock

d. Allergic reaction to the donor erythrocyte mass

**e. Acute renal insufficiency**

421. A 45-year-old man has been exhibiting high activity for the last 2 weeks, he became talkative, euphoric, had little sleep, claimed being able "to save the humanity" and solve the problem of cancer and AIDS, gave money the strangers. What is the most likely diagnosis?

a. Agitated depression

b. Panic disorder

**c. Maniacal onset**

d. Schizo-affective disorder

e. Catatonic excitation

422. A 67-year-old female patient suffering from the essential hypertension suddenly at night developed headache, dyspnea that quickly progressed to asphyxia. Objectively: the patient is pale, with sweaty forehead, AP- 210/140 mm Hg, heart rate - 120/min, auscultation revealed solitary dry rales and moist rales in the lower parts. The shins are pastose. What kind of emergency aid would be the most efficient in this case?

a. Nitroglycerin intravenously and capoten internally

**b. Nitroglycerin and furosemide intravenously**

c. Digoxin and nitroglycerin intravenously

d. Enalapril and furosemide intravenously

e. Labetalol and furosemide intravenously

423. A patient suffering from gastroesophageal reflux has taken from time to time a certain drug that "reduces acidity" over 5 years. This drug was recommended by a pharmacist. The following side effects are observed: osteoporosis, muscle asthenia, indisposition. What drug has such following effects?

a. Gastrozepin

**b. Aluminium-bearing antacid**

c. H<sub>2</sub>-blocker

d. Inhibitor of proton pump

e. Metoclopramide

424. A 26-year-old patient complains about considerable muscle weakness, dizziness, extended abdominal pain, nausea and vomiting giving no relief. The disease has been gradually developing within 6 months. There was progress of general weakness, skin darkening. The patient fell into grave condition after an ARD: there appeared abdominal pain and frequent vomiting. Objectively: the skin is dry with diffuse pigmentation. Heart sounds are significantly weakened, heart rate - 60/min, AP- 80/40 mm Hg. The abdomen is slightly painful in the epigastric region. In blood: WBCs -  $8,110^9/l$ , glucose - 3,0 millimole/l. What is the most likely diagnosis?

a. Toxic infectious shock

b. Acute pancreatitis

**c. Chronic adrenal insufficiency. Addisonian crisis**

d. Acute food poisoning

e. Acute cholecystitis

425. A 22 year old female patient complains about frequent and painful urination, urge to urinate at night, enuresis, pain in the suprapubic and lumbar area. Her urine often has beer colouring. She got married a month ago. Objectively: general state is satisfactory. Lung examination revealed vesicular respiration. Heart sounds are rhythmic, heart rate is 78/min, AP- 128/68 mm Hg. Abdomen is soft, painful in the suprapubic area. Urine contains 12-18 erythrocytes and 12-15 bacteria within eyeshot. What is the most probable diagnosis?

- a. Primary syphilis
- b. Infection of inferior urinary tracts - cystitis**
- c. Infection of superior urinary tracts - pyelonephritis
- d. Urolithiasis
- e. Gonorrhoea

426. A 35-year-old man complains about intense lumbar pain irradiating to the inguinal area, external genitalia, thigh; frequent urination, chill, nausea, vomiting. Objectively: positive Pasternatskys symptom. Urine analysis revealed that RBCs and WBCs covered the total field of microscope; the urine exhibited high protein concentration. These clinical presentations were most likely caused by the following pathology:

- a. Osteochondrosis, acute radicular syndrome
- b. Urolithiasis, renal colic**
- c. Renal infarct
- d. Cholelithiasis, biliary colic
- e. Intestinal obstruction

427. A 46 year old woman who has been suffering from hypertension for 5 years was diagnosed with hypertensive crisis. She complains about palpitation, sense of head pulsation; heart rate is 100/min, AP is 190/100 mm Hg (haemodynamics is of hyperkinetic type). What medication should be the medication of choice?

- a.  $\beta$ -adrenoceptor blocker**
- b. Diuretic
- c. Dihydropyridine calcium antagonist
- d.  $\alpha$ -adrenoceptor blocker
- e. Adenosine pyrophosphate inhibitor

428. A patient consulted a venereologist about painful urination, reddening of the external opening of urethra, profuse purulent discharges from the urethra. He considers himself to be ill for 3 days. He also associates the disease with a casual sexual contact that took place for about a week ago. If provisional diagnosis "acute gonorrheal urethritis" is confirmed, then bacteriological study of urethral discharges will reveal:

- a. Proteus vulgaris
- b. Mycoplasma
- c. Gram-positive diplococci
- d. Spirochaete
- e. Gram-negative diplococci**

429. As a result of load lifting a 68-year-old female felt acute pain in the lumbar region, in a buttock, posterolateral surface of her right thigh, external surface of the right shin and dorsal surface of foot. Objectively: weakness of the anterior tibial muscle, long extensor muscle of the right toes, short extensor muscle of the right toes. Low Achilles reflex on the right. Positive Lasegues sign. What examination method would be the most effective for specification of the diagnosis of discogenic compression of L5 root?

- a. Lumbar puncture
- b. Magnetic resonance scan**
- c. Electromyography
- d. Spinal column X-ray
- e. Angiography

430. A 28-year-old patient was delivered to the admission ward in the unconscious state with generalized epileptic attacks taking place every 15-20 minutes. During transportation the patient was given two injections of diazepam, magnesia sulphate, but they failed to bring the patient to consciousness. What department should render emergency aid?

- a. Therapeutic department
- b. Psychiatric department
- c. Neurological department
- d. Surgcal department

**e. Resuscitation department**

431. A 60-year-old patient complains about asphyxia, palpitation, rapid fatiguability. He has 8 year history of essential hypertension. Objectively: the left cardiac border is 2 cm deviated to the left from the medioclavicular line, heart sounds are rhythmic and weak; there is diastolic shock above aorta. AP- 170/100 mm Hg. Liver - +2 cm; shin pastosity is present. ECG shows deviation of cardiac axis to the left, left ventricle hypertrophy. Ejection fraction - 63%. What type of cardiac insufficiency is observed?

- a. Combined
- b. Systolic

**c. Diastolic**

- d. Its a norm
- e. Unspecified

432. During preventive examination a 16 year old patient presented no problems. Objectively: the patient has signs of malnutrition, he is asthenic, AP is 110/70 mm Hg, Ps is 80 bpm, cardiac border is normal, auscultation above the cardiac apex reveals three sounds, cardiac murmur is absent. ECG shows no pathological changes, phonocardiogram shows that the third sound comes 0,15 s after the second one above the apex. How are these changes called?

- a. Atrial gallop rhythm
- b. IV physiological sound
- c. Fout-ta-ta-rou (reduplication of the 2nd sound)
- d. Protodiastolic gallop rhythm

**e. III physiological sound**

433. A patient is being prepared for the operation on account of varix dilatation of lower extremities veins. Examination of the patients soles revealed flour-like desquamation along the skin folds. All the toenails are greyish-yellow, thickened and partially decayed. What dermatosis should be suspected?

- a. Pityriasis versicolor
- b. Microsporia
- c. Microbial eczema

**d. Rubromycosis**

e. Candidosis

434. A 37 year old male patient was admitted to the resuscitation department because of attacks of tonoclonic spasms repeating every half an hour. Between the attacks the patient remains unconscious. AP is 120/90 mm Hg, Ps- 100 bpm. A day before the patient was at wedding and consumed alcohol. 5 years ago he had a closed craniocerebral trauma and brain contusion that later caused single convulsive attacks accompanied by loss of consciousness, but the patient didnt undergo antiepileptic treatment. What drug should be injected for emergency aid?

- a. Sodium oxybutyrate
- b. Magnesium sulfate

**c. Diazepam**

- d. Aminazine
- e. Sodium thiopental

435. A 43-year-old female patient was delivered to the hospital in grave condition. She suffers from Addisons disease. The patient had been regularly taking prednisolone but a week before she stopped taking this drug. Objectively: sopor, skin and visible mucous membranes are pigmented, skin and

muscle turgor is decreased. Heart sounds are muffled, rapid. AP- 60/40 mm Hg, heart rate - 96/min. In blood: Na - 120 millimole/l, K - 5,8 millimole/l. Development of this complication is primarily caused by the deficit of the following hormone:

- a. Noradrenaline
- b. Adrostendion
- c. Corticotropin (ACTH)
- d. Adrenaline
- e. Cortisol**

436. A 52-year-old patient works as a secretary and has 30 year record of service. She complains of spasms in her right hand during working and inability to type and write. Up to 80% of her work involves hand load. The patient has been presenting with these symptoms for 2 years. Objectively: the right hand is tense, there is an increase in muscle tone, attempts to write cause spasms. Examination revealed no pathological changes of CNS. What is the most likely diagnosis?

- a. Hysteric neurosis
- b. Chronic manganese intoxication
- c. Neuralgic form of coordination neurosis
- d. Paretic form of coordination neurosis
- e. Spastic form of coordination neurosis**

437. During examination at a military commissariat a 15-year-old teenager was found to have interval systolic murmur on the cardiac apex, diastolic shock above the pulmonary artery, tachycardia. Which of the supplemental examination methods will be the most informative for the diagnosis specification?

- a. Phonocardiography
- b. Rheography
- c. Electrocardiography
- d. Roengenography
- e. Echocardiography**

438. A 52 year old patient with disseminated vertebral osteochondrosis lifted a significant load that resulted in lumbar pain and pain along the sciatic nerve. Objectively: positive Lasegues sign on the left, reduced Achilles reflex. What drug would be the most effective from the pathogenetic point of view?

- a. Spasmalgon
- b. Diclofenac**
- c. Analgin
- d. Aspirin
- e. Novocaine

439. A 67-year-old female patient complains about edemata of face and legs, pain in the lumbar area that is getting worse at moving; great weakness, sometimes nasal haemorrhages, rise of body temperature up to 38,4°C. Objectively: painfulness of vertebral column and ribs on palpation. Laboratorial study revealed daily proteinuria of 4,2 g, ESR- 52 mm/h. What changes of laboratory indices are to be expected?

- a. Leukocytes - 15,3 g/l
- b. Albumins - 65%
- c. ?-globulins - 14%
- d. Whole protein of blood serum - 101 g/l**
- e. Haemoglobin - 165 g/l

440. A female patient consulted a doctor about gain in weight, chill, edemata, dry skin, sleepiness, problems with concentration. Objectively: the patients height is 165 cm, weight is 90 kg, gynoid body proportions, t°35,8°C, ESR- 58/min, AP- 105/60 mm Hg. Heart sounds are weakened, bradycardia is present. Other internal organs have no changes. Thyroid gland is not palpable. Mammary glands ooze milk droplets. Hormonal study revealed rise of TSH and prolactin concentration, reduction of T4. What factor caused obesity?

- a. Hypopituitarism
- b. Adiposogenital dystrophy
- c. Secondary hypothyroidism
- d. Prolactinoma

**e. Primary hypothyroidism**

441. A 47 y.o. woman complains of having paroxysmal headaches for the last 5 years. The pain is one-sided, intense, localised in frontal region of head, accompanied by nausea and stomach discomfort, begins one of a sudden. Onset is usually preceded by vision reduction. Anamnesis gives evidence of periodical AP rise, but at the moment the woman doesn't take any medicines. In between the onsets of headache her state is satisfactory. Objectively: high-calorie diet (body weight index - 29), AP- 170/95 mm Hg. Neurologic state has no peculiarities. What is the most probable diagnosis?

- a. Benign intracranial hypertension
- b. Hypertensive encephalopathy
- c. Chronic subdural hematoma
- d. Epilepsy

**e. Migraine**

442. A 7 y.o. boy suddenly felt pain in his right knee, it became edematous. The day before he took part in a cross-country race. Family anamnesis has no data about hemophilia and bleeding sickness. Objectively: body temperature is 37,5°C. The knee is painful, hot to the touch, edematous with local tissue tension over it. Blood count: Hb- 123 g/L, leukocytes - 5,6109/L, thrombocytes - 354109/L, prothrombin time - 12 seconds (normally 10-15 seconds), partly activated thromboplastin time - 72 seconds (normally 35-45 seconds). Hemorrhage time is normal, VIII:C factor is 5% of norm. What is the most probable diagnosis?

- a. Hemophilia B
- b. Vitamin K deficiency
- c. Thrombocytopenia

**d. Hemophilia A**

e. Schoenlein-Henoch disease

443. On the 3rd day after the acute anterior myocardial infarction a 55 y.o. patient complains of dull ache behind his breast bone, that can be reduced by bending forward, and of dyspnea. Objectively: AP- 140/180 mm Hg, heart sounds are dull. ECG results: atrial fibrillation with frequency of ventricular contractions at the rate of 110/min, pathological Q wave and S-T segment raising in the right chest leads. The patient refused from thrombolysis. What is the most probable diagnosis?

**a. Acute pericarditis**

- b. Tietzes syndrome
- c. Dresslers syndrome
- d. Dissecting aortic aneurysm
- e. Pulmonary embolism

444. A 54 y.o. man was admitted to the hospital with complaints of sudden intense headache in occipital region and vomiting. In the medical history: moderate arterial hypertension, the patient was taking hydrochlorothiazide. Three days ago he consulted a therapist about intense headache that was suppressed by an analgetic. Objectively: consciousness is confused, left pupil is mydriatic. Evident photophobia and tension of neck muscles. Left-side hemiparesis with increased muscle tonus and reflexes. Body temperature is low, rash is absent. AP- 230/130 mm Hg, Ps- 50 bpm, BR- 12/min. What is your preliminary diagnosis?

- a. Disseminated sclerosis
- b. Myasthenia

**c. Acute subdural hematoma**

- d. Migraine
- e. Acute bacterial meningitis

445. A 38 y.o. man complains of having occasional problems with swallowing of both hard and fluid food for many months. Sometimes he feels intense pain behind his breast bone, especially after hot

drinks. There are asphyxia onsets at night. He has not put off weight. Objectively: his general condition is satisfactory, skin is of usual colour. Examination revealed no changes of gastrointestinal tract. X-ray picture of thorax organs presents esophagus dilatation with level of fluid in it. What is the preliminary diagnosis?

- a. Myastenia
- b. Esophagus candidosis
- c. Gastroesophageal reflux
- d. Esophagus achalasia**
- e. Cancer of esophagus

446. A 35 y.o. woman consulted a doctor about occasional pains in paraumbilical and iliac region that reduce after defecation or passage of gases. Defecation takes place up to 6 times a day, stool is not solid, with some mucus in it. Appetite is normal, she has not put off weight. First such symptoms appeared 1,5 year ago, but colonoscopy data reveals no organic changes. Objectively: abdomen is soft, a little bit painful in the left iliac region. Blood and urine are normal. What is the preliminary diagnosis?

- a. Crohns disease
- b. Celiac disease
- c. Irritable bowels syndrome**
- d. Pseudomembranous colitis
- e. Dispancreatism

447. The physician must undertake measures for primary prophylaxis of iron deficiency anemia. Which of the following categories of patient are subject to such primary prophylactic measures?

- a. Patients after 60
- b. Patients after operation
- c. Workers of industrial enterprises
- d. Pregnant women**
- e. All children

448. A patient with unstable angina pectoris was given the following complex treatment: anticoagulants, nitrates, /alpha-adrenoblockers. However on the third day of treatment the pain still remains. Which investigation should be carried out to establish diagnosis?

- a. Myocardial scintigraphy
- b. Coronarography**
- c. Test with dosed physical exercises
- d. Stress-echocardiogram
- e. Esophageal electrocardiac stimulator

449. The 28 y.o. woman applied to doctor because of limited loss of the hair. In the anamnesis - she had frequent headache indisposition, arthromyalgia, fever, irregular casual sexual life, drug user. RW is negative. What examination must be done first?

- a. Examination for neuropathology
- b. Examination for fungi
- c. Examination for trichomoniasis
- d. Examination for HIV**
- e. Examination for gonorrhea

450. A 35 y.o. woman was admitted to thoracic surgery department with fever up to 40°C, onset of pain in the side caused by deep breathing, cough with considerable quantity of purulent sputum and blood with bad smell. What is the most likely diagnosis?

- a. Actinomycosis of lungs
- b. Pulmonary tuberculosis
- c. Complication of liver echinococcosis
- d. Bronchiectatic disease
- e. Abscess of the lung**

451. A 67 y.o. patient complains of palpitation, dizziness, noise in ears, feeling of shortage of air.



Objectively: pale, damp skin. Vesicular respiration, respiratory rate- 22 per min, pulse- 200 bpm, AP- 100/70 mm Hg. On ECG: heart rate- 200 bpm, ventricular complexes are widened, deformed, location of segments ST and of wave T is discordant. The wave P is not changed, superimposes QRST, natural conformity between P and QRS is not present. What kind of arrhythmia is present?

**a. Paroxysmal ventricular tachycardia**

- b. Atrial flutter
- c. Atrial tachycardia
- d. Ventricular extrasystole
- e. Sinus tachycardia

452. Male 30 y.o., noted growing fingers and facial skull, changed face. Complains of poor eyesight, weakness, skin darkening, loss of body weight. X-ray shows broadening of sella turcica, thinning of tuberculin sphenoidale, signs of increased intracranial pressure. What diagnosis can you make?

**a. Adenoma of hypophysis**

- b. Optico - hiasmatic arachnoiditis
- c. Tumor of pondo-cerebellar corner
- d. Adrenal gland tumor
- e. Encephalitis of truncus

453. A patient complains of a tormental (agonizing) cough with expectoration of up to 600 ml/daily purulent chocolatecolor sputum with a decay smell. Onset of illness was abrupt,  $t^{\circ}$ - 39°C, fever of irregular type. There is the area of darkening with a cavity in a center on X-ray film, with irregular contours and level of liquid. What disease is the question?

a. Lobar pneumonia

**b. Gangrene of lung**

- c. Bronchiectatic illness
- d. Tuberculosis
- e. Pneumonia complicated by an abscess

454. A 24 y.o. patient complains of nausea, vomiting, headache, shortness of breath. He had an acute nephritis being 10 y.o. Proteinuria was found out in urine. Objectively: a skin is grey-pale, the edema is not present. Accent of II tone above aorta. BP 140/100-180/100 mm Hg. Blood level of residual N<sub>2</sub>- 6,6 mmol/L, creatinine- 406 mmol/L. Days diuresis- 2300 ml, nocturia. Specific density of urine is 1009, albumin- 0,9 g/L, WBC- 0-2 in f/vis. RBC.- single in f/vis., hyaline casts single in specimen. Your diagnosis?

a. Stenosis of kidney artery

**b. Chronic nephritis with violation of kidney function**

- c. Hypertensive illness of the II degree
- d. Feochromocitoma
- e. Nephrotic syndrome

455. A 33 y.o. male patient was admitted to a hospital. A patient is pale, at an attempt to stand up he complains of strong dizziness. There was vomiting like coffee-grounds approximately hour ago. BP- 90/60 mm Hg., pulse- 120 b/min. In anamnesis, a patient has suffered from ulcer of the stomach, painless form during 4 years. An ulcer was exposed at gastrofiberoscopy. Your diagnosis:

a. Erosive gastritis

b. Ulcer of duodenum, complicated with bleeding

**c. Ulcer of stomach, complicated with bleeding**

- d. Acute pleurisy
- e. Acute myocardial infarction, abdominal form

456. A 48-year-old patient complains of heaviness in the right hypochondrium, itching of the skin. He had been treated in infectious diseases hospital repeatedly due to icterus and itch. On physical exam: meteorism, ascitis, dilation of abdominal wall veins, protruded umbilicus, spleen enlargement. What can be diagnosed in this case?

a. Gallstones

b. Viral hepatitis B

- c. Cancer of the liver
- d. Cancer of the head of pancreas

**e. Liver cirrhosis**

457. A 25-year-old man has facial edema, moderate back pains. His temperature is 37,5°C, BP 180/100 mm Hg, hematuria [up to 100 in v/f], proteinuria [2,0 g/L], hyaline casts - 10 in v/f., specific gravity - 1020. The onset of the disease is probably connected with acute tonsillitis that started 2 weeks ago. What is the most probable diagnosis?

- a. Urolithiasis
- b. Chronic glomerulonephritis
- c. Acute pyelonephritis
- d. Cancer of the kidney

**e. Acute glomerulonephritis**

458. In the development of the inflammation processes glucocorticoids reduce the level of certain most important active enzyme. It results also in the reducing of the synthesis of prostaglandins and leucotrienes which have a key role in the development of inflammation processes. What is the exact name of this enzyme?

- a. Arachidonic acid
- b. Cyclooxygenase - 1
- c. Cyclooxygenase - 2

**d. Phospholipase A2**

e. Lipoxygenase

459. A 30 y.o. female with rheumatoid arthritis of five years duration complains of pain in the first three fingers of her right hand over past 6 weeks. The pain seems especially severe at night often awakening her from sleep. The most likely cause is?

a. Rheumatoid arthritis without complication

**b. Carpal tunnel syndrome**

- c. Sensory peripheral neuropathy
- d. Atlanto-axial subluxation of cervical spine
- e. Rheumatoid vasculitis

460. A 19-year-old man has suffered from moderate mental retardation since childhood. The patient is illiterate, can take care of himself, do simple household work and other kinds of easy work under supervision. What does his rehabilitation [tertiary prevention] require?

- a. Supervision of relatives (if any)
- b. None of the above mentioned
- c. Supervision of a social worker
- d. Physical work under supervision

**e. All the above mentioned**

461. A 38 y.o. patient was urgently admitted to the hospital with complaints of sudden weakness, dizziness, loss of consciousness, body weight loss, nausea, vomiting, severe pain in epigastric area, diarrhea, skin hyperpigmentation. What is the most probable diagnosis?

- a. Scleroderma
- b. Pellagra
- c. Acute gastroenteritis
- d. Meningoencephalitis

**e. Addisonic crisis**

462. An unconscious patient presents with moist skin, shallow breathing. There are signs of previous injection on the shoulders and hips. BP- 110/70 mm Hg. Tonus of skeletal muscles and reflexes are increased. Cramps of muscles of the extremities are seen. What is the most likely disorder?

- a. Hyperglycemic coma
- b. Hyperlactacidotic coma
- c. Stroke

**d. Hypoglycemic coma**

e. Hyperosmolar coma

463. A patient was admitted to the hospital on the 7th day of the disease with complaints of high temperature, headache, pain in the muscles, especially in calf muscles. Dermal integuments and scleras are icteric. There is hemorrhagic rash on the skin. Urine is bloody. The patient was fishing two weeks ago. What is the most likely diagnosis?

a. Leptospirosis

b. Salmonellosis

c. Trichinellosis

d. Brucellosis

e. Yersiniosis

464. A 60-year-old woman, mother of 6 children, developed a sudden onset of upper abdominal pain radiating to the back, accompanied by nausea, vomiting, fever and chills. Subsequently, she noticed yellow discoloration of her sclera and skin. On physical examination the patient was found to be febrile with temp of 38,9°C, along with right upper quadrant tenderness. The most likely diagnosis is:

a. Benign biliary stricture

b. Carcinoma of the head of the pancreas

c. Choledochal cyst

d. Choledocholithiasis

e. Malignant biliary stricture

465. A 62-year-old patient complaining of enlargement of cervical, supraclavicular and axillary lymph nodes, subfebrile temperature for the last 3 months has been admitted to a hospital. In blood: WBCs -  $64 \times 10^9/l$ , lymphocytes - 72%. What method of study should be used to specify the diagnosis?

a. X-rays

b. Thermography

c. Lymphography

d. Lymphoscintigraphy

e. Myelogram

466. The complications of acute cholecystitis which require surgical intervention are as follows EXCEPT:

a. Cholangitis conditioned by the presence of stones in the bile tract

b. Jaundice

c. Emphysematous gall-bladder

d. Empyema of the gall-bladder

e. Gall-bladder perforation

467. A 22-year-old girl has been complaining of having itching rash on her face for 2 days. She associates this disease with application of cosmetic face cream. Objectively: apparent reddening and edema of skin in the region of cheeks, chin and forehead; fine papulovesicular rash. What is the most likely diagnosis?

a. Eczema

b. Dermatitis simplex

c. Allergic dermatitis

d. Erysipelas

e. Neurodermatitis

468. A schizophrenic patient considers himself to be "an outstanding scientist, a brilliant composer and an unrivalled artist". He complains that "family and friends are always jealous of him and want to poison him". Determine the psychopathological syndrome:

a. Paratrophic

b. Hebephrenic

c. Paranoid

d. Manic

e. Paranoiac

469. A 42-year-old patient complains of back pain, darkened urine, general weakness, dizziness that occurred after treating a cold with aspirin and ampicillin. Objectively: the patient is pale, with subicteric sclerae. HR - 98 bpm. Liver - +2 cm, spleen - +3 cm. In blood: RBCs -  $2,6 \times 10^{12}/l$ , Hb - 60 g/l, CI - 0,9, WBCs -  $9,4 \times 10^9/l$ , basophils - 0,5%, eosinophils - 3%, stab neutrophils - 6% segmented neutrophils - 58%, lymphocytes - 25%, monocytes - 7%, ESR - 38 mm/hour, reticulocytes - 24%. Total bilirubin - 38 millimole/l. What complication occurred in the patient?

a. Paroxysmal nocturnal hemoglobinuria

**b. Acquired hemolytic anemia**

c. Cholelithiasis

d. Toxic hepatitis

e. Agranulocytosis

470. A hospital has admitted a 52-year-old patient with disseminated pulmonary tuberculosis, complaints of acute pain in the right half of chest, that developed after going upstairs to the 3rd floor; cough, dyspnea at rest, marked cyanosis. What kind of complication should be suspected first of all?

a. Acute myocardial infarction

**b. Spontaneous pneumothorax**

c. Pulmonary failure

d. Cardiac failure

e. Pleuritis

471. A 38-year-old male patient has been taking alcohol for 3 years. 3 days after a regular drinking period he felt anxiety and fear. It appeared to him that he was surrounded by spiders and worms, pursued by some "condemnatory voices". His behaviour became aggressive. The patient demonstrated correct self-awareness but impairment of temporal and spatial orientation. What is the most likely diagnosis?

a. Alcoholic paranoia

b. Alcoholic encephalopathy

c. Pathologic intoxication

**d. Delirium alcoholicum**

e. Alcoholic hallucinosis

472. A 16-year-old patient who has a history of intense bleedings from minor cuts and sores needs to have the roots of teeth extracted. Examination reveals an increase in volume of the right knee joint, limitation of its mobility. There are no other changes. Blood analysis shows an inclination to anaemia (Hb- 120 g/l). Before the dental intervention it is required to prevent the bleeding by means of:

a. Calcium chloride

**b. Cryoprecipitate**

c. Fibrinogen

d. Epsilon-aminocaproic acid

e. Dried blood plasma

473. A 44-year-old patient complains about difficult urination, sensation of incomplete urinary bladder emptying. Sonographic examination of the urinary bladder near the urethra entrance revealed an oval well-defined hyperechogenic formation 2x3 cm large that was changing its position during the examination. What conclusion can be made?

a. Primary ureter tumour

**b. Concrement**

c. Urinary bladder polyp

d. Malignant tumour of the urinary bladder

e. Prostate adenoma

474. A 35-year-old patient complains about pain and morning stiffness of hand joints and temporomandibular joints that lasts over 30 minutes. She has had these symptoms for 2 years. Objectively: edema of proximal interphalangeal digital joints and limited motions of joints. What examination should be administered?

a. Rose-Waaler reaction

b. Complete blood count

**c. Roentgenography of hands**

d. Immunogram

e. Proteinogram

475. A 69-year-old female patient complains of temperature rise up to 38,3°C, haematuria. ESR - 55 mm/h. Antibacterial therapy turned out to be ineffective. What diagnosis might be suspected?

a. Urolithiasis

b. Chronic glomerulonephritis

c. Polycystic renal disease

d. Renal amyloidosis

**e. Renal cancer**

476. A 47-year-old patient complains of insomnia, heaviness over his entire body, constantly depressed mood. He considers himself good-for-nothing, inadequate. Believes that he is a burden to his family, wants to die. The patient is depressed, inactive, has a hypomimic face with sorrowful expression. He speaks quietly and monotonously, gives short answers. What is the most likely diagnosis?

**a. Major depressive disorder**

b. Initial stage of Alzheimers disease

c. Neurotic depression

d. Late-onset schizophrenia

e. Atherosclerotic depression

477. A patient, aged 16, complains of headache, mainly in the frontal and temporal areas, superciliary arch, appearing of vomiting at the peak of headache, pain during the eyeballs movement, joints pain. On examination: excited, t°- 39°C, Ps- 110/min. Tonic and clonus cramps. Uncertain meningeal signs. What is the most likely diagnosis?

a. Influenza, typical disease duration

b. Parainfluenza

c. Adenovirus infection

**d. Influenza with cerebral edema manifestations**

e. Respiratory syncytial virus

478. A 64 y.o. patient has developed of squeezing substernal pain which had appeared 2 hours ago and irradiated to the left shoulder, marked weakness. On examination: pale skin, cold sweat. Pulse- 108 bpm, AP- 70/50 mm Hg, heart sound are deaf, vesicular breathing, soft abdomen, painless, varicose vein on the left shin, ECG: synus rhythm, heart rate is 100 bmp, ST-segment is sharply elevated in II, III aVF leads. What is the most likely disorder?

a. Pulmonary artery thromboembolia

b. Cardiac asthma

**c. Cardiogenic shock**

d. Disquamative aortic aneurizm

e. Cardiac tamponade

479. A 28-year-old patient complains of periodic compressing heart pain. His brother died at the age of 34 from a cardiac disease with similar symptoms. Objectively: the patients skin is pale. Heart borders display no significant deviations. Heart sounds are loud, there is a systolic murmur above all the points with a peak above the aorta. Echocardiography reveals thickening of the interventricular septum in the basal parts, reduction of left ventricular cavity. What drug should be administered in order to prevent the disease progression?

**a. Metoprolol**

b. Nitroglycerin

c. Furosemide

d. Captopril

e. Digoxin

480. A patient, aged 40, has been ill during approximately 8 years, complains of pain in the lumbar part of the spine on physical exertion, in cervical and thoracal part (especially when coughing), pain

in the hip and knee joints on the right. On examination: the body is fixed in the forward inclination with head down, gluteal muscles atrophy. Spine roentgenography: ribs osteoporosis, longitudinal ligament ossification. What is the most likely diagnosis?

- a. Ankylosing spondylitis
- b. Psoriatic spondyloarthropatia
- c. Spread osteochondrosis of the vertebral column
- d. Spondyloarthropatia on the background of Reiter's disease
- e. Tuberculous spondylitis

481. A 38-year-old man is working for 15 years on the slate producing factory. He complains of expiration dyspnea on exertion, dry cough. On physical exam: dullness of the percussory sound in the interscapular area, harsh respiration, dry diffused rales. There are warts of greyish color on hands. The doctor of the plant suspects asbestosis. What method is the most informational to confirm the diagnosis?

- a. Bronchoscopy
- b. Bronchoalveolar lavage
- c. Blood gases analysis
- d. Chest X-ray exam
- e. Spirography

482. A worker, aged 38, working in the slate production during 15 years, complains of expiratory exertional dyspnea, dry cough. On examination: deafening of the percussory sounds in interscapular region, rough breath sounds, dry disseminated rales. On fingers skin - greyish warts. Factory's sectorial doctor suspects asbestosis. Which method is the most informative for diagnosis verification?

- a. Bronchoalveolar lavage
- b. Blood gases examination
- c. Bronchoscopy
- d. Spirography
- e. Thorax roentgenography

483. A 37 y.o. woman is suffering from squeezing substernal pain on physical exertion. On examination: AP- 130/80 mm Hg, heart rate=pulse rate 72 bpm, heart borders are dilated to the left side, aortic systolic murmur. ECG- signs of the left ventricle hypertrophy. What method of examination is the most informative in this case?

- a. Sphygmography
- b. X-ray
- c. Phonocardiography
- d. Coronarography
- e. Echocardiography

484. A 58-year-old woman complains of osteoarthritis of knee-joint. For 2 weeks she had been receiving an in-patient medical treatment. She was discharged from the hospital in satisfactory condition with complaints of minor pain after prolonged static work. Local hyperemia and exudative effects in the area of joints are absent. What further tactics is the most expedient?

- a. Repeated in-patient treatment
- b. Referral to MSEC
- c. Orthopedist consultation
- d. Outpatient treatment
- e. Conducting arthroscopy

485. A 42-year-old patient applied to hospital with complaints of pain behind the sternum with irradiation to the left scapula. The pain appears during significant physical work, this lasts for 5-10 minutes and is over on rest. The patient is sick for 3 weeks. What is the preliminary diagnosis?

- a. IHD: Stable angina pectoris of effort IV FC
- b. IHD: Progressive angina pectoris
- c. IHD: Variant angina pectoris (Prinzmetal's)
- d. IHD: Stable angina pectoris of effort I FC

**e. IHD:First established angina pectoris**

486. A 24-year-old patient felt sick in 16 hours after dried fish intake. There was nausea, vomiting, weakness, flabbiness, double vision. On physical exam, there was decrease of a muscle tone, anisocoria, flaccid swallowing and tendon reflex. What is the most probable diagnosis?

**a. Botulism**

- b. Acute gastritis
- c. Salmonellosis
- d. Acute encephalitis
- e. Food toxicoinfection

487. A 72-year-old patient after operation due toolecystectomy was prescribed gentamicin (80 mg every 8 hours) and cephalothin (2 g every 6 hours) due to fever. In 10 days there was an increase of creatinine up to 310  $\mu\text{mol/L}$ . BP - 130/80 mm Hg, daily quantity of the urine is 1200 mL. Urine tests are without pathology. Ultrasound: the size of kidneys is normal. What is the most probable reason for renal failure?

**a. Nephrotoxicity of gentamicin**

- b. Cortical necrosis of kidneys
- c. Hepatorenal syndrome
- d. Unequal infusion of the liquid
- e. Acute glomerulonephritis

488. A 40 y.o. patient was admitted to the gastroenterology with skin itching, jaundice, discomfort in the right subcostal area, generalized weakness. On examination: skin is jaundice, traces of scratches, liver is +5 cm, spleen is 6x8 cm. In blood: alkaline phosphatase - 2,0 mmol/(hourL), general bilirubin - 60  $\mu\text{mol/L}$ , cholesterol - 8,0 mmol/L. What is the leading syndrome in the patient?

**a. Cholestatic**

- b. Mesenchymal inflammatory
- c. Liver-cells insufficiency
- d. Asthenic
- e. Cytolytic

489. After a wasp-bite there was an itching of skin, hoarse voice, barking cough, anxiety. On physical exam: there is edema of lips, eyelids, cyanosis. What medicine is to be taken first?

- a. Euphylin
- b. Adrenalin

**c. Prednisolone**

- d. Lasix
- e. Seduxen

490. A 16-year-old adolescent was vaccinated with DTP. In eight days there was stiffness and pain in the joints, subfebrile temperature, urticarial skin eruption, enlargement of inguinal, cervical lymph nodes and spleen. What kind of allergic reaction is observed?

- a. Hypersensitivity of delayed type
- b. --
- c. Hypersensitivity of immediate type
- d. Cytotoxic

**e. Immunocomplex**

491. A 16-year-old adolescent was vaccinated with DTP. In eight days there was stiffness and pain in the joints, subfebrile temperature, urticarial skin eruption, enlargement of inguinal, cervical lymph nodes and spleen. What kind of allergic reaction is observed?

- a. Hypersensitivity of immediate type
- b. Hypersensitivity of delayed type
- c. -

**d. Immunocomplex**

- e. Cytotoxic



492. 2 weeks after recovering from angina a 29-year-old patient noticed face edemata, weakness, decreased work performance. There was gradual progress of dyspnea, edemata of the lower extremities, lumbar spine. Objectively: pale skin, weakening of the heart sounds, anasarca. AP- 160/100 mm Hg. In urine: the relative density - 1021, protein - 5 g/l, erythrocytes - 20-30 in the field of vision, hyaline cylinders - 4-6 in the field of vision. What is the most likely diagnosis?

- a. Myxedema
- b. Acute glomerulonephritis**
- c. Acute pyelonephritis
- d. Essential hypertension
- e. Infectious allergic myocarditis

493. A 56-year-old scientist experiences constricting retrosternal pain several times a day while walking for 100-150 m. The pain lasts for up to 10 minutes and can be relieved by nitroglycerine. Objectively: the patient is overweight, heart borders exhibit no abnormalities, heart sounds are rhythmic, Ps- 78 bpm, AP- 130/80 mm Hg. ECG contains low amplitude of T wave in V<sub>4-5</sub>. What disease might be suspected?

- a. Stable FC I stenocardia
- b. Instable stenocardia
- c. Stable FC III stenocardia**
- d. Stable FC II stenocardia
- e. Stable FC IV stenocardia

494. In autumn a 25-year-old patient developed stomach ache arising 1,5-2 hours after having meals and at night. He complains of pyrosis and constipation. The pain is getting worse after consuming spicy, salty and sour food, it can be relieved by means of soda and hot-water bag. The patient has been suffering from this disease for a year. Objectively: furred moist tongue. Abdomen palpation reveals epigastric pain on the right, resistance of abdominal muscles in the same region. What is the most likely diagnosis?

- a. Stomach ulcer
- b. Chronic pancreatitis
- c. Chronic cholecystitis
- d. Diaphragmatic hernia
- e. Duodenal ulcer**

495. A 51 y.o. woman complains of dull pain in the right subcostal area and epigastric area, nausea, appetite decline during 6 months. There is a history of gastric peptic ulcer. On examination: weight loss, pulse is 70 bpm, AP is 120/70 mm Hg. Diffuse tenderness and resistance of muscles on palpation. There is a hard lymphatic node 1x1cm in size over the left clavicle. What method of investigation will be the most useful?

- a. Esophagogastroduodenoscopy with biopsy**
- b. pH-metry
- c. Stomach X-ray
- d. Ureatic test
- e. Ultrasound examination of abdomen

496. A 37-year-old patient has sudden acute pain in the right epigastric area after having fatty food. What method of radiological investigation is to be used on the first stage of examining the patient?

- a. Radionuclid
- b. Roentgenological
- c. Ultrasonic**
- d. Magnetic-resonance
- e. Thermographic

497. A man, aged 68, complains of tiredness, sweating, enlargement of cervical, submaxillary and axillary lymph nodes. Blood test: WBC-  $35 \times 10^9/L$ , lymphocytes - 60%, Botkin and Gumprecht bodies, level of haemoglobin and quantity of thrombocytes is normal. Myelogram showed 40% of lymphocytes. What is the most probable diagnosis?

- a. Lymphogranulomatosis
- b. Chronic myeloleucosis
- c. Chronic lympholeucosis**
- d. Acute leucosis
- e. Tuberculous lymphadenitis

498. A 38-year-old patient is under observation having polyneuritic syndrome with considerable loss of weight, fever, rise in BP. Blood test:: considerable inflammatory changes. What examination is the most expedient to make the diagnosis?

- a. Determination of HLA antigens
- b. Muscular biopsy with histological investigation of the material**
- c. Electromyography
- d. Determination of antinuclear antibodies
- e. Blood culture

499. A 32-year-old male patient has been suffering from pain in the sacrum and coxofemoral joints, painfulness and stiffness in the lumbar spine for a year. ESR - 56 mm/h. Roentgenography revealed symptoms of bilateral sacroileitis. The patient is the carrier of HLA B27 antigen. What is the most likely diagnosis?

- a. Reiters disease
- b. Spondylosis
- c. Coxarthrosis
- d. Rheumatoid arthritis
- e. Ankylosing spondylitis**

500. A 58-year-old female patient complains about periodical headache, dizziness and ear noise. She has been suffering from diabetes mellitus for 15 years. Objectively: heart sounds are rhythmic, heart rate is 76/min, there is diastolic shock above aorta, AP is 180/110 mm Hg. In urine: OD- 1,014. Daily loss of protein with urine is 1,5 g. What drug should be chosen for treatment of arterial hypertension?

- a. alpha-blocker
- b. Inhibitor of angiotensin converting enzyme**
- c. Calcium channel antagonist
- d. beta-blocker
- e. Thiazide diuretic

501. A 28-year-old man was discharged from the hospital after having an out-of-hospital pneumonia. He has no complaints. On physical exam: his temperature is 36,6°C, RR-18/min, Ps - 78 bpm, BP- 120/80 mm Hg. During auscultation there is harsh respiration to the right of the lower part of the lung. Roentgenologically: infiltrative changes are absent, intensification of the pulmonary picture to the right in the lower lobe. How long should the doctor keep the patient under observation?

- a. 6 months
- b. Permanently
- c. 1 month
- d. 3 months
- e. 12 months**

502. A 20-year-old adolescent lives in the nidus of tuberculous infection. The tuberculin Mantoux test with 2 TU was determined as hyperergic. What signs determine the hyperergic test of this adolescent?

- a. 24 mm hyperemia
- b. 20 mm papula
- c. 6 mm papula, necrosis**
- d. 4 mm papula
- e. 12 mm hyperemia

503. Chest X-ray of the miner ( with 24- year-length of service; dust concentration on working place is 260-280 mg/m<sup>3</sup>, 15% of which is free silicon dioxide) showed the signs that are typical of pneumoconiosis. What kind of pneumoconiosis is this?

- a. Silicatosis
- b. Carboconiosis
- c. Anthraco-silicosis**
- d. Anthraco-silicatosis
- e. Silicosis

504. A patient complains of pathological lump, appearing in the right inguinal region on exercise. The lump is round-shaped, 4 cm in diameter, on palpation: soft elastic consistency, is positioned near the medial part of Poupart's ligament. The lump is situated inwards from the spermatic cord. What is the most probable preliminary diagnosis?

- a. Right-sided oblique inguinal hernia
- b. Varicose veins of the right hip
- c. Lipoma of the right inguinal area
- d. Right-sided direct inguinal hernia**
- e. Right-sided femoral hernia

505. A 35-year-old man was operated on peptic ulcer of the stomach. Mass deficit of the body is 10 kg. The level of glucose after operation in the undiluted cellular blood on an empty stomach is 6,7 mmol. During repeated examination - 11,1 mmol (after meal), level of HbA1c - 10%. Could you please make an interpretation of the given data?

- a. Diabetes mellitus risk group
- b. Disordered tolerance to glucose
- c. Diabetes mellitus**
- d. Norm
- e. Postoperative hyperinsulinemia

506. A 52 y.o. woman complains of weakness, painful itching after washing and bathing, sensation of heaviness in the head. On examination: hyperemia of skin of face, neck, extremities. AP- 180/100 mm Hg. Spleen is 4 cm below the rib arch edge. What is the most probable diagnosis?

- a. Allergic dermatitis
- b. Systemic scleroderma
- c. Essential hypertension
- d. Dermatomyositis
- e. Erythremia**

507. A 37-year-old patient was brought to resuscitation unit. General condition of the patient is very serious. Sopor. The skin is grey, moist. Turgor is decreased. Pulse is rapid, intense. BP - 160/110 mm Hg, muscle tonus is increased. Hyperreflexia. There is an ammonia odor in the air. What is the presumptive diagnosis?

- a. Cerebral coma
- b. Uraemic coma**
- c. Hyperglycemic coma
- d. Alcoholic coma
- e. Hypoglycemic coma

508. A 57-year-old man complains of shortness of breath, swelling on shanks, irregularity in cardiac work, pain in the left chest half with irradiation to the left scapula. Treatment is ineffective. On physical exam: heart sounds are diminished, soft systolic murmur on the apex. Ps - 100/min, arrhythmical, BP - 115/75 mm Hg. The liver is +2 cm, painful. Roentgenoscopy: enlargement of heart shadow to all sides, pulsation is weak. Electrocardiogram (ECG): left ventricled extrasystolia, decreased voltage. What method of investigation is necessary to do to determine the diagnosis?

- a. ECG in the dynamics
- b. Coronarography
- c. Velocergometria
- d. X-ray kymography
- e. Echocardiography**

509. A 55 y.o. patient complains of distended abdomen and rumbling, increased winds evacuation,

liquid foamy feces with sour smell following the dairy products consumption. What is the correct name of this syndrome?

- a. Dyskinesia syndrome
- b. Malabsorption syndrome
- c. Syndrome of decayed dyspepsia
- d. Syndrome of fatty dyspepsia
- e. Syndrome of fermentative dyspepsia**

510. A 54-year-old patient has an over 20-year history of femoral osteomyelitis. Over the last month she has developed progressing edemata of the lower extremities. Urine test reveals: proteinuria at the rate of 6,6 g/l; in blood: dysproteinemia in form of hypoalbuminemia, increase in alpha<sub>2</sub>- and gamma-globulin rate, ESR - 50 mm/h. What is the most likely diagnosis?

- a. Secondary renal amyloidosis**
- b. Myelomatosis
- c. Systemic lupus erythematosus
- d. Chronic glomerulonephritis
- e. Acute glomerulonephritis

511. In an inhabited locality there is an increase of diphtheria during the last 3 years with separate outbursts in families. What measure can effectively influence the epidemic process of diphtheria and reduce the morbidity rate to single cases?

- a. Hospitalization of patients
- b. Early diagnostics
- c. Disinfection in disease focus
- d. Immunization of the population**
- e. Detection of carriers

512. A 14-year-old victim was drawn out of the water in winter after 15 minutes of being in the water. The victim shows no vital signs. What measures are to be taken?

- a. To transport the victim to the nearest warm room to carry out reanimation measures
- b. Not to carry out reanimation measures
- c. Not to waste time on the release of respiratory tract from water, to take on cardiopulmonary reanimation
- d. To transport the victim to the nearest hospital to carry out reanimation measures
- e. To release respiratory tract from water, to create drain position and to take on measures to restore respiration and blood circulation**

513. A woman complains of high temperature to 38°C, mild pain in the throat during 3 days. On examination: angle lymphatic nodes of the jaw are 3 cm enlarged, palatine tonsils are enlarged and coated with grey plaque which spreads to the uvula and frontal palatine arches. What is the most probable diagnosis?

- a. Infectious mononucleosis
- b. Agranulocytosis
- c. Oropharyngeal candidosis
- d. Larynx diphtheria**
- e. Vincent's angina

514. A 60-year-old female patient had been admitted to a hospital for acute transmural infarction. An hour later the patient's condition got worse. She developed progressing dyspnea, dry cough. Respiratory rate - 30/min, heart rate - 130/min, AP - 90/60 mm Hg. Heart sounds were muffled, there was also diastolic shock on the pulmonary artery. The patient presented with medium moist rales in the lower parts of lungs on the right and on the left. Body temperature - 36,4°C. What drug should be given in the first place?

- a. Heparin
- b. Digoxin
- c. Aminophylline
- d. Dopamine

**e. Promedol**

515. A 62-year-old male has been hospitalized in the intensive care unit with a continuous attack of retrosternal pain that cannot be relieved by nitroglycerin. Objectively: AP- 80/60 mm Hg, heart rate - 106/min, breathing rate - 22/min. Heart sounds are muffled, a gallop rhythm is present. How would you explain the AP drop?

- a. Blood depositing in the abdominal cavity
- b. Reduction in peripheral resistance

**c. Reduction in cardiac output**

- d. Adrenergic receptor block
- e. Internal haemorrhage

516. A 30 y.o. male patient complains of itching of the skin which intensifies in the evening. He has been ill for 1,5 months. On examination: there is rash with paired papules covered with bloody crusts on the abdomen, hips, buttocks, folds between the fingers, flexor surfaces of the hand. There are traces of line scratches. What additional investigations are necessary to make diagnosis?

- a. Examination for helminths

**b. Examination of rash elements scrape**

- c. Serologic blood examination
- d. Determination of dermographism
- e. Blood glucose

517. 4 hours after having meals a patient with signs of malnutrition and steatorrhea experiences stomach pain, especially above navel and to the left of it. Diarrheas take turns with constipation lasting up to 3-5 days. Palpation reveals moderate painfulness in the choledochopancreatic region. The amylase rate in blood is stable. X-ray reveals some calcifications located above navel. What is the most likely diagnosis?

- a. Chronic calculous cholecystitis

**b. Chronic pancreatitis**

- c. Duodenal ulcer
- d. Chronic gastroduodenitis
- e. Zollinger-Ellison syndrome

518. A 58 y.o. male patient is examined by a physician and suffers from general weakness, fatigue, mild pain in the left subcostal area, sometimes frequent painful urination. Moderate splenomegaly has been revealed. Blood test: neutrophilic leukocytosis with the progress to myelocyte; basophil- 2%; eosinophil- 5%. There is a urate crystals in urine, erythrocyte- 2-3 in the field of vision. What is the preliminary diagnosis?

**a. Chronic myeloleucosis**

- b. Lymphogranulomatosis
- c. Urolithiasis
- d. Liver cirrhosis
- e. Leukemoid reaction

519. A 56-year-old patient with diffuse toxic goiter has ciliary arrhythmia with pulse rate of 110 bpm, arterial hypertension, AP- 165/90 mm Hg. What preparation should be administered along with mercazolil?

**a. Propranolol**

- b. Procaine hydrochloride
- c. Corinfar
- d. Verapamil
- e. Radioactive iodine

520. A 43 y.o. woman complains of severe pain in the right abdominal side irradiating in the right supraclavicular area, fever, dryness and bitterness in the mouth. There were multiple vomitings without relief. Patient relates the onset of pain to the taking of fat and fried food. Physical examination: the patient lies on the right side, pale, dry tongue, tachycardia. Right side of abdomen is painful during palpation and somewhat tense in right hypochondrium. What is the most likely

diagnosis?

- a. Acute bowel obstruction
- b. Acute cholecystitis
- c. Perforative ulcer**
- d. Acute appendicitis
- e. Right-sided renal colic

521. On the 5th day of a respiratory disease accompanied by fever a 24-year-old man developed progressing headaches, systemic dizziness, double vision, facial muscles paresis on the right, choking from swallowing. He was diagnosed with acute viral encephalitis. Identify the main tendency of the emergency treatment:

- a. Lasix
- b. Haemodesum
- c. Glucocorticoids
- d. Ceftriaxone

**e. Zovirax**

522. A 24-year-old man on the 5th day of acute respiratory disease with high grade temperature started having strong headaches, systemic dizziness, sensation of double vision, paresis of mimic muscles to the right, tickling by swallowing. Diagnosis: Acute viral encephalitis. Determine the basic direction of the emergent therapy

- a. Lasix
- b. Hemodesis
- c. Glucocorticoids
- d. Cephtriaxon

**e. Zovirax**

523. A 65 y.o. woman complains of complicated mouth opening following foot trauma 10 days ago. Next day she ate with difficulties, there were muscles tension of back, the back of the head and abdomen. On the third day there was tension of all muscle groups, generalized convulsions every 10-15 min. What is the most probable diagnosis?

- a. Hemorrhagic stroke
- b. Epilepsy
- c. Tetania
- d. Meningoencephalitis

**e. Tetanus**

524. A 54-year-old male patient complains of aching pain in the lumbar region, that is getting worse after standing in an upright position, physical exercise, supercooling. The patient also reports of experiencing weakness in the afternoon. Pain in the lumbar region, said about 10 years old. Objectively: pale skin,  $t^{\circ}$  - 37,2°C, AP- 180/100 mm Hg, minor costovertebral angle tenderness (Pasternatsky symptom). In blood: RBCs -  $3,5 \times 10^{12}/l$ , WBCs -  $6,5 \times 10^9/l$ , ESR - 22 mm/h. In urine: the relative density - 1010, leukocytes - 12-15 in the field of vision, erythrocytes - 2-3 in the field of vision. Urine bacterial count - 100000 in 1 ml. What is the most likely diagnosis?

- a. Nephrolithiasis
- b. Chronic glomerulonephritis
- c. Amyloidosis

**d. Chronic pyelonephritis**

e. Polycystic renal disease

525. A 18 y.o. female student complains of dyspnea during the intensive exertion. The condition became worse half a year ago. On examination: pulse rate is 88 bpm, accelerated, AP- 180/20 mm Hg, pale skin, heart borders are dilated to the left and up. There is systolic-diastolic murmur in the 2nd intercostal space, S<sub>2</sub> at pulmonary artery is accentuated. ECG has revealed both ventricles hypertrophy. Thoracic X-ray has revealed pulsation and protrusion of the left ventricle, lung trunk. What doctors tactics should be?

**a. Cardiosurgeon consultation**

- b. Administration of therapeutic treatment
- c. Exemption from physical exercises
- d. Continuation of investigation
- e. Dispensary observation

526. A 49-year-old male patient complains of dyspnea of combined nature, cough, shin edemata, abdomen enlargement due to ascites. He has a 20-year history of chronic bronchitis. For the last 3 years he has been disabled (group II) because of cardiac changes. Objectively: mixed cyanosis, edemata. Ps - 92/min, rhythmic, AP - 120/70 mm Hg, respiration rate - 24/min. There is accentuation of the second sound above the pulmonary artery. Auscultation reveals the box resonance above the lungs. There are also dry rales over the entire surface of lungs. What is the mechanism of heart changes development in this patient?

- a. Kitaevs reflex
- b. Cardiovascular reflex
- c. Respiratory reflex
- d. Euler-Liljestrand reflex**
- e. Bainbridge reflex

527. A 24-year-old man on the second day of the disease with a sudden onset complains of a strong headache in temples and in the area of orbits, dull pain in the body, dry painful cough. His temperature is 39°C. Adynamic. Mucous membrane of oropharynx is "flaming", rales are not auscultated. What is the most probable diagnosis?

- a. Influenza**
- b. Respiratory mycoplasmosis
- c. Meningococcus infection
- d. Pneumonia
- e. Parainfluenza

528. A 43-year-old female patient complains of unstable defecation with frequent constipations, abdominal swelling, headache, sleep disturbance. Body weight is unchanged. What disease are these clinical presentations typical for?

- a. Chronic pancreatitis
- b. Chronic enteritis
- c. Irritable colon syndrome**
- d. Chronic atrophic gastritis
- e. Colorectal cancer

529. A 43-year-old man who often contacts with ethyl gasoline was admitted to a hospital with complaints of general weakness, dizziness, memory impairment, sleepiness at daytime and insomnia at night, sensation of a hair in the mouth, colicky pains in the right subcostal region. What is the most likely diagnosis?

- a. Chronic tetraethyl lead intoxication**
- b. Chronic mercury intoxication
- c. Chronic lead intoxication
- d. Chronic manganese intoxication
- e. Alcoholic delirium

530. A 35-year-old patient has been in the intensive care unit for acute renal failure due to crush for 4 days. Objectively: the patient is inadequate. Breathing rate - 32/min. Over the last 3 hours individual moist rales can be auscultated in lungs. ECG shows high T waves, right ventricular extrasystoles. CVP - 159 mm Hg. In blood: the residual nitrogen - 62 millimole/l, K<sup>+</sup> - 7,1 millimole/l, Cl<sup>-</sup> - 78 millimole/l, Na<sup>+</sup> - 120 millimole/l, Ht - 0,32, Hb - 100 g/l, blood creatinine - 0,9 millimole/l. The most appropriate method of treatment would be:

- a. Hemosorption
- b. Plasma sorption
- c. Hemodialysis**
- d. Plasma filtration



e. Ultrafiltration

531. A 35 y.o. woman is suspected of aplastic anemia. The bone marrow puncture has been administered with the diagnostic purpose. What changes in the marrow punctate are suggested?

- a. Prevalence of megaloblasts
- b. Replacement of marrow elements with fibrous tissue
- c. Replacement of marrow elements with adipose tissue**
- d. Presence of blast cells
- e. Absolute lymphocytosis

532. A 47-year-old woman underwent a thyroid gland resection on account of nodular euthyroid goiter. What preparations are most likely to prevent the disease recurrence?

- a. Radioactive iodine
- b. Thyroid hormones**
- c. Thyrotropin
- d. Mercazolil
- e. Antistruminum (potassium iodide)

533. A 60 y.o. patient experiences acute air insufficiency following of the venectomy due to subcutaneous vein thrombophlebitis 3 days ago. Skin became cyanotic, with grey shade. Marked psychomotor excitement, tachypnea, substernal pain. What postoperative complication has occurred?

- a. Valvular pneumothorax
- b. Thromboembolism of pulmonary artery**
- c. Hypostatic pneumonia
- d. Hemorrhagia
- e. Myocardial infarction

534. A 19-year-old woman complains of pain in the abdomen and joints, asks for more analgetics and somnifacient injections. The patient was examined. Gynecological and urological pathologies are absent. There are signs of previous punctures along superficial veins of the extremities. The patient does not explain the origin of punctures. Tendon reflexes of upper and lower extremities are the same, quick. Photoreaction of the pupil of the eye is weak. The tongue is grey coated. During communication the patient is affectively not even-tempered. There is diarrhea without pathologic inclusions. What tactics is necessary to improve the condition of this patient?

- a. Treatment with antibiotics
- b. Consultation of infectious diseases doctor
- c. Prescription of medications the patient asks for
- d. Additional consultation of surgeon
- e. Consultation of an expert in narcology**

535. A patient has an over a year-old history of fast progressive rheumatoid arthritis. X-raying confirms presence of marginal erosions. What basic drug would be the most appropriate in this case?

- a. Chloroquine
- b. Diclofenac sodium
- c. Aspirin
- d. Methotrexate**
- e. Prednisolone

536. A female rheumatic patient experiences diastolic thoracic wall tremor (diastolic thrill), accentuated S<sub>1</sub> at apex, there is diastolic murmur with presystolic intensification, opening snap, S<sub>2</sub> accent at pulmonary artery. What kind of heart disorder is observed?

- a. Aortic valve insufficiency
- b. Mitral valve insufficiency
- c. Opened arterial duct
- d. Mitral stenosis**
- e. Pulmonary artery stenosis

537. A 23-year-old patient complains of a dull ache, sensation of heaviness and distention in the

epigastrium immediately after meals, foul-smelling eructation; dry mouth, empty stomach nausea, diarrhea. Objectively: the skin is pale, the patient is of thin build. Abdomen is soft on palpation, there is epigastric pain. The liver does not extend beyond the costal arch. In blood: Hb - 110 g/l, RBCs -  $3,4 \times 10^{12}/l$ , WBC count is normal. ESR - 16 mm/h. What is the most informative study that will allow make a diagnosis?

a. Duodenal probing

**b. Esophageal gastroduodenoscopy**

c. Study of gastric juice

d. X-ray of digestion organs

e. pH-metry

538. A 49-year-old patient complains of deglutition problems, especially with solid food, hiccups, voice hoarseness, nausea, regurgitation, significant weight loss (15 kg within 2,5 months). Objectively: body weight is reduced. Skin is pale and dry. In lungs: vesicular breathing, heart sounds are loud enough, heart activity is rhythmic. The abdomen is soft, painless on palpation. Liver is not enlarged. What study is required to make a diagnosis?

**a. Esophageal duodenoscopy along with biopsy**

b. X-ray of digestive tract organs

c. Study of gastric secretion

d. X-ray in Trendelenburgs position

e. Clinical blood test

539. A 60-year-old patient has been admitted to a hospital with complaints of dyspnea, tightness in the right subcostal area, abdomen enlargement. These presentations have been progressing for a year. Heart auscultation reveals presystolic gallop rhythm. Objectively: swelling of the neck veins, ascites, palpable liver and spleen. What disease requires differential diagnostics?

a. Pulmonary embolism

**b. Constrictive pericarditis**

c. Lung cancer with invasion to the pleura

d. Hepatocirrhosis

e. Chronic pulmonary heart

540. A 40-year-old patient, the forester, complains of severe headache, body temperature rise up to  $39,5^{\circ}\text{C}$ , trembling limbs. From the patients history we know that he had seriously cut his hand during the dissection of a killed fox. Objectively: depressed mood. The patient asks not to turn on the light or open the door. Any noise causes apparent motor excitation. When he saw a carafe of water, he developed convulsive throat spasms. What tactics should an emergency doctor choose?

a. Deliver the patient to the psychiatric hospital

b. Let him stay at home and consult a psychiatrist

c. Deliver the patient to the resuscitation department

d. Deliver the patient to the neurological department

**e. Deliver the patient to the infectious disease hospital**

541. A 28-year-old woman has a 12-year history of chronic glomerulonephritis with latent course. Over the past six months she has developed general weakness, loss of appetite, low work performance, nausea. The patient complains of headache, pain in the joints. On examination: anemia, blood urea - 34,5 millimole/l, blood creatinine - 0,766 millimole/l, hyperkalemia. What complication has developed?

a. Renal amyloidosis

b. Pyelonephritis

c. Acute renal insufficiency

d. Nephrotic syndrome

**e. Chronic renal insufficiency**

542. A 70 y.o. male patient with mild headaches complains of speech disorder, weakness in right limbs. There was a history of miocardial infarction and arrhythmia. On neurological examination there are elements of motor aphasia, central paresis of VII and XII cranial nerves pairs on the right side,

central type of hemiparesis and hemihyperesthesia on the same side. What is the most probable diagnosis?

a. Ischemic stroke

b. Transitory ischemic attack

c. Cerebral tumor

d. Epidural hematoma

e. Hemorrhagic stroke

543. After treating a field with pesticides a machine operator presents with great weakness, headache, nausea, vomiting, diarrhea, visual impairment, watery eyes. Objectively: the patient is excited, hypersalivation, hyperhidrosis, muscle fibrillation of tongue and eyelids are observed. Pupils are narrowed, there is tachycardia, lung auscultation reveals moist small and medium bubbling rales. In blood: changed level of cholinesterase activity. What is the most likely diagnosis?

a. Intoxication with arsenic-containing pesticides

b. Intoxication with carbamic acid derivatives

c. Intoxication with organochlorine pesticides

d. Intoxication with organomercurial pesticides

e. Intoxication with organophosphorous pesticides

544. A 40-year-old man is ill with autoimmune hepatitis. Blood test: A/G ratio 0,8, bilirubin - 42  $\mu\text{mol/L}$ , transaminase: ALT- 2,3  $\text{mmol g/L}$ , AST - 1,8  $\text{mmol g/L}$ . What is the most effective means in treatment from the given below?

a. Antibacterial medication

b. Antiviral medications

c. Hemosorption, vitamin therapy

d. Glucocorticoids, cytostatics

e. Hepatoprotectors

545. A farmer hurt his right foot during working in a field and came to the emergency station. He doesn't remember when he got last vaccination and he has never served in the army. Examination of his right foot revealed a contaminated wound up to 5-6 cm long with uneven edges. The further treatment tactics will be:

a. To make an injection of tetanus anatoxin

b. Surgical debridement only

c. To administer an antibiotic

d. To make an injection of tetanus anatoxin and antitetanus serum

e. To make an injection of antitetanus serum

546. A 35-year-old patient has been admitted to a hospital for pain in the left sternoclavicular and knee joints, lumbar area. The disease has an acute character and is accompanied by fever up to 38°C. Objectively: the left sternoclavicular and knee joints are swollen and painful. In blood: WBCs -  $9,5 \times 10^9/\text{l}$ , ESR - 40  $\text{mm/h}$ , CRP - 1,5  $\text{millimole/l}$ , fibrinogen - 4,8  $\text{g/l}$ , uric acid - 0,28  $\text{millimole/l}$ . Examination of the urethra scrapings reveals chlamydia. What is the most likely diagnosis?

a. Reiter's syndrome

b. Gout

c. Rheumatoid arthritis

d. Bechterew's disease

e. Rheumatic arthritis

547. A 20-year-old female patient is suffering from chronic bronchitis. Recently there has been production about 0,5 L of purulent sputum with maximum discharge in the morning. Fingers are like "drum sticks", there are "watching glass" nails. What is the most probable diagnosis?

a. Pneumonia

b. Gangrene of lungs

c. Tuberculosis

d. Bronchiectasia

e. Chronic bronchitis

548. Topographic percussion of lungs in a patient who got a serious job-related barotrauma revealed that the lower lungs borders were located one rib below normal, there was a significant increase in both lungs height and Kronigs isthmus. What disease should be suspected in the first place?

- a. Pneumothorax
- b. Pulmonary emphysema**
- c. Chronic bronchitis
- d. Exudative pleuritis
- e. Bronchial asthma

549. A 28 y.o. male patient was admitted to the hospital because of high temperature 39°C, headache, generalized fatigue, constipation, sleep disorder for 9 days. There are sporadic roseolas on the abdomen, pulse- 78 bpm, liver is enlarged for 2 cm. What is the most probable diagnosis?

- a. Sepsis
- b. Typhus
- c. Abdominal typhoid**
- d. Brucellosis
- e. Leptospirosis

550. A 50-year-old patient complains about having pain attacks in the right subcostal area for about a year. He pain arises mainly after taking fattening food. Over the last week the attacks occurred daily and became more painful. On the 3rd day of hospitalization the patient presented with icteritiousness of skin and scleras, light-colored feces and dark urine. In blood: neutrophilic leukocytosis -  $13,1 \times 10^9/l$ , ESR- 28 mm/h. What is the most likely diagnosis?

- a. Hypertensive dyskinesia of gallbladder
- b. Chronic calculous cholecystitis**
- c. Fatty degeneration of liver
- d. Chronic recurrent pancreatitis
- e. Chronic cholangitis, exacerbation stage

551. After a serious nervous stress a 35-year-old patient has developed on the dorsal surface of hands redness and swelling that were later replaced by small inflammatory nodules, vesicles and following erosion with a significant serous discharge. The process is accompanied by severe itching. What is the most likely diagnosis?

- a. Microbal eczema
- b. Allergic dermatitis
- c. True eczema**
- d. Simple contact dermatitis
- e. Toxicoderma

552. A 36-year-old patient complains of skin rash that appeared a week ago and doesnt cause any subjective problems. Objectively: palm and sole skin is covered with multiple lenticular disseminated papules not raised above the skin level. The papules are reddish, dense on palpation and covered with keratinous squamae. What is the provisional diagnosis?

- a. Secondary syphilis**
- b. Palmoplanar psoriasis
- c. Palm and sole callosity
- d. Palmoplanar rubrophytosis
- e. Verrucosis

553. A 30-year-old patient complains of paroxysmal abdominal pain, frequent liquid stools up to 10 times a day. Throughout the first 3 days he had a fever, since the 2nd day of disease there were scant liquid stools mixed with mucus. On palpation: tenderness of all colon segments. Sigmoid colon was found spastic. What is your provisional diagnosis?

- a. Intestinal amebiasis
- b. Cholera
- c. Balantidiasis
- d. Acute dysentery**

e. Salmonellosis

554. A 38-year-old woman experiences episodic increases in arterial pressure up to 240/120 mm Hg, which is accompanied by nausea, vomiting, tachycardia, increased sweating, hyperglycemia. The attack is usually followed by the excessive urination. Renal sonography reveals an additional formation adjacent to the upper pole of the right kidney and possibly belonging to the adrenal gland. What laboratory test will allow to clarify the diagnosis?

- a. Blood test for insulin and C-peptide
- b. Blood test for thyroxine and thyrotrophic hormone
- c. Blood test for renin level
- d. Determination of urinary excretion of catecholamines and vanillylmandelic acid**
- e. Estimation of glomerular filtration rate by measuring endogenous creatinine clearance

555. A 32-year-old patient has a 3-year history of asthma attacks, that can be hardly stopped with berotec. Over a few last months he has experienced pain in the joints and sensitivity disorder of legs and feet skin. Ps - 80/min, AP - 210/100 mm Hg. In blood: eosinophilia at the rate of 15%. What disease can be suspected in this case?

- a. Dermatomyositis
- b. Wegeners disease
- c. Systemic lupus erythematosus
- d. Systemic scleroderma
- e. Periarteritis nodosa**

556. A 46-year-old patient complains of sudden palpitation, which is accompanied by pulsation in the neck and head, fear, nausea. The palpitation lasts for 15-20 minutes and is over after straining when holding her breath. What kind of cardiac disorder may be suspected?

- a. An attack of ventricular paroxysmal tachycardia
- b. An attack of ciliary arrhythmia
- c. An attack of extrasystolic arrhythmia
- d. An attack of supraventricular paroxysmal tachycardia**
- e. An attack of atrial flutter

557. A 5-grade pupil complains about extensive skin rash accompanied by intensive itch, especially at night. Objectively: there are small red papules set mostly in pairs in the region of interdigital folds on both hands, on the flexor surface of radcarpal articulations, abdomen and buttock skin as well as internal surface of thighs. In the centre of some papules vesicles or serohaemorrhagic crusts can be seen. There are multiple excoriations. What is the most likely diagnosis?

- a. Toxicoderma
- b. Eczema
- c. Dermatitis
- d. Ringworm of body
- e. Scabies**

558. A welder at work got the first-degree burns of the middle third of his right shin. 5 days later the skin around the burn became edematic and itchy. Objectively: on a background of a well-defined erythema there is polymorphic rash in form of papules, vesicles, pustules, erosions with serous discharge. What is the most likely diagnosis?

- a. Toxicoderma
- b. True eczema
- c. Microbal eczema**
- d. Occupational eczema
- e. Streptococcal impetigo

559. A 58-year-old patient has a 3-year history diabetes mellitus type II. He has been keeping to a diet and regularly taking glyburide. He has been delivered to a hospital on an emergency basis for acute abdomen. Objectively: the patient is of supernutrition type. The skin is dry. In the lungs vesicular breathing can be auscultated. Heart sounds are regular, 90/min. AP- 130/70 mm Hg. The symptom of "wooden belly" is visible. Blood sugar - 9,8 millimole/l. The patients has indication for

laparotomy. What is the most appropriate way of further treatment of diabetes?

- a. To administer Semilong to be taken in the morning and insulin - in the evening
- b. To continue taking glyburide
- c. To administer short insulin**
- d. To administer 1 tablet of Glurenorm three times a day
- e. To administer 1 tablet of Maninil three times a day

560. A 56 y.o. man, who has taken alcoholic drinks regularly for 20 years, complains of intensive girdle pain in the abdomen. Profuse nonformed stool 2-3- times a day has appeared for the last 2 years, loss of weight for 8 kg for 2 years. On examination: abdomen is soft, painless. Blood amylase - 12g/L. Feces examination-neutral fat 15 g per day, starch grains. What is the most reasonable treatment at this stage?

- a. Contrykal
- b. Levomicytine
- c. Imodium

**d. Pancreatine**

- e. Aminocapron acid

561. A 43-year-old female patient complains of eruption on her right leg skin, pain, weakness, body temperature rise up to 38°C. The disease is acute. Objectively: there is an edema on the right leg skin in the region of foot, a well-defined bright red spot in form of flame tips which feels hot. There are isolated vesicles in focus. What is your provisional diagnosis?

- a. Microbial eczema
- b. Toxicoderma
- c. Haemorrhagic vasculitis

**d. Erysipelas**

- e. Contact dermatitis

562. A 45-year-old patient complains of some painless nodular elements tending to peripheral growth and fusion. He has a 2-year history of this disease. Aggravation takes place mainly in spring. In anamnesis: the patient's father had similar skin lesions. Objectively: pathological elements look like guttate and nummular nodules, plaques covered with white scales. What is your provisional diagnosis?

**a. Psoriasis**

- b. Neurodermitis
- c. Seborrheic eczema
- d. Pityriasis rosea
- e. Lichen ruber planus

563. A 47-year-old patient came to see a doctor on the 7th day of disease. The disease developed very fast: after the chill body temperature rose to 40°C and lasted up to 7 hours, then dropped abruptly, which caused profuse sweat. There were three such attacks occurring once in two days. Two days ago the patient arrived from Africa. Objectively: pale skin, subicteric sclera, significantly enlarged liver and spleen. What is the cause of fever attacks in this disease?

- a. Tissue schizogony
- b. Endotoxin of a causative agent
- c. Gametocytes

**d. Erythrocytic schizogony**

- e. Exotoxin of a causative agent

564. On the 2nd day of illness a 27-year-old patient complains of the unbearable headache, repeated vomiting. Objectively: the patient is in a grave condition. He is conscious but adynamic. Lies in a forced position with his head thrown back. There is no skin rash. Occipital muscles are evidently rigid, there are Kernig's and Brudzinski's signs.  $t^{\circ}$  - 39,5°C, Ps - 120/min., AP - 130/80 mm Hg. What is the reason for the leading syndrome of this disease?

- a. Liquor hypotension
- b. Haemorrhages into the adrenal glands

c. Hyperthermy

d. Liquor hypertension

e. Affection of the cranial nerve nuclei

565. A 43 y.o. woman complains of shooting heart pain, dyspnea, irregularities in the heart activity, progressive fatigue during 3 weeks. She had acute respiratory disease a month ago. On examination: AP- 120/80 mm Hg, heart rate 98 bpm, heart borders +1,5 cm left side, sounds are muffled, soft systolic murmur at apex and Botkins area; sporadic extrasystoles. Liver isn't palpated, there are no edema. Blood test: WBC-  $6,7 \cdot 10^9/L$ , sedimentation rate- 21 mm/hour. What is the most probable diagnosis?

a. Ischemic heart disease, angina pectoris

b. Climacteric myocardiodystrophy

c. Acute myocarditis

d. Rheumatism, mitral insufficiency

e. Hypertrophic cardiomyopathy

566. A 37-year-old woman is sick with bronchial asthma for 15 years. Recently asthmatic attacks occur 4-5 times per week, night attacks - 2-3 times per month. To stop attacks, the patient takes salbutamol. On physical exam: condition is relatively satisfactory. RR - 20/min, Ps is 76 bpm, BP - 120/80 mm Hg. Respiration in lungs is vesicular. Cardiac sounds are muted, rhythm is normal. What medication should be prescribed to prevent attacks of bronchial asthma on the first stage?

a. Regular dose of salbutamol

b. Tableted corticosteroids

c. Injection of corticosteroids

d. Cromoglycat sodium

e. Inhalation corticosteroids

567. A 50-year-old patient was hospitalized in severe condition with complaints of chills, high grade temperature, dryness in the mouth, multiple vomiting, pain in the epigastrium, frequent watery, foamy, dirty green color stool of unpleasant odor. The tongue and the skin are dry. BP - 80/40 mm Hg. What first aid is necessary for the patient?

a. To prescribe polyglucin

b. Fresh-frozen plasma transfusion

c. Intravenous injection of sodium solutions

d. Sympathomimetics

e. Hemosorption

568. A 37-year-old woman complains of generalized fatigue, irritability, dysphagia, chalk hunger. On physical exam: t-  $36,5^{\circ}C$ , respirations - 20/min, Ps - 96 bpm, BP - 110/70 mm Hg. Satisfactory nourishment. The skin and visible mucous membranes are pale. Blood test: Hb - 70g/L, erythrocytes -  $3,4 \cdot 10^{12}/L$ , CI - 0,7, reticulocytes - 2%, leucocytes -  $4,7 \cdot 10^9/L$ , eosinophils - 2%, band neutrophils - 3%, segmented neutrophils - 64%, lymphocytes - 26%, monocytes - 5%, ESR - 15 mm/min. Serum ferrum -  $7,3 \mu mol/L$ , total protein - 70g/L. Deficit of what factor caused the development of the disease?

a. Protein

b. Folic acid

c. Vitamin B6

d. Vitamin B12

e. Ferrum

569. A 24-year-old emotionally-labile woman presents with irritation, depressed mood, palpitation, shooting pain in the heart area, generalized fatigue following the divorce. On examination: palm hyperhidrosis, pulse rate- 72-78 bpm, labile, heart without changes. ECG is normal. What is the most probable pathology in this case?

a. Schizophrenia

b. Depressive neurosis

c. Ipocondric neurosis



d. Compulsive neurosis

**e. Neurasthenia**

570. A 30-year-old woman with a long history of chronic pyelonephritis complains about considerable weakness, sleepiness, decrease in diuresis down to 100 ml per day. AP- 200/120 mm Hg. In blood: creatinine - 0,62 millimole/l, hypoproteinemia, albumines - 32 g/l, potassium - 6,8 millimole/l, hypochromic anemia, increased ESR. What is the first step in the patient treatment tactics?

a. Blood transfusion

**b. Haemodialysis**

c. Enterosorption

d. Antibacterial therapy

e. Haemosorption

571. A patient had macrofocal myocardial infarction. He is overweight for 36%, AP is 150/90 mm Hg, blood sugar- 5,9 mmol/L, general cholesterol- 4,9 mmol/L, uric acid- 0,211 mmol/L. Which risk factor should be urgently eradicated during the secondary prevention?

a. Arterial hypertension

b. Hypercholesterolemia

c. Hyperuricemia

**d. Obesity**

e. Hyperglycemia

572. While staying in a stuffy room a 19-year-old emotionally labile girl developed severe weakness, dizziness, blackout, nausea and loss of consciousness without convulsions. Objectively: the patient is unconscious, the skin is pale, extremities are cold. AP - 90/60 mm Hg, Ps- 96/min, deficient, breathing is shallow. Pupillary and tendon reflexes are present. There are no pathological signs. What is the most likely diagnosis?

a. Transient ischemic attack

**b. Syncope**

c. Epileptic attack

d. Vegetovascular paroxysm

e. Hysterical neurosis

573. A 40-year-old female patient complain of headache, dizziness, muscle weakness, sometimes - cramps in the extremities. She has been taking antihypertensive medications for 10 years. AP- 180/100 mm Hg. Blood potassium - 1,8 millimole/l, sodium - 4,8 millimole/l. In urine: alkaline reaction, the relative density - 1012, protein and sugar are not found, WBCs - 3-4 in the field of vision, RBCs - 1-2 in the field of vision. Conns syndrome is suspected. Which drug should be chosen for the treatment of arterial hypertension?

a. Propranolol

b. Hydrochlorothiazide

c. Clonidine

**d. Spironolactone**

e. Enalapril

574. A 18-year-old patient had subtotal strumectomy due to malignant capillary cystadenoma of the thyroid gland. In 2 months there was a suspicion of metastasis presence in the lungs. What rontgenological method is to be used first?

a. Angiopneumonography

b. Roentgenoscopy of lungs

**c. Roentgenography of lungs**

d. Bronchography

e. Bronchoscopy

575. A 58-year-old patient was diagnosed basal-cell skin cancer, 1st stage. Tumor is up to 1 cm in size and with up to 0,5 cm deep infiltration in tissues. Tumor is localized in the right nasolabial area. Choose the most optimal method of treatment

**a. Surgical treatment**

**b. Short-distance roentgenotherapy**

- c. Long-distance gamma therapy
- d. Long-distance roentgenotherapy
- e. Chemotherapy

576. A 27-year-old patient complains of nasal haemorrhages, multiple bruises on the anterior surface of the trunk and extremities, sudden weakness. In blood: Hb- 74 g/l, reticulocytes - 16%, RBCs -  $2,5 \times 10^{12}/l$ , platelets -  $30 \times 10^9/l$ , ESR- 25 mm/h. What is the most effective measure for the treatment of thrombocytopenia?

- a. Cytostatics
- b. Vitamin B12
- c. Iron preparations
- d. Hemotransfusion

**e. Splenectomy**

577. 2 days ago a patient presented with acute pain in the left half of chest, general weakness, fever and headache. Objectively: between the 4 and 5 rib on the left the skin is erythematous, there are multiple groups of vesicles 2-4 mm in diameter filled with transparent liquid. What disease are these symptoms typical for?

- a. Pemphigus
- b. Streptococcal impetigo
- c. Herpetiform Duhrings dermatosis

**d. Herpes zoster**

- e. Herpes simplex

578. A woman while working in vegetable garden developed severe pain in the loin. Lasagues and Nery tension signs are obviously marked on the right. Lumbar lordosis is smoothed, movements are harshly restrained in lumbar part of the spine. Right ankle (Achilles) reflex is absent. What kind of disease can it be?

- a. Hepatic colic
- b. Lumbalgia

**c. Lumbar-sacral radiculitis**

- d. Renal colic
- e. Neuritis of femoral nerve

579. After lifting a load a patient felt undurable pain in the loin. He was diagnosed with acute lumbosacral radiculitis. Which of the following is contraindicated for this patient?

- a. Intravenous injection of aminophylline

**b. Warming procedures**

- c. Analgetics
- d. Dehydrating drugs
- e. Vitamins of B group

580. A 75 y.o patient can not tell the month, date and season of the year. After long deliberations she manages to tell her name. She is in irritable and dissatisfied mood. She always carries a bundle with belongings with her, hides a parcel with bread, shoes in her underwear in her bosom as well as "invaluable books". What is the most probable diagnosis?

- a. Dissociated personality (psychopathy)

**b. Senile dementia**

- c. Presenile melancholia
- d. Atherosclerotic (lacunar) dementia
- e. Behaviour disorder

581. A 26-year-old male patient complains of piercing pain during breathing, cough, dyspnea. Objectively:  $t^{\circ}$ -  $37,3^{\circ}C$ , respiration rate - 19/min, heart rate = Ps- 92/min; AP- 120/80 mm Hg. Vesicular respiration. In the inferolateral parts of chest auscultation in both inspiration and expiration phase revealed noise that was getting stronger at phonendoscope pressing and can be still heard after cough. ECG showed no pathological changes. What is the most likely diagnosis?

**a. Acute pleuritis**

- b. Subcutaneous emphysema
- c. Pericarditis sicca
- d. Spontaneous pneumothorax
- e. Intercostal neuralgia

582. HIV displays the highest tropism towards the following blood cells:

- a. T-killers
- b. T-suppressors

**c. T-helpers**

- d. Thrombocytes
- e. Erythrocytes

583. A 22-year-old patient is a clerk. His working day runs in a conditioned room. In summer he was taken by an acute disease with the following symptoms: fever, dyspnea, dry cough, pleural pain, myalgia, arthralgia. Objectively: moist rales on the right, pleural friction rub. X-ray picture showed infiltration of the inferior lobe. In blood: WBC -  $11 \times 10^9/l$ , stab neutrophils - 6%, segmented neutrophils - 70%, lymphocytes - 8%, ESR - 42 mm/h. What is the ethiological factor of pneumonia?

- a. Mycoplasma
- b. Staphylococcus
- c. Pneumococcus

**d. Legionella**

- e. Streptococcus

584. A 53-year-old woman complained of cardiac pain and rhythm intermissions. She had experienced these presentations since childhood. The patient's father had a history of cardiac arrhythmias. Objectively: the patient was in grave condition, Ps- 220 bpm, AP- 80/60 mm Hg. ECG: heart rate - 215/min, widening and deformation of QRS complex accompanied by atrioventricular dissociation; positive P wave. Some time later heart rate reduced down to 45/min, there was a complete dissociation of P wave and QRST complex. Which of the following will be the most effective treatment?

- a. Calcium antagonists
- b. Cardiac glycosides
- c. beta-adrenoreceptor blocking agents
- d. Cholinolytics

**e. Implantation of the artificial pacemaker**

585. A 49-year-old patient complains of dyspnea, cough. There are no sputum discharges. He has repeatedly used salbutamol and intal but with no effect. Objectively: he is only able to sit while leaning on the table. Cyanosis of face, acrocyanosis are present. Breathing is shallow, laboured, in some parts it cannot be auscultated; there are diffuse rales, expiration is significantly prolonged. Heart sounds are muffled, tachycardia is present. Ps - 112/min., AP- 110/70 mm Hg. Liver is located near the costal arch. There are no peripheral edemata. What is your provisional diagnosis?

- a. Chronic obstructive bronchitis
- b. Foreign object aspiration
- c. Cardiac asthma

**d. Status asthmaticus**

- e. Bronchial asthma, moderate gravity

586. Thrombosis of the coronary artery caused myocardial infarction. What mechanisms of injury will be the dominating ones in this disease?

- a. Lipid mechanisms
- b. Calcium mechanisms**
- c. Acidotic mechanisms
- d. Electrolytoosmotic mechanisms
- e. Protein mechanisms

587. A 54 y.o. male patient suffers from dyspnea during mild physical exertion, cough with sputum

which is excreted with difficulty. On examination: diffuse cyanosis. Is Barrel-chest. Weakened vesicular breathing with prolonged expiration and dry whistling rales. AP is 140/80 mm Hg, pulse is 92 bpm, rhythmic. Spirography: vital capacity (VC)/predicted vital capacity- 65%, FEV1/FVC- 50%. Determine the type of respiratory insufficiency (RI)

- a. RI of restrictive type
- b. RI of mixed type with prevailing restriction
- c. There is no RI
- d. RI of mixed type with prevailing obstruction**
- e. RI of obstructive type

588. A male patient presents with swollen ankles, face, eyelids, elevated AP- 160/100 mm Hg, pulse- 54 bpm, daily loss of albumine with urine- 4g. What therapy is pathogenetic in this case?

- a. NSAID
- b. Diuretics
- c. Corticosteroids**
- d. Calcium antagonists
- e. Antibiotics

589. During dynamic investigation of a patient the increase of central venous pressure is combined with the decrease of arterial pressure. What process is proved by such combination?

- a. Shunting
- b. Developing of cardiac insufficiency
- c. Increase of bleeding speed**
- d. Depositing of blood in venous channel
- e. Presence of hypervolemia

590. A male patient complains of heartburn which gets stronger while bending the body, substernal pain during swallowing. There is a hiatus hernia on X-ray. What disorder should be expected at gastroscopy?

- a. Gastroesophageal reflux**
- b. Gastric peptic ulcer
- c. Duodenal peptic ulcer
- d. Acute erosive gastritis
- e. Chronic gastritis

591. A 43 y.o. male complains of stomach pain, which relieves with defecation, and is accompanied by abdominal winds, rumbling, the feeling of incomplete evacuation or urgent need for bowel movement, constipation or diarrhea in alternation. These symptoms have lasted for over 3 months. No changes in laboratory tests. What is the most likely diagnosis?

- a. Spastic colitis
- b. Chronic enterocolitis, exacerbation phase
- c. Atonic colitis
- d. Irritable bowel syndrome**
- e. Colitis with hypertonic type dyskinesia

592. A 38-year-old patient complains of inertness, subfebrile temperature, enlargement of lymph nodes, nasal haemorrhages, bone pain. Objectively: the patient's skin and mucous membranes are pale, palpation revealed enlarged painless lymph nodes; sternalgia; liver was enlarged by 2 cm, spleen - by 5 cm, painless. In blood: erythrocytes -  $2,7 \cdot 10^{12}/l$ , Hb- 84 g/l, leukocytes -  $58 \cdot 10^9/l$ , eosinophils - 1%, stab neutrophils - 2%, segmented neutrophils - 12%, lymphocytes - 83%, lymphoblasts - 2%, smudge cells; ESR- 57 mm/h. What is the most likely diagnosis?

- a. Lymphogranulomatosis
- b. Chronic lymphatic leukemia**
- c. Acute lymphatic leukemia
- d. Chronic myeloleukemia
- e. Acute myeloleukemia

593. A 24-year-old patient complains about putting on weight, limosis. Objectively: the patient's

constitution is of hypersthenic type, body weight index is 33,2 kg/m<sup>2</sup>, waist circumference is 100 cm. Correlation of waist circumference to the thigh circumference is 0,95. What is the most likely diagnosis?

- a. Hypothalamic Itsenko-Cushing obesity of the I stage, abdominal type
- b. Alimentary constitutional obesity of the I stage, abdominal type**
- c. Alimentary constitutional obesity of the III stage, gynoid type
- d. Hypothalamic Itsenko-Cushing obesity of the II stage, gynoid type
- e. Alimentary constitutional obesity of the II stage, abdominal type

594. A 58-year-old patient complains about sensation of numbness, sudden paleness of II-IV fingers, muscle rigidity, intermittent pulse. The patient presents also with polyarthralgia, dysphagia, constipations. The patient's face is masklike, solid edema of hands is present. The heart is enlarged; auscultation revealed dry rales in lungs. In blood: ESR- 20 mm/h, crude protein - 85/l, gamma-globulines - 25%. What is the most likely diagnosis?

- a. Systemic scleroderma**
- b. Rheumatoid arthritis
- c. Raynauds disease
- d. Systemic lupus erythematosus
- e. Dermatomyositis

595. A 45-year-old man has been exhibiting high activity for the last 2 weeks, he became talkative, euphoric, had little sleep, claimed being able "to save the humanity" and solve the problem of cancer and AIDS, gave money to the strangers. What is the most likely diagnosis?

- a. Panic disorder
- b. Schizo-affective disorder
- c. Catatonic excitation
- d. Maniacal onset**
- e. Agitated depression

596. As a result of lifting a load a 62-year-old female felt acute pain in the lumbar region, in a buttock, posterolateral surface of her right thigh, external surface of the right shin and dorsal surface of foot. Objectively: weakness of the anterior tibial muscle, long extensor muscle of the right toes, short extensor muscle of the right toes. Low Achilles reflex on the right. Positive Lasegues sign. What examination method would be the most effective for specification of the diagnosis of discogenic compression of L<sub>5</sub> root?

- a. Magnetic resonance scan**
- b. Electromyography
- c. Lumbar puncture
- d. Angiography
- e. Spinal column X-ray

597. A patient is being prepared for the operation on account of varix dilatation of lower extremities veins. Examination of the patient's soles revealed flour-like desquamation along the skin folds. All the toenails are greyish-yellow, thickened and partially decayed. What dermatosis should be suspected?

- a. Candidosis
- b. Pityriasis versicolor
- c. Rubromycosis**
- d. Microsporia
- e. Microbial eczema

598. A 58-year-old patient complains of a headache in the occipital region, nausea, choking, oploptentes. The presentations appeared after a physical exertion. Objectively: the patient is excited. Face is hyperemic. Skin is pale. Heart sounds are regular, the 2nd aortic sound is accentuated. AP- 240/120 mm Hg, HR- 92/min. Auscultation reveals some fine moist rales in the lower parts of the lungs. Liver is not enlarged. ECG shows signs of hypertrophy and left ventricular overload. What is the most likely diagnosis?

- a. Bronchial asthma exacerbation**

b. Acute myocardial infarction, pulmonary edema

**c. Complicated hypertensive crisis**

d. Uncomplicated hypertensive crisis

e. Community-acquired pneumonia

599. A 43-year-old female patient was delivered to the hospital in grave condition. She has a history of Addison's disease. The patient had been regularly taking prednisolone but a week before she stopped taking this drug. Objectively: sopor, skin and visible mucous membranes are pigmented, skin and muscle turgor is decreased. Heart sounds are muffled, rapid. AP- 60/40 mm Hg, heart rate - 96/min. In blood: Na - 120 millimole/l, K - 5,8 millimole/l. Development of this complication is primarily caused by the deficit of the following hormone:

**a. Cortisol**

b. Adrenaline

c. Adrostendion

d. Noradrenaline

e. Corticotropin (ACTH)

600. A 52-year-old patient works as a secretary and has 30 year record of service. She complains of spasms in her right hand during working and inability to type and write. Up to 80% of her work involves hand load. The patient has been presenting with these symptoms for 2 years. Objectively: the right hand is tense, there is an increase in muscle tone, attempts to write cause spasms. Examination revealed no pathological changes of CNS. What is the most likely diagnosis?

a. Paretic form of coordination neurosis

b. Neuralgic form of coordination neurosis

**c. Spastic form of coordination neurosis**

d. Hysteric neurosis

e. Chronic manganese intoxication

601. A 22-year-old vegetarian patient with signs of malnutrition consulted a doctor about smell and taste distortion, angular stomatitis. Objectively: marked blue sclerae. The patient was diagnosed with iron deficiency anemia. What is the dominating clinical syndrome?

a. Myelodysplastic

**b. Sideropenic**

c. Haemologic

d. Anaemic

e. Haemolytic

602. A 47 y.o. woman complains of having paroxysmal headaches for the last 5 years. The pain is one-sided, intense, localised in frontal region of head, accompanied by nausea and stomach discomfort, begins one of a sudden. Onset is usually preceded by vision reduction. Anamnesis gives evidence of periodical AP rise, but at the moment the woman doesn't take any medicines. Inbetween the onsets of headache her state is satisfactory. Objectively: high-calorie diet (body weight index - 29), AP- 170/95 mm Hg. Neurologic state has no peculiarities. What is the most probable diagnosis?

**a. Migraine**

b. Epilepsy

c. Hypertensive encephalopathy

d. Benign intracranial hypertension

e. Chronic subdural hematoma

603. A 7 y.o. boy suddenly felt pain in his right knee, it became edematous. The day before he took part in a cross-country race. Family anamnesis has no data about hemophilia and bleeding sickness. Objectively: body temperature is 37,5°C. The knee is painful, hot to the touch, edematous with local tissue tension over it. Blood count: Hb- 123 g/L, leukocytes - 5,6109/L, thrombocytes - 354109/L, prothrombin time - 12 seconds (normally 10-15 seconds), partly activated thromboplastin time - 72 seconds (normally 35-45 seconds). Hemorrhage time is normal, VIII:C factor is 5% of norm. What is the most probable diagnosis?

**a. Vitamin K deficiency**

- b. Thrombocytopenia
- c. Hemophilia B
- d. Schoenlein-Henoch disease

**e. Hemophilia A**

604. On the 3rd day after the acute anterior myocardial infarction a 55 y.o. patient complains of dull ache behind his breast bone, that can be reduced by bending forward, and of dyspnea. Objectively: AP- 140/180 mm Hg, heart sounds are dull. ECG results: atrial fibrillation with frequency of ventricular contractions at the rate of 110/min, pathological Q wave and S-T segment raising in the right chest leads. The patient refused from thrombolysis. What is the most probable diagnosis?

- a. Tietzes syndrome
- b. Pulmonary embolism

**c. Acute pericarditis**

- d. Dissecting aortic aneurysm
- e. Dresslers syndrome

605. A 54 y.o. man was admitted to the hospital with complaints of sudden intense headache in occipital region and vomiting. In the medical history: moderate arterial hypertension, the patient was taking hydrochlorothiazide. Three days ago he consulted a therapist about intense headache that was suppressed by an analgetic. Objectively: consciousness is confused, left pupil is mydriatic. Evident photophobia and tension of neck muscles. Left-side hemiparesis with increased muscle tonus and reflexes. Body temperature is low, rash is absent. AP- 230/130 mm Hg, Ps- 50 bpm, BR- 12/min. What is your preliminary diagnosis?

**a. Acute subdural hematoma**

- b. Disseminated sclerosis
- c. Acute bacterial meningitis
- d. Migraine
- e. Myasthenia

606. A 51 y.o. woman was taken to the emergency department in convulsive status epilepticus. The first means of medical management should be:

- a. Administering an intravenous bolus of 50% dextrose
- b. Inserting a tongue blade

**c. Ensuring that the airway is open and the patient is oxygenating**

- d. Injecting 5 mg of diazepam followed by a loading dose of phenytoin
- e. Inducing pentobarbital coma

607. A 38 y.o. man complains of having occasional problems with swallowing of both hard and fluid food for many months. Sometimes he feels intense pain behind his breast bone, especially after hot drinks. There are asphyxia onsets at night. He has not put off weight. Objectively: his general condition is satisfactory, skin is of usual colour. Examination revealed no changes of gastrointestinal tract. X-ray picture of thorax organs presents esophagus dilatation with level of fluid in it. What is the preliminary diagnosis?

- a. Cancer of esophagus
- b. Myasthenia

**c. Esophagus achalasia**

- d. Esophagus candidosis
- e. Gastroesophageal reflux

608. The physician must undertake measures for primary prophylaxis of iron deficiency anemia. Which of the following categories of patient are subject to such primary prophylactic measures?

- a. All children
- b. Patients after 60

**c. Pregnant women**

- d. Patients after operation
- e. Workers of industrial enterprises

609. The 28 y.o. woman applied to doctor because of limited loss of the hair. In the anamnesis - she



had frequent headache indisposition, arthromyalgia, fever, irregular casual sexual life, drug user. RW is negative. What examination must be done first?

- a. Examination for gonorrhea
- b. Examination for neuropathology
- c. Examination for HIV**
- d. Examination for fungi
- e. Examination for trichomoniasis

610. A 35 y.o. woman was admitted to thoracic surgery department with fever up to 40°C, onset of pain in the side caused by deep breathing, cough with considerable quantity of purulent sputum and blood with bad smell. What is the most likely diagnosis?

- a. Bronchiectatic disease
- b. Complication of liver echinococcosis
- c. Abscess of the lung**
- d. Actinomycosis of lungs
- e. Pulmonary tuberculosis

611. A 67 y.o. patient complains of palpitation, dizziness, noise in ears, feeling of shortage of air. Objectively: pale, damp skin. Vesicular respiration, respiratory rate- 22 per min, pulse- 200 bpm, AP- 100/70 mm Hg. On ECG: heart rate- 200 bpm, ventricular complexes are widened, deformed, location of segments ST and of wave T is discordant. The wave P is not changed, superimposes QRST, natural conformity between P and QRS is not present. What kind of arrhythmia is present?

- a. Sinus tachycardia
- b. Ventricular extrasystole
- c. Atrial tachycardia
- d. Paroxysmal ventricular tachycardia**
- e. Atrial flutter

612. A patient complains of a tormental (agonizing) cough with expectoration of up to 600 ml/daily purulent chocolatecolor sputum with a decay smell. Onset of illness was abrupt, t0- 39°C, fever of irregular type. There is the area of darkening with a cavity in a center on X-ray film, with irregular contours and level of liquid. What disease is the question?

- a. Pneumonia complicated by an abscess
- b. Lobar pneumonia
- c. Tuberculosis
- d. Bronchiectatic illness
- e. Gangrene of lung**

613. A 33 y.o. male patient was admitted to a hospital. A patient is pale, at an attempt to stand up he complains of strong dizziness. There was vomiting like coffee-grounds approximately hour ago. BP- 90/60 mm Hg., pulse- 120 b/min. In anamnesis, a patient has suffered from ulcer of the stomach, painless form during 4 years. An ulcer was exposed at gastrofiberscopy. Your diagnosis:

- a. Ulcer of stomach, complicated with bleeding**
- b. Erosive gastritis
- c. Acute myocardial infarction, abdominal form
- d. Acute pleurisy
- e. Ulcer of duodenum, complicated with bleeding

614. A 25-year-old man has facial edema, moderate back pains. His temperature is 37,5°C, BP 180/100 mm Hg, hematuria [up to 100 in v/f], proteinuria [2,0 g/L], hyaline casts - 10 in v/f., specific gravity -1020. The onset of the disease is probably connected with acute tonsillitis that started 2 weeks ago. What is the most probable diagnosis?

- a. Chronic glomerulonephritis
- b. Acute glomerulonephritis**
- c. Cancer of the kidney
- d. Acute pyelonephritis
- e. Urolithiasis

615. In the development of the inflammation processes glucocorticoids reduce the level of certain most important active enzyme. It results also in the reducing of the synthesis of prostaglandins and leucotrienes which have a key role in the development of inflammation processes. What is the exact name of this enzyme?

- a. Lipoxygenase
- b. Arachidonic acid
- c. Phospholipase A2**
- d. Cyclooxygenase - 1
- e. Cyclooxygenase - 2

616. A 19-year-old man has suffered from moderate mental retardation since childhood. The patient is illiterate, can take care of himself, do simple household work and other kinds of easy work under supervision. What does his rehabilitation [tertiary prevention] require?

- a. All the above mentioned**
- b. Physical work under supervision
- c. None of the above mentioned
- d. Supervision of relatives (if any)
- e. Supervision of a social worker

617. A 38 y.o. patient was urgently admitted to the hospital with complaints of sudden weakness, dizziness, loss of consciousness, body weight loss, nausea, vomiting, severe pain in epigastric area, diarrhea, skin hyperpigmentation. What is the most probable diagnosis?

- a. Meningoencephalitis
- b. Acute gastroenteritis
- c. Addisonic crisis**
- d. Scleroderma
- e. Pellagra

618. A 60-year-old woman, mother of 6 children, developed a sudden onset of upper abdominal pain radiating to the back, accompanied by nausea, vomiting, fever and chills. Subsequently, she noticed yellow discoloration of her sclera and skin. On physical examination the patient was found to be febrile with temp of 38,9°C, along with right upper quadrant tenderness. The most likely diagnosis is:

- a. Malignant biliary stricture
- b. Benign biliary stricture
- c. Choledocholithiasis**
- d. Carcinoma of the head of the pancreas
- e. Choledochal cyst

619. 4 days ago a 32-year-old patient caught a cold: he presented with sore throat, fatigue. The next morning he felt worse, developed dry cough, body temperature rose up to 38,2°C, there appeared muco-purulent expectoration. Percussion revealed vesicular resonance over lungs, vesicular breathing weakened below the angle of the right scapula, fine sonorous and sibilant wheezes. What is the most likely diagnosis?

- a. Pulmonary carcinoma
- b. Pulmonary gangrene
- c. Bronchial asthma
- d. Acute bronchitis
- e. Focal right-sided pneumonia**

620. A 62-year-old patient complaining of enlargement of cervical, supraclavicular and axillary lymph nodes, subfebrile temperature for the last 3 months has been admitted to a hospital. In blood: WBCs - 64cdot109/l, lymphocytes - 72%. What method of study should be used to specify the diagnosis?

- a. Myelogram**
- b. Lymphoscintigraphy
- c. Thermography
- d. X-rays
- e. Lymphography

621. A 38 y.o. woman complains of a purulent discharge from the left nostril. The body temperature is 37,50C. The patient has been ill for a week and associates her illness with common cold. There are a pain and tenderness on palpation of her left cheek. The mucous membrane in the left nasal cavity is red and turgescient. The purulent exudate is seen in the middle meatus in maxillary. What is the most probable diagnosis?

- a. Acute purulent ethmoiditis
- b. Acute purulent frontitis
- c. Acute purulent maxillary sinusitis**
- d. Acute purulent sphenoiditis
- e. -

622. A 40-year-old female patient has been hospitalized for attacks of asphyxia, cough with phlegm. She has a 4-year history of the disease. The first attack of asphyxia occurred during her stay in the countryside. Further attacks occurred while cleaning the room. After 3 days of inpatient treatment the patients condition has significantly improved. What is the most likely etiological factor?

- a. Household allergens**
- b. Infectious
- c. Psychogenic
- d. Chemicals
- e. Pollen

623. The complications of acute cholecystitis which require surgical intervention are as follows EXCEPT:

- a. Empyema of the gall-bladder
- b. Gall-bladder perforation
- c. Cholangitis conditioned by the presence of stones in the bile tract
- d. Jaundice**
- e. Emphysematous gall-bladder

624. A 22-year-old girl has been complaining of having itching rash on her face for 2 days. She associates this disease with application of cosmetic face cream. Objectively: apparent reddening and edema of skin in the region of cheeks, chin and forehead; fine papulovesicular rash. What is the most likely diagnosis?

- a. Dermatitis simplex
- b. Erysipelas
- c. Neurodermatitis
- d. Allergic dermatitis**
- e. Eczema

625. A schizophrenic patient considers himself to be "an outstanding scientist, a brilliant composer and an unrivalled artist". He complains that "family and friends are always jealous of him and want to poison him". Determine the psychopathological syndrome:

- a. Hebephrenic
- b. Paranoiac**
- c. Manic
- d. Paranoid
- e. Paratrophic

626. A 42-year-old patient complains of back pain, darkened urine, general weakness, dizziness that occurred after treating a cold with aspirin and ampicillin. Objectively: the patient is pale, with subicteric sclerae. HR - 98 bpm. Liver - +2 cm, spleen - +3 cm. In blood: RBCs -  $2,6 \times 10^{12}/l$ , Hb - 60 g/l, CI - 0,9, WBCs -  $9,4 \times 10^9/l$ , basophils - 0,5%, eosinophils - 3%, stab neutrophils - 6% segmented neutrophils - 58%, lymphocytes - 25%, monocytes - 7%, ESR - 38 mm/hour, reticulocytes - 24%. Total bilirubin - 38 millimole/l. What complication occurred in the patient?

- a. Cholelithiasis
- b. Toxic hepatitis
- c. Acquired hemolytic anemia**

- d. Agranulocytosis
- e. Paroxysmal nocturnal hemoglobinuria

627. A hospital has admitted a 52-year-old patient with disseminated pulmonary tuberculosis, complaints of acute pain in the right half of chest, that developed after going upstairs to the 3rd floor; cough, dyspnea at rest, marked cyanosis. What kind of complication should be suspected first of all?

- a. Pulmonary failure
- b. Cardiac failure
- c. Spontaneous pneumothorax**
- d. Pleuritis
- e. Acute myocardial infarction

628. A 38-year-old male patient has been taking alcohol for 3 years. 3 days after a regular drinking period he felt anxiety and fear. It appeared to him that he was surrounded by spiders and worms, pursued by some "condemnatory voices". His behaviour became aggressive. The patient demonstrated correct self-awareness but impairment of temporal and spatial orientation. What is the most likely diagnosis?

- a. Pathologic intoxication
- b. Delirium alcoholicum**
- c. Alcoholic hallucinosis
- d. Alcoholic paranoia
- e. Alcoholic encephalopathy

629. A painter working at a motorcar plant has been diagnosed with moderately severe intoxication with amide compounds of benzene. The in-patient treatment resulted in a considerable health improvement. What expert decision should be made in this case?

- a. The patient should be referred to the medio-social expert commission for attributing the disability group because of an occupational disease
- b. -
- c. The patient may get back to work providing he will keep to hygiene and sanitary regulations
- d. The patient should be referred to the medio-social expert commission for evaluation of percentage of work capacity loss
- e. The patient should be issued a sick list for out-patient treatment**

630. A 16-year-old patient who has a history of intense bleedings from minor cuts and sores needs to have the roots of teeth extracted. Examination reveals an increase in volume of the right knee joint, limitation of its mobility. There are no other changes. Blood analysis shows an inclination to anaemia (Hb- 120 g/l). Before the dental intervention it is required to prevent the bleeding by means of:

- a. Dried blood plasma
- b. Calcium chloride
- c. Epsilon-aminocaproic acid
- d. Fibrinogen
- e. Cryoprecipitate**

631. A 44-year-old patient complains about difficult urination, sensation of incomplete urinary bladder emptying. Sonographic examination of the urinary bladder near the urethra entrance revealed an oval well-defined hyperechogenic formation 2x3 cm large that was changing its position during the examination. What conclusion can be made?

- a. Malignant tumour of the urinary bladder
- b. Prostate adenoma
- c. Primary ureter tumour
- d. Concrement**
- e. Urinary bladder polyp

632. A 7-year-old boy had complained of headache, nausea, fatigue for 3 weeks. His condition gradually deteriorated, headache and general weakness progressed. The boy had bronchitis at the age of 3. His father has a history of pulmonary tuberculosis. Objectively: body temperature 37,5°C, conscious, lies supine, with the hip and knee flexed to 90 degrees, nuchal rigidity +6 cm, partial

ptosis of the right eyelid, the dilated right pupil. General hyperalgesia is present. Liquor: transparent, pressure - 400 mm of water column, protein - 1,5%, cytosis - 610/3 with predominant lymphocytes, sugar - 1,22 mmol/l, chlorides - 500 mmol/l. What is the most likely diagnosis?

- a. Epidemic cerebrospinal meningitis
- b. Secondary purulent meningitis
- c. Tuberculous meningitis**
- d. Serous meningitis
- e. Pneumococcal meningitis

633. A 69-year-old female patient complains of temperature rise up to 38,3°C, haematuria. ESR - 55 mm/h. Antibacterial therapy turned out to be ineffective. What diagnosis might be suspected?

- a. Polycystic renal disease
- b. Urolithiasis
- c. Chronic glomerulonephritis
- d. Renal cancer**
- e. Renal amyloidosis

634. A patient, aged 16, complains of headache, mainly in the frontal and temporal areas, superciliary arch, appearing of vomiting at the peak of headache, pain during the eyeballs movement, joints pain. On examination: excited, to- 39°C, Ps- 110/min. Tonic and clonus cramps. Uncertain meningeal signs. What is the most likely diagnosis?

- a. Respiratory syncytial virus
- b. Influenza, typical disease duration
- c. Influenza with cerebral edema manifestations**
- d. Parainfluenza
- e. Adenovirus infection

635. A 64-year-old patient complains of severe pain in the right side of chest, dyspnea, dry cough which appeared suddenly on exertion. Objectively: the right side of the chest lags behind in the act of breathing. Percussion reveals tympanic sound. Auscultation reveals pronouncedly diminished breath sounds on the right. Ps- 100/min, weak, arrhythmic. AP- 100/50 mm Hg. Cardiac sounds are decreased. What disease can be suspected in this patient?

- a. Right-sided pneumothorax**
- b. Right-sided dry pleurisy
- c. PATE
- d. Right-sided pleuropneumonia
- e. Right-sided hydrothorax

636. A 29-year-old female patient complains of dyspnea, heaviness and chest pain on the right, body temperature rise up to 37,2°C. The disease is associated with a chest trauma received 4 days ago. Objectively: skin is pale and moist. Ps- 90 bpm, regular. Palpation reveals a dull sound on the right, auscultation reveals significantly weakened vesicular breathing. In blood: RBCs -  $2,8 \times 10^{12}/l$ , colour index - 0,9, Hb- 100 g/l, WBCs -  $8,0 \times 10^9/l$ , ESR - 17 mm/h. What results of diagnostic puncture of the pleural cavity can be expected?

- a. Haemorrhagic punctate**
- b. Exudate
- c. Purulent punctate
- d. Transudate
- e. Chylous liquid

637. A 54-year-old drowned man was rescued from the water and delivered to the shore. Objectively: the man is unconscious, pale, breathing cannot be auscultated, pulse is thready. Resuscitation measures allowed to save the patient. What complications may develop in the near future?

- a. Bronchospasm
- b. Pulmonary edema**
- c. Encephalopathy
- d. Respiratory arrest

e. Cardiac arrest

638. An 18-year-old patient since childhood suffers from bleeding disorder after minor injuries. His younger brother also has bleeding disorders with occasional haemarthrosis. Which laboratory test will be informative for diagnosis verification?

- a. Fibrinogen rate
- b. Thrombocyte count
- c. Determination of prothrombin time
- d. Clotting time**
- e. Blood clot retraction

639. A worker, aged 38, working in the slate production during 15 years, complains of expiratory exertional dyspnea, dry cough. On examination: deafening of the percutory sounds in interscapular region, rough breath sounds, dry disseminated rales. On fingers skin - greyish warts. Factory's sectorial doctor suspects asbestosis. Which method is the most informative for diagnosis verification?

- a. Blood gases examination
- b. Thorax roentgenography**
- c. Spirography
- d. Bronchoscopy
- e. Bronchoalveolar lavage

640. A 37 y.o. woman is suffering from squeezing substernal pain on physical exertion. On examination: BP- 130/80 mm Hg, heart rate=pulse rate 72 bpm, heart borders are dilated to the left side, aortic systolic murmur. ECG- signs of the left venticle hypertrophy. What method of examination is the most informative in this case?

- a. X-ray
- b. Echocardiography**
- c. Coronarography
- d. Phonocardiography
- e. Sphygmography

641. A 42-year-old patient applied to hospital with complaints of pain behind the sternum with irradiation to the left scapula. The pain appears during significant physical work, this lasts for 5-10 minutes and is over on rest. The patient is sick for 3 weeks. What is the preliminary diagnosis?

- a. IHD: First established angina pectoris**
- b. IHD: Stable angina pectoris of effort I FC
- c. IHD: Progressive angina pectoris
- d. IHD: Stable angina pectoris of effort IV FC
- e. IHD: Variant angina pectoris (Prinzmetals)

642. Medical examination of a 19-year-old worker revealed generalized lymphadenopathy mainly affecting the posterior cervical, axillary and ulnar lymph nodes. There are multiple injection marks on the elbow bend skin. The man denies taking drugs, the presence of injection marks ascribes to influenza treatment. Blood count: RBCs-  $3,2 \times 10^{12}/l$ , Hb- 100 g/l, WBCs-  $3,1 \cdot 10^9/l$ , moderate lymphopenia. What study is required in the first place?

- a. ELISA for HIV**
- b. Sternal puncture
- c. Lymph node biopsy
- d. X-ray of lungs
- e. Immunogram

643. A 55-year-old male had been treated at the surgical department for acute lower-extremity thrombophlebitis. On the 7th day of treatment he suddenly developed pain in the left part of chest, dyspnea and cough. Body temperature was  $36,1^{\circ}\text{C}$ , respiratory rate - 36/min. The patient was also found to have diminished breath sounds without wheezing. Ps- 140/min, thready. AP- 70/50 mm Hg. The ECG shows Q\_III-S\_1 syndrome. What is the most likely diagnosis?

- a. Pneumothorax
- b. Pulmonary embolism**

- c. Cardiac asthma
- d. Myocardial infarction
- e. Bronchial asthma

644. A 26-year-old patient undergoes a course of treatment due to chronic glomerulonephritis. The treatment was successful, normalization of all the characteristics was recorded. What sanatorium and health resort treatment could be recommended?

a. The south coast of the Crimea

- b. Morshyn
- c. Truskavets
- d. Myrhorod
- e. Not recommended

645. After a wasp-bite there was an itching of skin, hoarse voice, barking cough, anxiety. On physical exam: there is edema of lips, eyelids, cyanosis. What medicine is to be taken first?

a. Seduxen

b. Prednisolone

- c. Euphylin
- d. Adrenalin
- e. Lasix

646. A 16-year-old adolescent was vaccinated with DTP. In eight days there was stiffness and pain in the joints, subfebrile temperature, urticarial skin eruption, enlargement of inguinal, cervical lymph nodes and spleen. What kind of allergic reaction is observed?

- a. Cytotoxic
- b. Hypersensitivity of immediate type

c. Immunocomplex

- d. Hypersensitivity of delayed type
- e. -

647. 2 weeks after recovering from angina a 29-year-old patient noticed face edemata, weakness, decreased work performance. There was gradual progress of dyspnea, edemata of the lower extremities, lumbar spine. Objectively: pale skin, weakening of the heart sounds, anasarca. AP- 160/100 mm Hg. In urine: the relative density - 1021, protein - 5 g/l, erythrocytes - 20-30 in the field of vision, hyaline cylinders - 4-6 in the field of vision. What is the most likely diagnosis?

- a. Acute pyelonephritis
- b. Essential hypertension

c. Acute glomerulonephritis

- d. Infectious allergic myocarditis
- e. Myxedema

648. A 56-year-old scientist experiences constricting retrosternal pain several times a day while walking for 100-150 m. The pain lasts for up to 10 minutes and can be relieved by nitroglycerine. Objectively: the patient is overweight, heart borders exhibit no abnormalities, heart sounds are rhythmic, Ps- 78 bpm, AP- 130/80 mm Hg. ECG contains low amplitude of T wave in V<sub>4-5</sub>. What disease might be suspected?

a. Stable FC IV stenocardia

b. Stable FC III stenocardia

- c. Stable FC I stenocardia
- d. Unstable stenocardia
- e. Stable FC II stenocardia

649. On the 20th of June a townsman was brought to clinic. The disease broke out acutely, starting with fever, rise in temperature to 38-39°C. There also was weakness, acute headache, nausea, vomiting, pain all over the body, sleep disorder. On physical examination: hyperemia of skin of face, neck, thorax. Meningeal signs are positive. 12 days ago the patient returned from the Siberia, from the forest. What is the most probable diagnosis?

a. Pseudotuberculosis



- b. Epidemic typhus
- c. Influenza
- d. Omsk hemorrhagic fever

**e. Tick-borne encephalitis**

650. A man, aged 68, complains of tiredness, sweating, enlargement of cervical, submaxillary and axillary lymph nodes. Blood test: WBC-  $35 \times 10^9/L$ , lymphocytes - 60%, Botkin and Gumprecht bodies, level of haemoglobin and quantity of thrombocytes is normal. Myelogram showed 40% of lymphocytes. What is the most probable diagnosis?

- a. Chronic myeloleucosis
- b. Acute leucosis
- c. Tuberculous lymphadenitis

**d. Chronic lympholeucosis**

e. Lymphogranulomatosis

651. A 38-year-old patient is under observation having polyneuritic syndrome with considerable loss of weight, fever, rise in BP. Blood test:: considerable inflammatory changes. What examination is the most expedient to make the diagnosis?

**a. Muscular biopsy with histological investigation of the material**

- b. Electromyography
- c. Determination of HLA antigens
- d. Blood culture
- e. Determination of antinuclear antibodies

652. A 32-year-old male patient has been suffering from pain in the sacrum and coxofemoral joints, painfulness and stiffness in the lumbar spine for a year. ESR- 56 mm/h. Roentgenography revealed symptoms of bilateral sacroileitis. The patient is the carrier of HLA B27 antigen. What is the most likely diagnosis?

**a. Ankylosing spondylitis**

- b. Rheumatoid arthritis
- c. Spondylosis
- d. Reiters disease
- e. Coxarthrosis

653. A 58-year-old female patient complains about periodical headache, dizziness and ear noise. She has been suffering from diabetes mellitus for 15 years. Objectively: heart sounds are rhythmic, heart rate is 76/min, there is diastolic shock above aorta, AP is 180/110 mm Hg. In urine: OD- 1,014. Daily loss of protein with urine is 1,5 g. What drug should be chosen for treatment of arterial hypertension?

- a. beta-blocker
- b. Thiazide diuretic
- c. alpha-blocker

**d. Inhibitor of angiotensin converting enzyme**

e. Calcium channel antagonist

654. A 26 y.o. male patient with postoperative hypothyroidism take thyroxine 100 mg 2 times a day. He has developed tachycardia, sweating, irritability, sleep disorder. Determine further treatment tactics

- a. To administer betablockers
- b. To increase thyroxine dosage

**c. To decrease thyroxine dosage**

- d. To add mercasolil to the treatment
- e. To administer sedatives

655. A 28-year-old man was discharged from the hospital after having an out-of-hospital pneumonia. He has no complaints. On physical exam: his temperature is  $36,60^{\circ}C$ , RR-18/min, Ps - 78 bpm, BP- 120/80 mm Hg. During auscultation there is harsh respiration to the right of the lower part of the lung. Roentgenologically: infiltrative changes are absent, intensification of the pulmonary picture to the right in the lower lobe. How long should the doctor keep the patient under observation?

- a. 6 months
- b. Permanently
- c. 1 month
- d. 3 months
- e. 12 months**

656. A 20-year-old adolescent lives in the nidus of tuberculous infection. The tuberculine Mantoux test with 2 TU was determined as hyperergic. What signs determine the hyperergic test of this adolescent?

- a. 4 mm papula
- b. 12 mm hyperemia
- c. 20 mm papula
- d. 24 mm hyperemia
- e. 6 mm papula, necrosis**

657. A survey radiograph of a miner (24 years of service record, the dust concentration in the workplace is at the rate of 260-280 mg/m<sup>3</sup> with 15% of free silica) shows lung changes that are typical for pneumoconiosis. What type of pneumoconiosis is it?

- a. Silicosis
- b. Anthracosilicosis**
- c. Silicatosi
- d. Carboconiosis
- e. Anthracosilicatosi

658. A patient complains of pathological lump, appearing in the right inguinal region on exercise. The lump is round-shaped, 4 cm in diameter, on palpation: soft elastic consistency, is positioned near the medial part of Poupart's ligament. The lump is situated inwards from the spermatic cord. What is the most probable preliminary diagnosis?

- a. Right-sided femoral hernia
- b. Right-sided oblique inguinal hernia
- c. Right-sided direct inguinal hernia**
- d. Varicose veins of the right hip
- e. Lipoma of the right inguinal area

659. A 52 y.o. woman complains of weakness, painful itching after washing and bathing, sensation of heaviness in the head. On examination: hyperemia of skin of face, neck, extremities. AP- 180/100 mm Hg. Spleen is 4 cm below the rib arch edge. What is the most probable diagnosis?

- a. Systemic scleroderma
- b. Erythremia**
- c. Dermatomyositis
- d. Essential hypertension
- e. Allergic dermatitis

660. A 37-year-old patient was brought to resuscitation unit. General condition of the patient is very severe. Sopor. The skin is grey, moist. Turgor is decreased. Pulse is rapid, intense. BP - 160/110 mm Hg, muscle tonus is increased. Hyperreflexia. There is an ammonia odor in the air. What is the presumptive diagnosis?

- a. Hyperglycemic coma
- b. Alcoholic coma
- c. Uraemic coma**
- d. Hypoglycemic coma
- e. Cerebral coma

661. A 57-year-old man complains of shortness of breath, swelling on shanks, irregularity in cardiac work, pain in the left chest half with irradiation to the left scapula. Treatment is ineffective. On physical exam: heart sounds are diminished, soft systolic murmur on the apex. Ps - 100/min, arrhythmical, BP - 115/75 mm Hg. The liver is +2 cm, painful. Roentgenoscopy: enlargement of heart shadow to all sides, pulsation is weak. Electrocardiogram (ECG): left ventricled extrasystolia,

decreased voltage. What method of investigation is necessary to do to determine the diagnosis?

- a. Coronarography
- b. Echocardiography**
- c. X-ray kymography
- d. Veloergometria
- e. ECG in the dynamics

662. A 55 y.o. patient complains of distended abdomen and rumbling, increased flatulence, liquid foamy feces with sour smell following the dairy products consumption. What is the correct name of this syndrome?

- a. Syndrome of decayed dyspepsia
- b. Dyskinesia syndrome
- c. Malabsorption syndrome
- d. Syndrome of fermentative dyspepsia**
- e. Syndrome of fatty dyspepsia

663. A 54-year-old patient has an over 20-year history of femoral osteomyelitis. Over the last month she has developed progressing edemata of the lower extremities. Urine test reveals: proteinuria at the rate of 6,6 g/l; in blood: dysproteinemia in form of hypoalbuminemia, increase in alpha<sub>2</sub>- and gamma-globulin rate, ESR - 50 mm/h. What is the most likely diagnosis?

- a. Acute glomerulonephritis
- b. Chronic glomerulonephritis
- c. Systemic lupus erythematosus
- d. Secondary renal amyloidosis**
- e. Myelomatosis

664. In an inhabited locality there is an increase of diphtheria during the last 3 years with separate outbursts in families. What measure can effectively influence the epidemic process of diphtheria and reduce the morbidity rate to single cases?

- a. Early diagnostics
- b. Disinfection in disease focus
- c. Hospitalization of patients
- d. Detection of carriers
- e. Immunization of the population**

665. A 14-year-old victim was drawn out of the water in winter after 15 minutes of being in the water. The victim shows no vital signs. What measures are to be taken?

- a. Not to carry out reanimation measures
- b. To release respiratory tract from water, to create drain position and to take on measures to restore respiration and blood circulation**
- c. To transport the victim to the nearest hospital to carry out reanimation measures
- d. Not to waste time on the release of respiratory tract from water, to take on cardiopulmonary reanimation
- e. To transport the victim to the nearest warm room to carry out reanimation measures

666. An electro-gas welding operator working at a machine workshop performs welding and cutting of metal, which is accompanied by intense UV-radiation. His welding station is equipped with effective mechanical ventilation. What occupational disease is most likely to develop in an electro-gas welding operator?

- a. Pneumoconiosis
- b. Photoelectric ophthalmia**
- c. Vegetative-vascular dystonia
- d. Heatstroke
- e. Chronic overheating

667. A woman complains of high temperature to 38°C, mild pain in the throat during 3 days. On examination: angle lymphatic nodes of the jaw are 3 cm enlarged, palatine tonsils are enlarged and coated with grey plaque which spreads to the uvula and frontal palatine arches. What is the most

probable diagnosis?

- a. Vincents angina
- b. Infectious mononucleosis
- c. Larynx dyphtheria**
- d. Agranulocytosis
- e. Oropharyngeal candidosis

668. A 48-year-old male patient complains of constant pain in the upper abdomen, mostly on the left, that is getting worse after taking meals; diarrhea, weight loss. The patient is an alcohol abuser. 2 years ago he had acute pancreatitis. Blood amylase is 4 g/hcdotl. Coprogram shows steatorrhea, creatorrhea. Blood glucose is 6,0 mmol/l. What treatment is indicated for this patient?

- a. Contrycal
- b. No-spa
- c. Insulin
- d. Gastrozepin
- e. Panzinorm forte**

669. A 60-year-old female patient had been admitted to a hospital for acute transmural infarction. An hour later the patients contition got worse. She developed progressing dyspnea, dry cough. Respiratory rate - 30/min, heart rate - 130/min, AP- 90/60 mm Hg. Heart sounds were muffled, there was also diastolic shock on the pulmonary artery. The patient presented with medium moist rales in the lower parts of lungs on the right and on the left. Body temperature - 36,4°C. What drug should be given in the first place?

- a. Aminophylline
- b. Heparin
- c. Digoxin
- d. Promedol**
- e. Dopamine

670. A 62-year-old male has been hospitalized in the intensive care unit with a continuous attack of retrosternal pain that cannot be relieved by nitroglycerin. Objectively: AP- 80/60 mm Hg, heart rate - 106/min, breathing rate - 22/min. Heart sounds are muffled, a gallop rhythm is present. How would you explain the AP drop?

- a. Reduction in cardiac output**
- b. Blood depositing in the abdominal cavity
- c. Internal haemorrhage
- d. Adrenergic receptor block
- e. Reduction in peripheral resistance

671. A 18 y.o. male patient complains of pain in knee and ankle joints, temperature elevation to 39,50C. He had a respiratory disease 1,5 week ago. On examination: temperature- 38,50C, swollen knee and ankle joints, pulse- 106 bpm, rhythmic, AP- 90/60 mm Hg, heart borders without changes, sounds are weakened, soft systolic apical murmur. What indicator is connected with possible etiology of the process?

- a. Creatinkinase
- b. 1-antitrypsine
- c. Antistreptolysine-0**
- d. Rheumatic factor
- e. Seromucoid

672. A 30 y.o. male patient complains of itching of the skin which intensifies in the evening. He has been ill for 1,5 months. On examination: there is rash with paired papules covered with bloody crusts on the abdomen, hips, buttocks, folds between the fingers, flexor surfaces of the hand. There are traces of line scratches. What additional investigations are necessary to make diagnosis?

- a. Serologic blood examination
- b. Determination of dermatographism
- c. Examination of rash elements scrape**

- d. Blood glucose
- e. Examination for helminths

673. A 50-year-old locksmith has a long-term record of work under the effect of mercury vapors with concentration exceeding MPC by 5-10 times. Clinical examination revealed the lability of vasomotors of skin, pulse and arterial pressure; total hyperhidrosis; asymmetric innervation of facial and lingual muscles, positive subcortical reflexes, intention tremor. Against the background of increased emotional excitability the patient presents with lack of self-confidence, shyness. A dentist found him to have parodontosis, chronic stomatitis. What disease can be suspected?

- a. Chronic mercury intoxication**
- b. Parkinsons syndrome
- c. Vascular encephalopathy
- d. Acute mercury intoxication
- e. Residual effects of neuroinfection

674. 4 hours after having meals a patient with signs of malnutrition and steatorrhea experiences stomach pain, especially above navel and to the left of it. Diarrheas take turns with constipation lasting up to 3-5 days. Palpation reveals moderate painfulness in the choledochopancreatic region. The amylase rate in blood is stable. X-ray reveals some calcifications located above navel. What is the most likely diagnosis?

- a. Zollinger-Ellison syndrome
- b. Chronic calculous cholecystitis
- c. Chronic gastroduodenitis
- d. Duodenal ulcer
- e. Chronic pancreatitis**

675. A 56-year-old patient with diffuse toxic goiter has ciliary arrhythmia with pulse rate of 110 bpm, arterial hypertension, AP- 165/90 mm Hg. What preparation should be administered along with mercazolil?

- a. Radioactive iodine
- b. Verapamil
- c. Corinfar
- d. Propranolol**
- e. Procaine hydrochloride

676. A 54-year-old patient complains of weakness, weight loss despite the unchanged appetite, frequent urination, skin itch for six months. Some time ago the patient underwent treatment for furunculosis. She hasnt been examined recently. Objectively: malnutrition, dry skin with signs of scratching. Small lymph nodes can be palpated in the axillary regions. Changes in the internal organs are absenr. What testing must be administered in the first place?

- a. Blood sterility testing
- b. Blood sugar test on an empty stomach**
- c. Endoscopy of stomach
- d. Complete blood count
- e. Lymph node biopsy

677. A 43 y.o. woman complains of severe pain in the right abdominal side irradiating in the right supraclavicular area, fever, dryness and bitterness in the mouth. There were multiple vomitings without relief. Patient relates the onset of pain to the taking of fat and fried food. Physical examination: the patient lies on the right side, pale, dry tongue, tachycardia. Right side of abdomen is painful during palpation and somewhat tense in right hypochondrium. What is the most likely diagnosis?

- a. Right-sided renal colic
- b. Perforative ulcer**
- c. Acute bowel obstruction
- d. Acute cholecystitis
- e. Acute appendicitis

678. Several hours before, a 28-year-old patient suddenly developed acute headache and repeated vomiting, then lost consciousness. Objectively: focal neurological symptoms were not found. Pronounced meningeal symptoms were revealed. AP - 120/80 mm Hg. According to clinical and liquorological findings the patient was diagnosed with subarachnoid haemorrhage. After administration of dehydrants the patient's condition somewhat improved. What is the main component of further emergency care?

a. Coagulants

b. Antiaggregants

c. Corticosteroids

d. Fibrinolytics

e. Anticoagulants

679. A 30-year-old patient was delivered to the admission ward of the infectious disease department. The disease had started acutely on the background of normal temperature with the appearance of frequent, liquid, profuse stool without pathological impurities. Diarrhea was not accompanied by abdominal pain. 12 hours later there appeared recurrent profuse vomiting. The patient rapidly developed dehydration. What is the most likely diagnosis?

a. Shigellosis

b. Salmonellosis

c. Campylobacteriosis

d. Cholera

e. Staphylococcal food toxicoinfection

680. A 65 y.o. woman complains of complicated mouth opening following foot trauma 10 days ago. Next day she ate with difficulties, there were muscles tension of back, the back of the head and abdomen. On the third day there was tension of all muscle groups, generalized convulsions every 10-15 min. What is the most probable diagnosis?

a. Tetania

b. Hemorrhagic stroke

c. Epilepsy

d. Tetanus

e. Meningoencephalitis

681. Gastric juice analysis of a 42-year-old male patient revealed absence of free hydrochloric acid at all stages. Endoscopy revealed pallor, thinning of gastric mucosa, smoothed folds. Microscopically the atrophy of glands with intestinal metaplasia was found. What disease is this situation typical for?

a. Chronic type A gastritis

b. Chronic type C gastritis

c. Stomach cancer

d. Menetrier disease

e. Chronic type B gastritis

682. A 45-year-old female patient complains of frequent liquid stools with a lot of mucus, pus and blood; pain across the abdomen, loss of 7 kg within 6 months. She has a 1-year history of non-specific ulcerative colitis. What group of drugs should be preferred for this patient?

a. Corticosteroids

b. Sulfonamides

c. Polyzymes

d. Nitrofurans

e. Antibacterial

683. A 54-year-old male patient complains of aching pain in the lumbar region, that is getting worse after standing in an upright position, physical exercise, supercooling. The patient also reports of experiencing weakness in the afternoon. Pain in the lumbar region, said about 10 years old. Objectively: pale skin, to- 37,2°C, AP- 180/100 mm Hg, minor costovertebral angle tenderness (Pasternatsky symptom). In blood: RBCs -  $3,5 \times 10^{12}/l$ , WBCs -  $6,5 \times 10^9/l$ , ESR - 22 mm/h. In urine: the relative density - 1010, leukocytes - 12-15 in the field of vision, erythrocytes - 2-3 in the field of

vision. Urine bacterial count - 100000 in 1 ml. What is the most likely diagnosis?

- a. Nephrolithiasis
- b. Chronic glomerulonephritis
- c. Amyloidosis
- d. Chronic pyelonephritis**
- e. Polycystic renal disease

684. A 67-year-old male complains of dyspnea on exertion, attacks of retrosternal pain, dizziness. He has no history of rheumatism. Objectively: pale skin, acrocyanosis. There are rales in the lower parts of lungs. There is systolic thrill in the II intercostal space on the right, coarse systolic murmur conducted to the vessels of neck. AP- 130/90 mm Hg, heart rate - 90/min, regular rhythm. The liver extends 5 cm under the edge of costal arch, shin edemata are present. Specify the assumed valvular defect:

- a. Aortic stenosis**
- b. Mitral insufficiency
- c. Tricuspid regurgitation
- d. Ventricular septal defect
- e. Pulmonary artery stenosis

685. A 24-year-old female teacher complains of dizziness and heart pain irradiating to the left nipple. Pain is not associated with physical activity and cannot be relieved by nitroglycerin, it abates after taking Valocordin and lasts an hour or more. The patient has a nearly 2-year history of this disease. Objectively: Ps- 76 bpm. AP- 110/70 mm Hg. Heart borders are normal, heart sounds are clear. The ECG shows respiratory arrhythmia. Radiograph of the cervicothoracic spine shows no pathology. Lungs, abdomen are unremarkable. What changes in blood formula can be expected?

- a. Leukemic hiatus
- b. Increased ESR
- c. Leukocytosis
- d. Thrombocytopenia
- e. No changes**

686. A 51-year-old female patient complains of frequent defecation and liquid blood-streaked stools with mucus admixtures, diffuse pain in the inferolateral abdomen, 6 kg weight loss over the previous month. Objectively: body temperature - 37,4°C, malnutrition, skin is pale and dry. Abdomen is soft, sigmoid is painful and spasmodic, makes a rumbling sound. Liver is dense, painful, extends 3 cm below the costal margin. What is the most likely diagnosis?

- a. Bacillary dysentery
- b. Intestinal enzymopathy
- c. Helminthic invasion
- d. Non-specific ulcerative colitis**
- e. Sprue

687. A 18 y.o. female student complains of dyspnea during the intensive exertion. The condition became worse half a year ago. On examination: pulse rate is 88 bpm, accelerated, AP- 180/20 mm Hg, pale skin, heart borders are dilated to the left and up. There is systolic-diastolic murmur in the 2nd intercostal space, S<sub>2</sub> at pulmonary artery is accentuated. ECG has revealed both ventricles hypertrophy. Thoracic X-ray has revealed pulsation and protrusion of the left ventricle, lung trunk. What doctors tactics should be?

- a. Administration of therapeutic treatment
- b. Dispensary observation
- c. Cardiosurgeon consultation**
- d. Continuation of investigation
- e. Exemption from physical exercises

688. A 49-year-old male patient complains of dyspnea of combined nature, cough, shin edemata, abdomen enlargement due to ascites. He has a 20-year history of chronic bronchitis. For the last 3 years he has been disabled (group II) because of cardiac changes. Objectively: mixed cyanosis,



edemata. Ps - 92/min, rhythmic, AP - 120/70 mm Hg, respiration rate - 24/min. There is accentuation of the second sound above the pulmonary artery. Auscultation reveals the box resonance above the lungs. There are also dry rales over the entire surface of lungs. What is the mechanism of heart changes development in this patient?

- a. Cardiovascular reflex
- b. Respiratory reflex
- c. Kitaevs reflex
- d. Bainbridge reflex
- e. Euler-Liljestrand reflex**

689. A 24-year-old man on the second day of the disease with a sudden onset complains of a strong headache in temples and in the area of orbits, dull pain in the body, dry painful cough. His temperature is 39°C. Adynamic. Mucous membrane of oropharynx is "flaming", rales are not auscultated. What is the most probable diagnosis?

- a. Respiratory mycoplasmosis
- b. Parainfluenza
- c. Influenza**
- d. Pneumonia
- e. Meningococcus infection

690. A 32-year-old female complains of dizziness, headache, palpitation, tremor. For the last several months she has been under outpatient observation for the increased arterial pressure. Since recently such attacks have become more frequent and severe. Objectively: skin is covered with clammy sweat, tremor of the extremities is present. HR- 110/min, AP- 220/140 mm Hg. Heart sounds are muffled. Blood test results: WBCs -  $9,8 \cdot 10^9/l$ , ESR - 22 mm/h. Blood glucose - 9,8 millimole/l. What disease is the most likely cause of this crisis?

- a. Pheochromocytoma**
- b. Preeclampsia
- c. Diabetic glomerulosclerosis
- d. Primary hyperaldosteronism
- e. Essential hypertension

691. A 43-year-old female patient complains of unstable defecation with frequent constipations, abdominal swelling, headache, sleep disturbance. Body weight is unchanged. What disease are these clinical presentations typical for?

- a. Irritable colon syndrome**
- b. Chronic pancreatitis
- c. Colorectal cancer
- d. Chronic atrophic gastritis
- e. Chronic enteritis

692. A 43-year-old man who often contacts with ethyl gasoline was admitted to a hospital with complaints of general weakness, dizziness, memory impairment, sleepiness at daytime and insomnia at night, sensation of a hair in the mouth, colicky pains in the right subcostal region. What is the most likely diagnosis?

- a. Chronic mercury intoxication
- b. Alcoholic delirium
- c. Chronic tetraethyl lead intoxication**
- d. Chronic manganese intoxication
- e. Chronic lead intoxication

693. A 35-year-old patient has been in the intensive care unit for acute renal failure due to crush for 4 days. Objectively: the patient is inadequate. Breathing rate - 32/min. Over the last 3 hours individual moist rales can be auscultated in lungs. ECG shows high T waves, right ventricular extrasystoles. CVP - 159 mm Hg. In blood: the residual nitrogen - 62 millimole/l,  $K^+$  - 7,1 millimole/l,  $Cl^-$  - 78 millimole/l,  $Na^+$  - 120 millimole/l, Ht - 0,32, Hb - 100 g/l, blood creatinine - 0,9 millimole/l. The most appropriate method of treatment would be:

- a. Plasma sorption
- b. Plasma filtration
- c. Ultrafiltration
- d. Hemodialysis**
- e. Hemosorption

694. A 45-year-old man was brought to clinic with complaints of the pain that started suddenly in the left chest part and epigastric area, shortness of breath, nausea, one-time vomiting. The acute pain started after weight-lifting. On physical exam: shallow breathing, RR - 38/min, left chest part is behind during respiration, by percussion - tympanitic sound, respiration is not auscultated. Ps - 110 bpm, of weak filling. BP - 100/60 mm Hg, insignificant displacement of heart to the right, sounds are dull. What examination is the most expedient to do first?

- a. Esophagogastrosocopy
- b. Ultrasound of the abdominal cavity
- c. Electrocardiography
- d. Bronchoscopy
- e. Roentgenography**

695. A 35 y.o. woman is suspected of aplastic anemia. The bone marrow puncture has been administered with the diagnostic purpose. What changes in the marrow punctatum are suggested?

- a. Replacement of marrow elements with fibrous tissue
- b. Presence of blast cells
- c. Absolute lymphocytosis
- d. Replacement of marrow elements with adipose tissue**
- e. Prevalence of megaloblasts

696. A 47-year-old woman underwent a thyroid gland resection on account of nodular euthyroid goiter. What preparations are most likely to prevent the disease recurrence?

- a. Thyroid hormones**
- b. Thyrotropin
- c. Radioactive iodine
- d. Antistrumum (potassium iodide)
- e. Mercazolil

697. A 55 y.o. male patient complains of weakness during 2 months, pain in the right side of the thorax, cough, blood-streaked sputum. On X-ray: intensive triangle shadow in the area of lower lobe that is connected to mediastinum. What is the most likely disorder in the lungs?

- a. Central cancer of lungs**
- b. Bronchiectasia
- c. Pleuropneumonia
- d. Pulmonary infarction
- e. Tuberculosis of lungs

698. A patient has an over a year-old history of fast progressive rheumatoid arthritis. X-raying confirms presence of marginal erosions. What basic drug would be the most appropriate in this case?

- a. Aspirin
- b. Methotrexate**
- c. Prednisolone
- d. Chloroquine
- e. Diclofenac sodium

699. A 49-year-old patient complains of deglutition problems, especially with solid food, hiccups, voice hoarseness, nausea, regurgitation, significant weight loss (15 kg within 2,5 months). Objectively: body weight is reduced. Skin is pale and dry. In lungs: vesicular breathing, heart sounds are loud enough, heart activity is rhythmic. The abdomen is soft, painless on palpation. Liver is not enlarged. What study is required to make a diagnosis?

- a. Clinical blood test
- b. X-ray in Trendelenburgs position

c. Study of gastric secretion

d. Esophageal duodenoscopy along with biopsy

e. X-ray of digestive tract organs

700. A 60-year-old patient has been admitted to a hospital with complaints of dyspnea, tightness in the right subcostal area, abdomen enlargement. These presentations have been progressing for a year. Heart auscultation reveals presystolic gallop rhythm. Objectively: swelling of the neck veins, ascites, palpable liver and spleen. What disease requires differential diagnostics?

a. Constrictive pericarditis

b. Lung cancer with invasion to the pleura

c. Pulmonary embolism

d. Chronic pulmonary heart

e. Hepatocirrhosis

701. A 40-year-old patient, the forester, complains of severe headache, body temperature rise up to 39,5°C, trembling limbs. From the patients history we know that he had seriously cut his hand during the dissection of a killed fox. Objectively: depressed mood. The patient asks not to turn on the light or open the door. Any noise causes apparent motor excitation. When he saw a carafe of water, he developed convulsive throat spasms. What tactics should an emergency doctor choose?

a. Deliver the patient to the neurological department

b. Deliver the patient to the resuscitation department

c. Deliver the patient to the infectious disease hospital

d. Deliver the patient to the psychiatric hospital

e. Let him stay at home and consult a psychiatrist

702. A 28-year-old woman has a 12-year history of chronic glomerulonephritis with latent course. Over the past six months she has developed general weakness, loss of appetite, low work performance, nausea. The patient complains of headache, pain in the joints. On examination: anemia, blood urea - 34,5 millimole/l, blood creatinine - 0,766 millimole/l, hyperkalemia. What complication has developed?

a. Pyelonephritis

b. Chronic renal insufficiency

c. Nephrotic syndrome

d. Acute renal insufficiency

e. Renal amyloidosis

703. A 70 y.o. male patient with mild headaches complains of speech disorder, weakness in right limbs. There was a history of myocardial infarction and arrhythmia. On neurological examination there are elements of motor aphasia, central paresis of VII and XII cranial nerves pairs on the right side, central type of hemiparesis and hemihyperesthesia on the same side. What is the most probable diagnosis?

a. Ischemic stroke

b. Transitory ischemic attack

c. Cerebral tumor

d. Epidural hematoma

e. Hemorrhagic stroke

704. After treating a field with pesticides a machine operator presents with great weakness, headache, nausea, vomiting, diarrhea, visual impairment, watery eyes. Objectively: the patient is excited, hypersalivation, hyperhidrosis, muscle fibrillation of tongue and eyelids are observed. Pupils are narrowed, there is tachycardia, lung auscultation reveals moist small and medium bubbling rales. In blood: changed level of cholinesterase activity. What is the most likely diagnosis?

a. Intoxication with carbamic acid derivatives

b. Intoxication with organophosphorous pesticides

c. Intoxication with organomercurial pesticides

d. Intoxication with organochlorine pesticides

e. Intoxication with arsenic-containing pesticides

705. A 40-year-old man is ill with autoimmune hepatitis. Blood test: A/G ratio 0,8, bilirubin - 42  $\mu\text{mol/L}$ , transaminase : ALT- 2,3  $\text{mmol g/L}$ , AST - 1,8  $\text{mmol g/L}$ . What is the most effective means in treatment from the given below?

a. Hemosorbition, vitamin therapy

**b. Glucocorticoids, cytostatics**

c. Hepatoprotectors

d. Antibacterial medication

e. Antiviral medications

706. A farmer hurt his right foot during working in a field and came to the emergency station. He doesn't remember when he got last vaccination and he has never served in the army. Examination of his right foot revealed a contaminated wound up to 5-6 cm long with uneven edges. The further treatment tactics will be:

a. Surgical debridement only

b. To administer an antibiotic

c. To make an injection of tetanus anatoxin

d. To make an injection of antitetanus serum

**e. To make an injection of tetanus anatoxin and antitetanus serum**

707. A 35-year-old patient has been admitted to a hospital for pain in the left sternoclavicular and knee joints, lumbar area. The disease has an acute character and is accompanied by fever up to 38°C. Objectively: the left sternoclavicular and knee joints are swollen and painful. In blood: WBCs -  $9,5 \times 10^9/\text{l}$ , ESR - 40  $\text{mm/h}$ , CRP - 1,5  $\text{millimole/l}$ , fibrinogen - 4,8  $\text{g/l}$ , uric acid - 0,28  $\text{millimole/l}$ . Examination of the urethra scrapings reveals chlamydia. What is the most likely diagnosis?

**a. Reiter's syndrome**

b. Gout

c. Rheumatoid arthritis

d. Bechterew's disease

e. Rheumatic arthritis

708. Topographic percussion of lungs in a patient who got a serious job-related barotrauma revealed that the lower lungs borders were located one rib below normal, there was a significant increase in both lungs height and Kronig's isthmus. What disease should be suspected in the first place?

**a. Pulmonary emphysema**

b. Chronic bronchitis

c. Pneumothorax

d. Bronchial asthma

e. Exudative pleuritis

709. An 18 y.o. girl complains of weakness, dizziness, loss of appetite, menorrhagia. There are many-coloured petechiae on the skin of the upper extremities. Blood test: Hb- 105  $\text{g/l}$ ; RBC-  $3,21 \times 10^{12}/\text{L}$ ; C.I.- 0,95; thromb.-  $201 \times 10^9/\text{L}$ . The sedimentation time according to Lee White is 5; hemorrhagia duration according to Duke is 8, "pinch and tourniquet" test is positive. What is the most probable diagnosis?

a. Marchiafava-Micheli's disease

**b. Idiopathic thrombocytopenic purpura**

c. Hemorrhagic diathesis

d. Hemophilia

e. Iron deficiency anemia

710. A 28 y.o. male patient was admitted to the hospital because of high temperature 39°C, headache, generalized fatigue, constipation, sleep disorder for 9 days. There are sporadic roseolas on the abdomen, pulse- 78 bpm, liver is enlarged for 2 cm. What is the most probable diagnosis?

**a. Abdominal typhoid**

b. Sepsis

c. Leptospirosis

d. Brucellosis

e. Typhus

711. A 50-year-old patient complains about having pain attacks in the right subcostal area for about a year. He pain arises mainly after taking fattening food. Over the last week the attacks occurred daily and became more painful. On the 3rd day of hospitalization the patient presented with icteritiousness of skin and scleras, light-colored feces and dark urine. In blood: neutrophilic leukocytosis -  $13,1 \cdot 10^9/l$ , ESR- 28 mm/h. What is the most likely diagnosis?

- a. Chronic cholangitis, exacerbation stage
- b. Hypertensive dyskinesia of gallbladder
- c. Chronic recurrent pancreatitis
- d. Fatty degeneration of liver
- e. Chronic calculous cholecystitis**

712. A 20 y.o. patient with bronchial asthma experiences dyspnea attacks 3-4 times a week. Nocturnal attacks are 1 time a week. FEV1- 50% of necessary figures, during the day its variations is 25%. What is the severity of bronchial asthma condition?

- a. Mild condition
- b. Asthmatic status
- c. Intermittent flow
- d. Moderate severity condition**
- e. Serious condition

713. A 40 y.o. man complains of headache in occipital area. On physical examination: the skin is pale; face and hand edema, BP- 170/130 mm Hg. On Ech<sup>o</sup>CG: concentric hypertrophy of the left ventricle. Ultrasound examination of the kidneys reveals thinned cortical layer. Urine analysis shows proteinuria of 3,5 g/day. What is the probable diagnosis?

- a. Essential arterial hypertension**
- b. Chronic glomerulonephritis
- c. Cushings disease
- d. Polycystic disease of the kidneys
- e. Chronic pyelonephritis

714. After a serious nervous stress a 35-year-old patient has developed on the dorsal surface of hands redness and swelling that were later replaced by small inflammatory nodules, vesicles and following erosion with a significant serous discharge. The process is accompanied by severe itching. What is the most likely diagnosis?

- a. Toxicoderma
- b. True eczema**
- c. Microbal eczema
- d. Allergic dermatitis
- e. Simple contact dermatitis

715. In the morning a patient had nausea, abdominal discomfort, single vomiting, dry mouth. In the evening, the patient presented with the increasing general weakness, double vision, difficult swallowing of solid food. Objectively: ptosis, mydriasis, anisocoria, absence of gag and pharyngeal reflex, dry mucous membranes. The previous evening the patient had dinner with canned food and alcohol. What is the presumptive diagnosis?

- a. Botulism**
- b. Intoxication with unknown poison
- c. Poliomyelitis
- d. Acute ischemic stroke
- e. Food toxicoinfection

716. A 38-year-old woman experiences episodic increases in arterial pressure up to 240/120 mm Hg, which is accompanied by nausea, vomiting, tachycardia, increased sweating, hyperglycemia. The attack is usually followed by the excessive urination. Renal sonography reveals an additional formation adjacent to the upper pole of the right kidney and possibly belonging to the adrenal gland. What laboratory test will allow to clarify the diagnosis?

a. Blood test for renin level

**b. Determination of urinary excretion of catecholamines and vanillylmandelic acid**

c. Estimation of glomerular filtration rate by measuring endogenous creatinine clearance

d. Blood test for insulin and C-peptide

e. Blood test for thyroxine and thyrotrophic hormone

717. A 32-year-old patient has a 3-year history of asthma attacks, that can be hardly stopped with berotec. Over a few last months he has experienced pain in the joints and sensitivity disorder of legs and feet skin. Ps - 80/min, AP - 210/100 mm Hg. In blood: eosinophilia at the rate of 15%. What disease can be suspected in this case?

a. Systemic scleroderma

b. Systemic lupus erythematosus

**c. Periarthritis nodosa**

d. Dermatomyositis

e. Wegeners disease

718. A 46-year-old patient complains of sudden palpitation, which is accompanied by pulsation in the neck and head, fear, nausea. The palpitation lasts for 15-20 minutes and is over after straining when holding her breath. What kind of cardiac disorder may be suspected?

a. An attack of atrial flutter

b. An attack of ventricular paroxysmal tachycardia

**c. An attack of supraventricular paroxysmal tachycardia**

d. An attack of ciliary arrhythmia

e. An attack of extrasystolic arrhythmia

719. A 5-grade pupil complains about extensive skin rash accompanied by intensive itch, especially at night. Objectively: there are small red papules set mostly in pairs in the region of interdigital folds on both hands, on the flexor surface of radicular articulations, abdomen and buttock skin as well as internal surface of thighs. In the centre of some papules vesicles or serohaemorrhagic crusts can be seen. There are multiple excoriations. What is the most likely diagnosis?

a. Ringworm of body

b. Dermatitis

**c. Scabies**

d. Toxicoderma

e. Eczema

720. A 58-year-old patient has a 3-year history diabetes mellitus type II. He has been keeping to a diet and regularly taking glyburide. He has been delivered to a hospital on an emergency basis for acute abdomen. Objectively: the patient is of supernutrition type. The skin is dry. In the lungs vesicular breathing can be auscultated. Heart sounds are regular, 90/min. AP- 130/70 mm Hg. The symptom of "wooden belly" is visible. Blood sugar - 9,8 millimole/l. The patients has indication for laparotomy. What is the most appropriate way of further treatment of diabetes?

a. To administer 1 tablet of Maninil three times a day

**b. To administer short insulin**

c. To administer Semilong to be taken in the morning and insulin - in the evening

d. To continue taking glyburide

e. To administer 1 tablet of Glurenorm three times a day

721. A 43-year-old female patient complains of eruption on her right leg skin, pain, weakness, body temperature rise up to 38°C. The disease is acute. Objectively: there is an edema on the right leg skin in the region of foot, a well-defined bright red spot in form of flame tips which feels hot. There are isolated vesicles in focus. What is your provisional diagnosis?

**a. Erysipelas**

b. Contact dermatitis

c. Haemorrhagic vasculitis

d. Toxicoderma

e. Microbial eczema

722. A 45-year-old patient complains of some painless nodular elements tending to peripheral growth and fusion. He has a 2-year history of this disease. Aggravation takes place mainly in spring. In anamnesis: the patient's father had similar skin lesions. Objectively: pathological elements look like guttate and nummular nodules, plaques covered with white scales. What is your provisional diagnosis?

- a. Seborrheic eczema
- b. Psoriasis**
- c. Neurodermitis
- d. Lichen ruber planus
- e. Pityriasis rosea

723. A 47-year-old patient came to see a doctor on the 7th day of disease. The disease developed very fast: after the chill body temperature rose up to 40°C and lasted up to 7 hours, then it dropped abruptly, which caused profuse sweat. There were three such attacks occurring once in two days. Two days ago the patient arrived from Africa. Objectively: pale skin, subicteric sclera, significantly enlarged liver and spleen. What is the cause of fever attacks in this disease?

- a. Erythrocytic schizogony**
- b. Exotoxin of a causative agent
- c. Gametocytes
- d. Endotoxin of a causative agent
- e. Tissue schizogony

724. On the 2nd day of illness a 27-year-old patient complains of unbearable headache, repeated vomiting. Objectively: the patient is in a grave condition. He is conscious but adynamic. Lies in a forced position with his head thrown back. There is no skin rash. Nuchal muscles are evidently rigid, there are Kernig's and Brudzinkski's signs.  $t_{re}$  39,5°C, Ps- 120/min, AP- 130/80 mm Hg. The leading syndrome of this disease is caused by:

- a. Liquor hypotension
- b. Haemorrhages into the adrenal glands
- c. Hyperthermy
- d. Liquor hypertension**
- e. Affection of the cranial nerve nuclei

725. A 43 y.o. woman complains of shooting heart pain, dyspnea, irregularities in the heart activity, progressive fatigue during 3 weeks. She had acute respiratory disease a month ago. On examination: AP- 120/80 mm Hg, heart rate 98 bpm, heart borders +1,5 cm left side, sounds are muffled, soft systolic murmur at apex and Botkins area; sporadic extrasystoles. Liver isn't palpated, there is no edema. Blood test: WBC-  $6,7 \times 10^9/L$ , sedimentation rate- 21 mm/hour. What is the most probable diagnosis?

- a. Hypertrophic cardiomyopathy
- b. Acute myocarditis**
- c. Ischemic heart disease, angina pectoris
- d. Climacteric myocardiodystrophy
- e. Rheumatism, mitral insufficiency

726. A 37-year-old woman is sick with bronchial asthma for 15 years. Recently asthmatic attacks occur 4-5 times per week, night attacks - 2-3 times per month. To stop attacks, the patient takes salbutamol. On physical exam: condition is relatively satisfactory. RR - 20/min, Ps is 76 bpm, BP - 120/80 mm Hg. Respiration in lungs is vesicular. Cardiac sounds are muted, rhythm is normal. What medication should be prescribed to prevent attacks of bronchial asthma on the first stage?

- a. Cromoglycate sodium**
- b. Inhalation corticosteroids
- c. Injection of corticosteroids
- d. Tabletted corticosteroids
- e. Regular dose of salbutamol

727. A 50-year-old patient was hospitalized in severe condition with complaints of chills, high grade



temperature, dryness in the mouth, multiple vomiting, pain in the epigastrium, frequent watery, foamy, dirty green color stool of unpleasant odor. The tongue and the skin are dry. BP - 80/40 mm Hg. What first aid is necessary for the patient?

- a. Hemosorbition
- b. Intravenous injection of sodium solutions**
- c. To prescribe polyglucin
- d. Fresh-frozen plasma transfusion
- e. Sympathomimetics

728. A 42-year-old female patient suffers from micronodular cryptogenic cirrhosis. Over the last week her condition has deteriorated: she developed convulsions, mental confusion, progressing jaundice. What study may give reasons for such aggravation?

- a. Determination of cholesterol ethers
- b. Determination of ALAT and ASAT
- c. Determination of alkaline phosphatase
- d. Determination of serum ammonia**
- e. Determination of alpha-fetoprotein

729. A patient has chronic heart failure of the II stage. He takes furosemide regularly three times a week. He had developed bronchopneumonia and had been administered combined pharmacotherapy. On the fifth day of therapy the patient complained of hearing impairment. What drug coadministered with furosemide might have caused the hearing loss?

- a. Gentamicin**
- b. Nystatin
- c. Mucaltin
- d. Tavegil
- e. Linex

730. A 37-year-old woman complains of generalized fatigue, irritability, dysphagia, chalk hunger. On physical exam:  $t = 36,5^{\circ}\text{C}$ , respirations - 20/min, Ps - 96 bpm, BP - 110/70 mm Hg. Satisfactory nourishment. The skin and visible mucous membranes are pale. Blood test: Hb - 70g/L, erythrocytes -  $3,4 \cdot 10^{12}/\text{L}$ , Cl - 0,7, reticulocytes - 2%, leucocytes -  $4,7 \cdot 10^9/\text{L}$ , eosinophils - 2%, band neutrophils - 3%, segmented neutrophils - 64%, lymphocytes - 26%, monocytes - 5%, ESR - 15 mm/min. Serum ferrum -  $7,3 \mu\text{mol}/\text{L}$ , total protein - 70g/L. Deficit of what factor caused the development of the disease?

- a. Vitamin B12
- b. Vitamin D6
- c. Ferrum**
- d. Protein
- e. Folic acid

731. A 28-year-old patient has been hospitalized for the pain in the epigastric region. He has a 10-year history of duodenal ulcer (DU). Recently, the pain character has changed: it became permanent, persistent, irradiating to the back. There are general weakness, dizziness, fatigue. The patient has put off weight. Objectively: HR- 68/min, AP- 120/80 mm Hg. What is most likely cause of deterioration?

- a. Perforation of duodenal wall
- b. Haemorrhage
- c. Penetration**
- d. Exacerbation of duodenal ulcer
- e. Stenosis development

732. A 57-year-old male patient complains of dyspnea on exertion, heaviness in the right hypochondrium and shin edemata towards evening. Objectively: temperature -  $38,1^{\circ}\text{C}$ , HR- 20/min, HR=Ps=92/min, AP- 140/90 mm Hg. There is apparent kyphoscoliosis. In the lungs single dry rales can be auscultated. Heart sounds are muffled, rhythmic. ECG:  $Rv1 + Sv5 = 15 \text{ mm}$ . X-ray picture shows the bulging of pulmonary artery cone, right ventricle enlargement. What is the most likely cause of

this condition?

- a. Mitral stenosis
- b. Primary pulmonary hypertension
- c. Atherosclerotic cardiosclerosis
- d. Dilatation cardiomyopathy

**e. Pulmonary heart**

733. A 24-year-old emotionally-labile woman presents with irritation, depressed mood, palpitation, shooting pain in the heart area, generalized fatigue following the divorce. On examination: palm hyperhydrosis, pulse rate- 72-78 bpm, labile, heart without changes. ECG is normal. What is the most probable pathology in this case?

- a. Compulsive neurosis
- b. Ipochondric neurosis

**c. Neurasthenia**

- d. Schizophrenia
- e. Depressive neurosis

734. A 30-year-old woman with a long history of chronic pyelonephritis complains about considerable weakness, sleepiness, decrease in diuresis down to 100 ml per day. AP- 200/120 mm Hg. In blood: creatinine - 0,62 millimole/l, hypoproteinemia, albumines - 32 g/l, potassium - 6,8 millimole/l, hypochromic anemia, increased ESR. What is the first step in the patient treatment tactics?

- a. Haemosorption
- b. Blood transfusion
- c. Antibacterial therapy
- d. Enterosorption

**e. Haemodialysis**

735. A 36-year-old female patient complains of bruises on the body, gingival haemorrhage, general weakness. A month ago she had a severe domestic poisoning with some pesticide (the patient can not remember the name). She has a 7-year record of working in contact with petroleum products, particularly benzene. In blood: RBCs -  $3,2 \times 10^{12}/l$ , WBCs -  $2,7 \times 10^9/l$ , thrombocytes -  $70 \times 10^9/l$ . What is the most likely pathology?

- a. Organochlorine pesticide Intoxication
- b. Organophosphorus pesticide intoxication

**c. Benzene intoxication**

- d. Mercury-containing pesticide intoxication
- e. Chronic fatigue Syndrome

736. While staying in a stuffy room a 19-year-old emotionally labile girl developed severe weakness, dizziness, blackout, nausea and loss of consciousness without convulsions. Objectively: the patient is unconscious, the skin is pale, extremities are cold. AP- 90/60 mm Hg, Ps- 96/min, deficient, breathing is shallow. Pupillary and tendon reflexes are present. There are no pathological signs. What is the most likely diagnosis?

**a. Syncope**

- b. Epileptic attack
- c. Transient ischemic attack
- d. Hysterical neurosis
- e. Vegetovascular paroxysm

737. A patient complains of frequent, bulky, frothy stools with greenish mucus, cramping pain in the umbilical region, abdominal murmur, body temperature at the rate of 39°C. The patient associates the disease with consumption of soft-boiled eggs. What is the most likely pathogen?

- a. Yersinia
- b. Enteropathogenic E.Coli
- c. Vibrio cholerae El Tor

**d. Salmonella**

- e. Shigella

738. A 40-year-old female patient complains of headache, dizziness, muscle weakness, occasional cramps in the extremities. She has been taking antihypertensive medications for 10 years. AP- 180/100 mm Hg. Blood potassium - 1,8 millimole/l, sodium - 4,8 millimole/l. In urine: alkaline reaction, the relative density - 1012, protein and sugar are not found, WBCs - 3-4 in the field of vision, RBCs - 1-2 in the field of vision. Conn's syndrome is suspected. Which drug should be chosen for the treatment of arterial hypertension?

- a. Enalapril
- b. Propanolol
- c. Spironolactone**
- d. Hydrochlorothiazide
- e. Clonidine

739. An 18-year-old patient presents no problems. Percussion reveals that heart borders are displaced to the right and left by 1 cm, there is a coarse systolic murmur with its epicenter within the 4th intercostal space on the left. What is the most informative examination to confirm the clinical diagnosis?

- a. Ventriculography**
- b. PCG
- c. Polycardiography
- d. Echocardiography
- e. ECG

740. A 56-year-old patient complains of having persistent chest pain on the right for the last 2 months. The pain is not associated with respiration. He also complains of cough with blood-streaked sputum, weakness, decreased performance, fatigue. Chest radiograph shows a globular shade of 4x6 cm connected to the root of the lung in the lower part of the right lung. What is the most likely diagnosis?

- a. Metastasis
- b. Pneumonia
- c. Tuberculoma
- d. Peripheral lung cancer**
- e. Lung abscess

741. A 58-year-old patient was diagnosed basal-cell skin cancer, 1st stage. Tumor is up to 1 cm in size and with up to 0,5 cm deep infiltration in tissues. Tumor is localized in the right nasolabial area. Choose the most optimal method of treatment

- a. Short-distance roentgenotherapy**
- b. Long-distance gamma therapy
- c. Surgical treatment
- d. Chemotherapy
- e. Long-distance roentgenotherapy

742. A 27-year-old patient complains of nasal haemorrhages, multiple bruises on the anterior surface of the trunk and extremities, sudden weakness. In blood: Hb- 74 g/l, reticulocytes - 16%, RBCs -  $2,5 \times 10^{12}/l$ , platelets -  $30 \times 10^9/l$ , ESR- 25 mm/h. What is the most effective measure for the treatment of thrombocytopenia?

- a. Splenectomy**
- b. Hemotransfusion
- c. Vitamin B12
- d. Cytostatics
- e. Iron preparations

743. A woman while working in vegetable garden developed severe pain in the loin. Lasagues and Nery tension signs are obviously marked on the right. Lumbar lordosis is smoothed, movements are harshly restrained in lumbar part of the spine. Right ankle (Achilles) reflex is absent. What kind of disease can it be?

- a. Renal colic**

- b. Neuritis of femoral nerve
- c. Lumbalgia
- d. Hepatic colic

**e. Lumbar-sacral radiculitis**

744. After lifting a load a patient felt undurable pain in the loin. He was diagnosed with acute lumbosacral radiculitis. Which of the following is contraindicated for this patient?

- a. Vitamins of B group
- b. Intravenous injection of aminophylline
- c. Dehydrating drugs
- d. Analgetics

**e. Warming procedures**

745. An unconscious 35-year-old patient has been delivered by an ambulance to the intensive care unit. Objectively: the patient is in semicoma. Moderate mydriasis is present. The reaction of pupils to light is reduced. The reaction to verbal instructions is missing. AP is 150/100 mm Hg, there is tachycardia. Blood contains methanol. What antidote should be administered?

a. Naloxone

**b. Ethanol**

- c. Thiamine chloride
- d. Unithiol
- e. Tavegil

746. A female, aged 20, after smoking notices a peculiar inebriation with the feeling of burst of energy, elation, irreality and changing of surroundings: the world gets full of bright colours, the objects change their dimensions, people's faces get cartoon features, loss of time and space judgement. What is the most likely diagnosis?

**a. Cocainism**

- b. Barbiturism
- c. Cannabism
- d. Nicotinism
- e. Morphinism

747. While lifting a heavy load a 39-year-old patient suddenly felt a severe headache, pain in the interscapular region, and started vomiting. Objectively: the pulse is rhythmic, 60/min, AP- 180/100 mm Hg. The patient is agitated. He presents with photophobia, hyperacusis. There are positive Kernigs and Brudzinkis signs on both sides. In blood: WBCs -  $10 \times 10^9/l$ . CSF is bloody, cytosis is 240/3. What is the most likely diagnosis?

a. Ischemic stroke

**b. Subarachnoid haemorrhage**

- c. Acute hypertonic encephalopathy
- d. Sympathoadrenal crisis
- e. Meningococcal meningitis

748. A 26-year-old male patient complains of piercing pain during breathing, cough, dyspnea. Objectively:  $t_{37.3}^{\circ}C$ , respiration rate - 19/min, heart rate = 92/min; AP- 120/80 mm Hg. Vesicular respiration. In the inferolateral parts of chest auscultation in both inspiration and expiration phase revealed noise that was getting stronger at phonendoscope pressing and can be still heard after cough. ECG showed no pathological changes. What is the most likely diagnosis?

- a. Intercostal neuralgia
- b. Spontaneous pneumothorax
- c. Pericarditis sicca

**d. Acute pleuritis**

e. Subcutaneous emphysema

749. A 45-year-old patient, a sailor, was hospitalized on the 2nd day of the disease. A week ago he returned from India. Complains of body temperature of  $41^{\circ}C$ , severe headache, dyspnea, cough with frothy rusty sputum. Objectively: the patient is pale, mucous membranes are cyanotic, breathing rate

is 24/min, tachycardia is present. In lungs: diminished breath sounds, moist rales over both lungs, crepitation. What is the most likely diagnosis?

- a. Miliary tuberculosis
- b. Ornithosis
- c. Sepsis
- d. Pneumonic plaque**
- e. Influenza

750. HIV displays the highest tropism towards the following blood cells:

- a. Thrombocytes
- b. Erythrocytes
- c. T-suppressors
- d. T-killers
- e. T-helpers**

751. A 25-year-old patient complains of general weakness, dry cough, sweating, subfebrile temperature. Objectively: lung auscultation reveals vesicular respiration with no wheezing. Fluorogram shows focal shadows of high intensity in the 1-2 segments of the right lung. Mantoux test gave a reaction of 16 mm of induration. What clinical form of tuberculosis is most likely?

- a. Focal**
- b. Disseminated
- c. Miliary
- d. Tuberculoma
- e. Infiltrative

752. A 22-year-old patient is a clerk. His working day runs in a conditioned room. In summer he was taken by an acute disease with the following symptoms: fever, dyspnea, dry cough, pleural pain, myalgia, arthralgia. Objectively: moist rales on the right, pleural friction rub. X-ray picture showed infiltration of the inferior lobe. In blood: WBC -  $11 \times 10^9/l$ , stab neutrophils - 6%, segmented neutrophils - 70%, lymphocytes - 8%, ESR - 42 mm/h. What is the ethiological factor of pneumonia?

- a. Streptococcus
- b. Mycoplasma
- c. Legionella**
- d. Staphylococcus
- e. Pneumococcus

753. A 53-year-old female patient complains of cardiac pain and rhythm intermissions. She has experienced these presentations since childhood. The patient's father had a history of cardiac arrhythmias. Objectively: the patient is in grave condition, Ps- 220 bpm, AP- 80/60 mm Hg. ECG results: heart rate - 215/min, extension and deformation of QRS complex accompanied by atrioventricular dissociation; positive P wave. Some time later heart rate reduced down to 45/min, there was a complete dissociation of P wave and QRST complex. Which of the following will be the most effective treatment?

- a. Cholinolytics
- b. beta-adrenoreceptor blocking agents
- c. Implantation of the artificial pacemaker**
- d. Calcium antagonists
- e. Cardiac glycosides

754. A 49-year-old patient complains of dyspnea, cough. There are no sputum discharges. He has repeatedly used salbutamol and intal but with no effect. Objectively: he is only able to sit while leaning on the table. Cyanosis of face, acrocyanosis are present. Breathing is shallow, laboured, in some parts it cannot be auscultated; there are diffuse rales, expiration is significantly prolonged. Heart sounds are muffled, tachycardia is present. Ps - 112/min, AP- 110/70 mm Hg. Liver is located near the costal arch. There are no peripheral edemata. What is your provisional diagnosis?

- a. Bronchial asthma, moderate gravity
- b. Chronic obstructive bronchitis

**c. Status asthmaticus**

- d. Foreign object aspiration
- e. Cardiac asthma

755. A female patient consulted a dermatologist about the rash on the trunk and extremities. Objectively: interdigital folds, flexor surfaces of wrists and navel region are affected with pairs of nodulo-cystic eruptions and crusts. The rash is accompanied by skin itch that is getting stronger at night. What external treatment should be administered?

- a. 2% sulfuric paste
- b. 5% sulfuric ointment

**c. 20% benzyl benzoate emulsion**

- d. 5% naphthalan ointment
- e. 5% tetracycline ointment

756. An ambulance had been called to a 48-year-old man. According to his relatives, the patient had had three attacks of unconsciousness accompanied by convulsions within 24 hours. On examination the doctor witnessed the following attack: the patient lost consciousness and fell to the floor, developed tonic, then clonic convulsions of trunk and extremities. The attack lasted 1 minute and ended with involuntary urination. Specify the kind of attack:

- a. Vegetative crisis
- b. Syncope

**c. Epileptic seizure**

- d. Coma
- e. Attack of hysteria

757. A patient is 60 years old, retired, worked as deputy director of a research institute. Behavioural changes appeared 2 years ago after the death of her husband: she stopped looking after herself and leaving the house; then she refused to clean the apartment and cook. Mental status: temporal disorientation. The patient does not understand many of the questions, is confused; does not know how to cook soup or fasten a button. Her speech is characterized by stumbling and logoclonia. She does not recognize doctors, fellow patients. She cries a lot but can not explain the reason for tears. What is the mechanism of this pathology?

- a. Serotonin deficiency
- b. Atherosclerotic changes in cerebral vessels

**c. Atrophy of the cerebral cortex**

- d. Impaired conversion of dopamine to noradrenaline
- e. Disorder of melatonin metabolism

758. A 26-year-old patient has abused alcohol since the age of 16, needs a morning-after drink to cure hangover. He takes alcohol nearly every day, "a little at a time". Twice a week he gets severely drunk. The patient works as a motor mechanic, over the last 2 years work conflicts have become more frequent. What medical and tactical actions should be taken in this case?

- a. Referral to medical-social expert commission for assessment of his working ability
- b. Consultation with a psychologist
- c. Compulsory treatment
- d. Referral to treatment at an activity therapy centre

**e. Voluntary consultation and treatment at an addiction clinic**

759. A 26-year-old patient with left lower lobe pneumonia experiences an acute chest pain on the left during coughing. Objectively: diffuse cyanosis, extension of the left side of chest. Percussion reveals high tympanitis. Auscultation reveals no respiratory murmurs above the left side of chest. There is a deviation of the right cardiac border towards the midclavicular line. What examination will be the most informative?

- a. Spirography

**b. X-Ray**

- c. Bronchography
- d. Bronchoscopy

e. Pneumotachometry

760. A male patient presents with swollen ankles, face, eyelids, elevated AP- 160/100 mm Hg, pulse- 54 bpm, daily loss of albumine with urine- 4g. What therapy is pathogenetic in this case?

a. Antibiotics

**b. Corticosteroids**

c. NSAID

d. Diuretics

e. Calcium antagonists

761. After myocardial infarction, a 50-year-old patient had an attack of asthma. Objectively: bubbling breathing with frequency of 32/min, cough with a lot of pink frothy sputum, acrocyanosis, swelling of the neck veins. Ps- 108/min, AP- 150/100 mm Hg. Heart sounds are muffled. Mixed moist rales can be auscultated above the entire lung surface. What drug would be most effective in this situation?

a. Strophanthin intravenously

b. Pentamin intravenously

**c. Nitroglycerin intravenously**

d. Dopamine intravenously

e. Aminophylline intravenously

762. During dynamic investigation of a patient the increase of central venous pressure is combined with the decrease of arterial pressure. What process is proved by such combination?

**a. Increase of bleeding speed**

b. Shunting

c. Presence of hypervolemia

d. Depositing of blood in venous channel

e. Developing of cardiac insufficiency

763. Against the background of angina a patient has developed pain in tubular bones. Examination revealed generalized enlargement of lymph nodes, hepatolienal syndrome, sternalgia. In blood: RBCs -  $3,6 \cdot 10^{12}/l$ , Hb- 87 g/l, thrombocytes -  $45 \cdot 10^9/l$ , WBCs -  $13 \cdot 10^9/l$ , blasts - 87%, stab neutrophils - 1%, segmented neutrophils - 7%, lymphocytes - 5%, ESR - 55 mm/h. What is the most likely diagnosis?

a. Chronic lymphocytic leukemia

b. Erythremia

**c. Acute leukemia**

d. Chronic myeloid leukemia

e. Multiple myeloma

764. A 43-year-old male patient undergoing treatment for peptic ulcer complains of weakness, dizziness, coffee-ground vomiting, melena. After administration of haemostatics the patients condition has not improved, fresh blood has shown up in the vomit, skin bruises of different sizes have appeared. In blood: thrombocytes -  $50 \cdot 10^9/l$ , Lee-White clotting time - 35 minutes, APTT - 80 seconds. In this case it is most rational to administer the following preparation:

a. Rheopolyglucinum

b. Vikasol

c. Heparin

d. Fibrinogen

**e. Fresh frozen plasma**

765. A 38-year-old patient complains of inertness, subfebrile temperature, enlargement of lymph nodes, nasal haemorrhages, bone pain. Objectively: the patients skin and mucous membranes are pale, palpation revealed enlarged painless lymph nodes; sternalgia; liver was enlarged by 2 cm, spleen - by 5 cm, painless. In blood: erythrocytes -  $2,7 \cdot 10^{12}/l$ , Hb- 84 g/l, leukocytes -  $58 \cdot 10^9/l$ , eosinophils - 1%, stab neutrophils - 2%, segmented neutrophils - 12%, lymphocytes - 83%, lymphoblasts - 2%, smudge cells; ESR- 57 mm/h. What is the most likely diagnosis?

a. Chronic myeloleukemia

**b. Acute myeloleukemia**



c. Lymphogranulomatosis

d. Chronic lymphatic leukemia

e. Acute lymphatic leukemia

766. A 24-year-old patient complains about putting on weight, limosis. Objectively: the patients constitution is of hypersthenic type, body weight index is 33,2 kg/m<sup>2</sup>, waist circumference is 100 cm. Correlation of waist circumference to the thigh circumference is 0,95. What is the most likely diagnosis?

a. Alimentary constitutional obesity of the III stage, gynoid type

b. Hypothalamic Itsenko-Cushing obesity of the II stage, gynoid type

c. Alimentary constitutional obesity of the I stage, abdominal type

d. Alimentary constitutional obesity of the II stage, abdominal type

e. Hypothalamic Itsenko-Cushing obesity of the I stage, abdominal type

767. A 58-year-old patient complains about sensation of numbness, sudden paleness of II-IV fingers, muscle rigidity, intermittent pulse. The patient presents also with polyarthralgia, dysphagia, constipations. The patients face is masklike, solid edema of hands is present. The heart is enlarged; auscultation revealed dry rales in lungs. In blood: ESR- 20 mm/h, crude protein - 85/l, gamma-globulines - 25%. What is the most likely diagnosis?

a. Rheumatoid arthritis

b. Dermatomyositis

c. Systemic scleroderma

d. Systemic lupus erythematosus

e. Raynauds disease

768. A 35-year-old patient complains of heartburn, sour eructation, burning, compressing retrosternal pain and pain along the esophagus rising during forward bending of body. The patient hasnt been examined, takes Almagel on his own initiative, claims to feel better after its taking. Make a provisional diagnosis:

a. Functional dyspepsia

b. Gastric ulcer

c. Duodenal ulcer

d. Gastroesophageal reflux disease

e. Cardiospasm

769. As a result of lifting a load a 62-year-old female felt acute pain in the lumbar region, in a buttock, posterolateral surface of her right thigh, external surface of the right shin and dorsal surface of foot. Objectively: weakness of the anterior tibial muscle, long extensor muscle of the right toes, short extensor muscle of the right toes. Low Achilles reflex on the right. Positive Lasegues sign. What examination method would be the most effective for specification of the diagnosis of discogenic compression of L<sub>5</sub> root?

a. Lumbar puncture

b. Magnetic resonance scan

c. Electromyography

d. Spinal column X-ray

e. Angiography

770. A 45-year-old female patient complaining of general weakness, nausea and vomiting has been delivered to a hospital by the ambulance. Recently there has been a lack of appetite, weight loss. Objectively: hyperpigmentation of skin, blood pressure at the rate of 70/45 mm Hg, bradycardia. Additional studies revealed the reduced concentration of aldosterone and cortisol in blood, decreased excretion of 17-ketosteroids and 17-oxyketosteroids in the urine, hyponatremia, chloropenia, hypokalemia. What therapeutic measures are required?

a. To administer aldosterone

b. To administer insulin

c. To prescribe a diet with a high content of cooking salt

d. To administer prednisolone

**e. To administer glucocorticoids, mineralocorticoids, and a diet with a high content of cooking salt**

771. A 23-year-old female patient has a mental disease since the age of 18, the course of disease has no remission periods. At a hospital the patient mostly presents with non-purposeful foolish excitation: she makes stereotypic grimaces, exposed, masturbating in front of a loud laugh, repeating the stereotypical abusive shouts. The patient should be assigned:

a. Mood stabilizers

**b. Neuroleptics**

c. Tranquilizers

d. Antidepressants

e. Nootropics

772. A 40-year-old patient is registered in a narcological dispensary. Somatically: skin is dramatically hyperemic, sclera are injected, hyperhidrosis is present. AP- 140/100 mm Hg, heart rate - 100/min. Mental state: autopsychic orientation is intact, allopsychic orientation is distorted. The patient presents with motor anxiety. There is a look of fear on his face. He refuses to talk about his problems and asks to release him immediately, because he "may be killed." This state developed a day after a regular drinking bout. What is your provisional diagnosis?

a. Organic delirium

b. Alcoholic hallucinosis

c. Alcoholic paranoid

**d. Delirium tremens**

e. Paranoia

773. A 14-year-old patient with signs of internal haemorrhage has been taken to a hospital after a fight. He has had haemophilia A since childhood. He has been diagnosed with retroperitoneal hematoma. What should be administered in the first place?

a. Fresh blood

**b. Cryoprecipitate**

c. Dried plasma

d. Aminocaproic acid

e. Platelet concentrate

774. A 58-year-old patient complains of a headache in the occipital region, nausea, choking, oploptentes. The presentations appeared after a physical exertion. Objectively: the patient is excited. Face is hyperemic. Skin is pale. Heart sounds are regular, the 2nd aortic sound is accentuated. AP- 240/120 mm Hg, HR- 92/min. Auscultation reveals some fine moist rales in the lower parts of the lungs. Liver is not enlarged. ECG shows signs of hypertrophy and left ventricular overload. What is the most likely diagnosis?

a. Uncomplicated hypertensive crisis

b. Community-acquired pneumonia

c. Acute myocardial infarction, pulmonary edema

d. Bronchial asthma exacerbation

**e. Complicated hypertensive crisis, pulmonary edema**

775. A 37-year-old patient complains of pain in the lumbar spine that is getting stronger during walking; restricted mobility, edema of the right side of abdomen. He has a history of focal tuberculosis. X-ray picture shows the destruction of the adjacent surfaces of the 1-2 vertebral bodies of the lumbar spine, vertebral body height is decreased, intervertebral foramen is undetectable. Abdominal ultrasound reveals a 15x20 cm formation in the retroperitoneal space, there are echo signals of fluid presence. What is the most likely diagnosis?

a. Osteochondrosis

**b. Tuberculous spondylitis of the lumbar spine**

c. Spinal metastases

d. Fracture of the 1-2 vertebral bodies of the lumbar spine

e. Spondylolisthesis of the lumbar spine

776. A 43-year-old female patient was delivered to the hospital in grave condition. She has a history

of Addisons disease. The patient had been regularly taking prednisolone but a week before she stopped taking this drug. Objectively: sopor, skin and visible mucous membranes are pigmented, skin and muscle turgor is decreased. Heart sounds are muffled, rapid. AP- 60/40 mm Hg, heart rate - 96/min. In blood: Na - 120 millimole/l, K - 5,8 millimole/l. Development of this complication is primarily caused by the deficit of the following hormone:

- a. Corticotropin (ACTH)
- b. Noradrenaline
- c. Adrostendion

**d. Cortisol**

- e. Adrenaline

777. Survey radiograph of a 52-year-old worker of an agglomeration plant (28 years of experience, the concentration of metal dust is 22-37 mg/m<sup>3</sup>) shows mildly pronounced interstitial fibrosis with diffused contrast well-defined small nodular shadows. The patient has no complaints. Pulmonary function is not compromised. What is the provisional diagnosis?

- a. Anthracosis

**b. Siderosis**

- c. Anthraco-silicatosi
- d. Silicosis
- e. Silicatosi

778. A 60-year-old patient complains of nearly permanent sensation of heaviness and fullness in the epigastrium, that increases after eating, foul-smelling eructation, occasional vomiting with food consumed 1-2 days ago, weight loss. 12 years ago he was found to have an ulcer of pyloric channel. The patient has taken ranitidine for periodic hunger pain. The patients condition has been deteriorating over the last 3 months. Objectively: splashing sound in the epigastrium is present. What kind of complication is it?

- a. Malignization of gastric ulcer

**b. Pyloric stenosis**

- c. Functional pyloric spasm
- d. Penetration of gastric ulcer
- e. Foreign body in the stomach (bezoar)

779. A 52-year-old patient works as a secretary and has 30 year record of service. She complains of spasms in her right hand during working and inability to type and write. Up to 80% of her work involves hand load. The patient has been presenting with these symptoms for 2 years. Objectively: the right hand is tense, there is an increase in muscle tone, attempts to write cause spasms. Examination revealed no pathological changes of CNS. What is the most likely diagnosis?

- a. Chronic manganese intoxication

**b. Spastic form of coordination neurosis**

- c. Paretic form of coordination neurosis
- d. Neuralgic form of coordination neurosis
- e. Hysteric neurosis

780. A 22-year-old vegetarian patient with signs of malnutrition consulted a doctor about smell and taste distortion, angular stomatitis. Objectively: expressively blue sclerae. The patient was diagnosed with iron deficiency anemia. What is the dominating clinical syndrome?

- a. Myelodysplastic

**b. Sideropenic**

- c. Haemologic
- d. Anaemic
- e. Haemolytic

781. A patient complains of retrosternal pain, difficult swallowing, over 10 kg weight loss within three months, general weakness. In blood: hypochromic anaemia, neutrophilic leukocytosis. In feces: weakly positive Gregersen's reaction. On esophagram a filling defect with ill-defined serrated edges shows up along a large portion of the esophagus. What is the most likely diagnosis?

**a. Esophageal carcinoma**

- b. Esophageal achalasia
- c. Sideropenic dysphagia
- d. Peptic ulcer
- e. Benign tumour

782. An emergency doctor has diagnosed a 32-year-old woman with generalized convulsive status epilepticus. The deterioration in the patients condition is caused by a sudden gap in the epilepsy treatment. Specify the doctors further tactics:

- a. Hospitalization in the department of neurosurgery
- b. Hospitalization in the department of neurology

**c. Hospitalization in the intensive care unit**

- d. Outpatient monitoring by a neuropathologist
- e. Outpatient monitoring by a neurosurgeon

783. A 42-year-old female lives in the basement, is unemployed, undernourished. She complains of having general weakness, hair loss, brittle nails for six months, likes to eat chalk. Objectively: the patient is emaciated, pale, has dry skin. Peripheral lymph nodes are not enlarged. Liver is +1,5 cm. In blood: RBCs -  $1,8 \times 10^{12}/l$ , Hb- 62 g/l, colour index - 0,78, reticulocytes - 0,5o/\_oo, ESR- 18 mm/h. Leukogram exhibits no pathology. What is a provisional diagnosis?

- a. Acquired haemolytic anaemia
- b. Congenital haemolytic anaemia
- c. Chronic hepatitis
- d. B12-deficiency anaemia

**e. Nutritional iron deficiency anaemia**

784. A 20-year-old patient complains of breath shortness, continuous dull heart pain, irritability. Objectively: general condition is satisfactory, the pulse is labile, AP- 130/60 mm Hg. ECG shows repolarization disorder. The patient has been diagnosed with cardiac-type neurocirculatory dystonia. The patient should receive treatment under the following conditions:

- a. Inpatient treatment at the therapeutic department
- b. Inpatient treatment at the cardiac surgery department
- c. Inpatient treatment at the psychiatric department

**d. Outpatient treatment**

- e. Inpatient treatment at the cardiology department

785. A 38-year-old male works within the range of ionizing radiation. At a routine medical examination he presents no problems. In blood: RBCs -  $4,5 \times 10^{12}/l$ , Hb- 80 g/l, WBCs -  $2,8 \cdot 10^9/l$ , thrombocytes -  $30 \cdot 10^9/l$ . Decide if this person can work with sources of ionizing radiation:

- a. The patient is allowed to work with radioactive substances
- b. The patient can be allowed to work after an extended medical examination
- c. The patient is allowed to work with radioactive substances for the limited period of time

**d. Working with radioactive substances and other sources of ionizing radiation is contraindicated**

- e. The patient can only work with radioactive substances of low activity

786. A patient who undergoes treatment at a tuberculosis clinic has complained of having progressing headache for the last 3 weeks. Neurological examination reveals rigidity of occipital muscles, no focal symptoms. What is your provisional diagnosis?

- a. Convexital arachnoiditis

**b. Tuberculous meningitis**

- c. Brain tumour
- d. Chorea minor
- e. Myelitis

787. A patient with chronic suppurative otitis has developed severe headache, vomiting, body temperature rise. The meningeal symptoms are present. There are no focal neurological symptoms. The further tactics of a doctor should be:

- a. Referral for a consultation with otolaryngologist

**b. Urgent hospitalization and diagnostic lumbar puncture**

- c. Regular medical check-up
- d. Skull radiography
- e. Administration of anti-inflammatory drugs

788. Routine examination of a 16-year-old boy revealed the presence of three heart sounds on auscultation. The third sound is low and occurs in early diastole, there is no additional murmur. In history: pneumonia six months ago. The patient presents no problems. Examination revealed hyposthenia, underdevelopment of muscles. Laboratory and instrumental studies revealed no peculiarities. What is the origin of the additional heart sound?

- a. Pericardial diastolic sound
- b. The sound of the tricuspid valve opening
- c. The sound of the mitral valve opening
- d. Protodiastolic gallop rhythm

**e. Physiological III sound**

789. A patient's condition is getting worse towards evening: she becomes excited, complains of "internal anxiety", "a weight on her heart", foreboding of evil - "something evil will happen to me or my family". The patient is sad, melancholic, has poor appetite and sleep disorders. Specify the kind of mental disorder:

- a. Hypochondriac depression
- b. Agitated depression
- c. Somatized depression
- d. Endogenous depression

**e. Anxious depression**

790. A 47 y.o. woman complains of having paroxysmal headaches for the last 5 years. The pain is one-sided, intense, localised in frontal region of head, accompanied by nausea and stomach discomfort, begins one of a sudden. Onset is usually preceded by vision reduction. Anamnesis gives evidence of periodical AP rise, but at the moment the woman doesn't take any medicines. In between the onsets of headache her state is satisfactory. Objectively: high-calorie diet (body weight index - 29), AP- 170/95 mm Hg. Neurologic state has no peculiarities. What is the most probable diagnosis?

- a. Chronic subdural hematoma
- b. Benign intracranial hypertension
- c. Hypertensive encephalopathy

**d. Migraine**

- e. Epilepsy

791. A 7 y.o. boy suddenly felt pain in his right knee, it became edematous. The day before he took part in a cross-country race. Family anamnesis has no data about hemophilia and bleeding sickness. Objectively: body temperature is 37,5°C. The knee is painful, hot to the touch, edematous with local tissue tension over it. Blood count: Hb- 123 g/L, leukocytes -  $5,6 \times 10^9/L$ , thrombocytes -  $354 \times 10^9/L$ , prothrombin time - 12 seconds (normally 10-15 seconds), partly activated thromboplastin time - 72 seconds (normally 35-45 seconds). Hemorrhage time is normal, VIII:C factor is 5% of norm. What is the most probable diagnosis?

- a. Thrombocytopenia

**b. Hemophilia A**

- c. Schoenlein-Henoch disease
- d. Hemophilia B
- e. Vitamin K deficiency

792. The physician must undertake measures for primary prophylaxis of iron deficiency anemia. Which of the following categories of patient are subject to such primary prophylactic measures?

- a. Workers of industrial enterprises

**b. Pregnant women**

- c. All children
- d. Patients after 60

e. Patients after operation

793. A patient with unstable angina pectoris was given the following complex treatment: anticoagulants, nitrates,  $\alpha$ -adrenoblockers. However on the third day of treatment the pain still remains. Which investigation should be carried out to establish diagnosis?

- a. Stress-echocardiogram
- b. Esophageal electrocardiac stimulator
- c. Myocardial scintigraphy
- d. Coronarography**
- e. Test with dosed physical exercises

794. The 28 y.o. woman applied to doctor because of limited loss of the hair. In the anamnesis - she had frequent headache indisposition, arthromyalgia, fever, irregular casual sexual life, drug user. RW is negative. What examination must be done first?

- a. Examination for fungi
- b. Examination for trichomoniasis
- c. Examination for neuropathology
- d. Examination for gonorrhea
- e. Examination for HIV**

795. A 35 y.o. woman was admitted to thoracic surgery department with fever up to 40°C, onset of pain in the side caused by deep breathing, cough with considerable quantity of purulent sputum and blood with bad smell. What is the most likely diagnosis?

- a. Complication of liver echinococcosis
- b. Actinomycosis of lungs
- c. Pulmonary tuberculosis
- d. Abscess of the lung**
- e. Bronchiectatic disease

796. A 67 y.o. patient complains of palpitation, dizziness, noise in ears, feeling of shortage of air. Objectively: pale, damp skin. Vesicular respiration, respiratory rate- 22 per min, pulse- 200 bpm, AP- 100/70 mm Hg. On ECG: heart rate- 200 bpm, ventricular complexes are widened, deformed, location of segments ST and of wave T is discordant. The wave ? is not changed, superimposes QRST, natural conformity between ? and QRS is not present. What kind of arrhythmia is present?

- a. Ventricular extrasystole
- b. Atrial tachycardia
- c. Sinus tachycardia
- d. Atrial flutter
- e. Paroxysmal ventricular tachycardia**

797. A patient complains of a tormental (agonizing) cough with expectoration of up to 600 ml/daily purulent chocolatecolor sputum with a decay smell. Onset of illness was abrupt, to- 39°C, fever of irregular type. There is the area of darkening with a cavity in a center on X-ray film, with irregular contours and level of liquid. What disease is the question?

- a. Lobar pneumonia
- b. Gangrene of lung**
- c. Bronchiectatic illness
- d. Tuberculosis
- e. Pneumonia complicated by an abscess

798. A 33 y.o. male patient was admitted to a hospital. A patient is pale, at an attempt to stand up he complains of strong dizziness. There was vomiting like coffee-grounds approximately hour ago. BP- 90/60 mm Hg., pulse- 120 b/min. In anamnesis, a patient has suffered from ulcer of the stomach, painless form during 4 years. An ulcer was exposed at gastrofiberoscopy. Your diagnosis:

- a. Acute myocardial infarction, abdominal form
- b. Ulcer of stomach, complicated with bleeding**
- c. Erosive gastritis
- d. Ulcer of duodenum, complicated with bleeding

e. Acute pleurisy

799. A 48-year-old patient complains of heaviness in the right hypochondrium, itching of the skin. He had been treated in infectious diseases hospital repeatedly due to icterus and itch. On physical exam: meteorism, ascitis, dilation of abdominal wall veins, protruded umbilicus, spleen enlargement. What can be diagnosed in this case?

- a. Cancer of the head of pancreas
- b. Cancer of the liver
- c. Liver cirrhosis**
- d. Gallstones
- e. Viral hepatitis B

800. A 25-year-old man has facial edema, moderate back pains. His temperature is 37,5°C, BP 180/100 mm Hg, hematuria [up to 100 in v/f], proteinuria [2,0 g/L], hyaline casts - 10 in v/f., specific gravity - 1020. The onset of the disease is probably connected with acute tonsillitis that started 2 weeks ago. What is the most probable diagnosis?

- a. Chronic glomerulonephritis
- b. Acute glomerulonephritis**
- c. Cancer of the kidney
- d. Acute pyelonephritis
- e. Urolithiasis

801. A 30 y.o. female with rheumatoid arthritis of five years duration complains of pain in the first three fingers of her right hand over past 6 weeks. The pain seems especially severe at night often awakening her from sleep. The most likely cause is?

- a. Sensory peripheral neuropathy
- b. Atlanto-axial subluxation of cervical spine
- c. Carpal tunnel syndrome**
- d. Rheumatoid vasculitis
- e. Rheumatoid arthritis without complication

802. A patient was admitted to the hospital on the 7th day of the disease with complaints of high temperature, headache, pain in the muscles, especially in calf muscles. Dermal integuments and scleras are icteric. There is hemorrhagic rash on the skin. Urine is bloody. The patient was fishing two weeks ago. What is the most likely diagnosis?

- a. Trichinellosis
- b. Leptospirosis**
- c. Salmonellosis
- d. Yersiniosis
- e. Brucellosis

803. A 42-year-old woman suffers from bronchial asthma, has an acute attack of bronchial asthma. What medication from the listed below is contraindicated to render a first aid?

- a. Euphylinum**
- b. Corazolum
- c. Strophanthin hydrochloride
- d. Morphinum hydrochloride
- e. Izardin

804. 4 days ago a 32-year-old patient caught a cold: he presented with sore throat, fatigue. The next morning he felt worse, developed dry cough, body temperature rose up to 38,2°C, there appeared muco-purulent expectoration. Percussion revealed vesicular resonance over lungs, vesicular breathing weakened below the angle of the right scapula, fine sonorous and sibilant wheezes. What is the most likely diagnosis?

- a. Pulmonary gangrene
- b. Focal right-sided pneumonia**
- c. Acute bronchitis
- d. Bronchial asthma



e. Pulmonary carcinoma

805. A 62-year-old patient complaining of enlargement of cervical, supraclavicular and axillary lymph nodes, subfebrile temperature for the last 3 months has been admitted to a hospital. In blood: WBCs -  $64 \times 10^9/l$ , lymphocytes - 72%. What method of study should be used to specify the diagnosis?

a. Thermography

**b. Myelogram**

c. Lymphoscintigraphy

d. Lymphography

e. X-rays

806. A 38 y.o. woman complains of a purulent discharge from the left nostril. The body temperature is  $37,5^{\circ}\text{C}$ . The patient has been ill for a week and associates her illness with common cold. There are a pain and tenderness on palpation of her left cheek. The mucous membrane in the left nasal cavity is red and turgid. The purulent exudate is seen in the middle meatus in maxillary. What is the most probable diagnosis?

**a. Acute purulent maxillary sinusitis**

b. Acute purulent ethmoiditis

c. -

d. Acute purulent sphenoiditis

e. Acute purulent frontitis

807. A 40-year-old female patient has been hospitalized for attacks of asphyxia, cough with phlegm. She has a 4-year history of the disease. The first attack of asphyxia occurred during her stay in the countryside. Further attacks occurred while cleaning the room. After 3 days of inpatient treatment the patient's condition has significantly improved. What is the most likely etiological factor?

a. Chemicals

b. Psychogenic

c. Pollen

d. Infectious

**e. Household allergens**

808. The complications of acute cholecystitis which require surgical intervention are as follows EXCEPT:

a. Gall-bladder perforation

b. Cholangitis conditioned by the presence of stones in the bile tract

c. Empyema of the gall-bladder

d. Emphysematous gall-bladder

**e. Jaundice**

809. A 22-year-old girl has been complaining of having itching rash on her face for 2 days. She associates this disease with application of cosmetic face cream. Objectively: apparent reddening and edema of skin in the region of cheeks, chin and forehead; fine papulovesicular rash. What is the most likely diagnosis?

a. Erysipelas

b. Neurodermatitis

c. Dermatitis simplex

d. Eczema

**e. Allergic dermatitis**

810. A 43-year-old alcohol abuser had not consumed alcohol for the last two days. In the evening he claimed to see rats and feel like they bite his feet. The patient is disoriented, agitated, all the time attempts to run somewhere. Specify the psychopathological syndrome:

a. Amentia

b. Choreatic

c. Ganser's syndrome

**d. Delirious**

e. Oneiroid

811. A 42-year-old patient complains of back pain, darkened urine, general weakness, dizziness that occurred after treating a cold with aspirin and ampicillin. Objectively: the patient is pale, with subicteric sclerae. HR - 98 bpm. Liver - +2 cm, spleen - +3 cm. In blood: RBCs -  $2,6 \times 10^{12}/l$ , Hb - 60 g/l, CI - 0,9, WBCs -  $9,4 \times 10^9/l$ , basophils - 0,5%, eosinophils - 3%, stab neutrophils - 6% segmented neutrophils - 58%, lymphocytes - 25%, monocytes - 7%, ESR - 38 mm/hour, reticulocytes - 24%. Total bilirubin - 38 millimole/l. What complication occurred in the patient?

- a. Toxic hepatitis
- b. Agranulocytosis
- c. Paroxysmal nocturnal hemoglobinuria
- d. Acquired hemolytic anemia**
- e. Cholelithiasis

812. A hospital has admitted a 52-year-old patient with disseminated pulmonary tuberculosis, complaints of acute pain in the right half of chest, that developed after going upstairs to the 3rd floor; cough, dyspnea at rest, marked cyanosis. What kind of complication should suspected first of all?

- a. Spontaneous pneumothorax**
- b. Pulmonary failure
- c. Acute myocardial infarction
- d. Pleuritis
- e. Cardiac failure

813. A painter working at a motorcar plant has been diagnosed with moderately severe intoxication with amide compounds of benzene. The in-patient treatment resulted in a considerable health improvement. What expert decision should be made in this case?

- a. The patient should be referred to the medio-social expert commission for evaluation of percentage of work capacity loss
- b. The patient may get back to work providing he will keep to hygiene and sanitary regulations
- c. The patient should be issued a sick list for out-patient treatment**
- d. The patient should be referred to the medio-social expert commission for attributing the disability group because of an occupational disease
- e. -

814. A 16-year-old patient who has a history of intense bleedings from minor cuts and sores needs to have the roots of teeth extracted. Examination reveals an increase in volume of the right knee joint, limitation of its mobility. There are no other changes. Blood analysis shows an inclination to anaemia (Hb- 120 g/l). Before the dental intervention it is required to prevent the bleeding by means of:

- a. Fibrinogen
- b. Epsilon-aminocaproic acid
- c. Cryoprecipitate**
- d. Dried blood plasma
- e. Calcium chloride

815. A 35-year-old patient complains about pain and morning stiffness of hand joints and temporomandibular joints that lasts over 30 minutes. She has had these symptoms for 2 years. Objectively: edema of proximal interphalangeal digital joints and limited motions of joints. What examination should be administered?

- a. Proteinogram
- b. Roentgenography of hands**
- c. Rose-Waaler reaction
- d. Complete blood count
- e. Immunogram

816. Examination of a 35-year-old patient with rheumatism revealed that the right heart border was 1 cm displaced outwards from the right parasternal line, the upper border was on the level with inferior margin of the 1st rib, the left border was 1 cm in from the left midclavicular line. Auscultation revealed atrial fibrillation, loud apical first sound, diastolic shock above the pulmonary artery. Echocardiography revealed abnormal pattern of the mitral valve motion. What heart disease is

characterized by these symptoms?

- a. Mitral valve insufficiency
- b. Mitral valve prolapse
- c. Mitral stenosis**
- d. Aortic stenosis
- e. Tricuspid valve insufficiency

817. A 54-year-old male patient works as an engineer. At the age of 35, he got infected with syphilis and treated it with "traditional remedies". About 5 years ago, he became forgetful, unable to cope with work, told cynical jokes, bought useless things, collected cigarette butts in the street. Objectively: the patient is indifferent, has slow speech, dysarthria, can make only primitive judgments, is unable to perform simple arithmetic operations or explain simple metaphors. The patient is untidy, takes no interest in anything, passive. Considers himself to be completely healthy. Qualify mental condition of the patient:

- a. Korsakoffs (amnesic) syndrome
- b. Hysterical pseudodementia
- c. Lacunar (dysmnestic) dementia
- d. Somnolentia

**e. Total dementia**

818. A 47-year-old patient complains of insomnia, heaviness over his entire body, constantly depressed mood. He considers himself good-for-nothing, inadequate. Believes that he is a burden to his family, wants to die. The patient is depressed, inactive, has a hypomimic face with sorrowful expression. He speaks quietly and monotonously, gives short answers. What is the most likely diagnosis?

- a. Atherosclerotic depression
- b. Late-onset schizophrenia
- c. Neurotic depression
- d. Major depressive disorder**
- e. Initial stage of Alzheimers disease

819. A patient, aged 16, complains of headache, mainly in the frontal and temporal areas, superciliary arch, appearing of vomiting at the peak of headache, pain during the eyeballs movement, joints pain. On examination: excited,  $t = 39^{\circ}\text{C}$ ,  $Ps = 110/\text{min}$ . Tonic and clonus cramps. Uncertain meningeal signs. What is the most likely diagnosis?

- a. Parainfluenza
- b. Adenovirus infection
- c. Influenza, typical disease duration
- d. Respiratory syncytial virus

**e. Influenza with cerebral edema manifestations**

820. A 64-year-old patient complains of severe pain in the right side of chest, dyspnea, dry cough which appeared suddenly on exertion. Objectively: the right side of the chest lags behind in the act of breathing. Percussion reveals tympanic sound. Auscultation reveals pronouncedly diminished breath sounds on the right.  $Ps = 100/\text{min}$ , weak, arrhythmic.  $AP = 100/50 \text{ mm Hg}$ . Cardiac sounds are decreased. What disease can be suspected in this patient?

- a. Right-sided pleuropneumonia
- b. PATE
- c. Right-sided hydrothorax
- d. Right-sided dry pleurisy

**e. Right-sided pneumothorax**

821. A 29-year-old female patient complains of dyspnea, heaviness and chest pain on the right, body temperature rise up to  $37,2^{\circ}\text{C}$ . The disease is associated with a chest trauma received 4 days ago. Objectively: skin is pale and moist.  $Ps = 90 \text{ bpm}$ , regular. Palpation reveals a dull sound on the right, auscultation reveals significantly weakened vesicular breathing. In blood: RBCs -  $2,8 \times 10^{12}/\text{l}$ , colour index - 0,9, Hb -  $100 \text{ g/l}$ , WBCs -  $8,0 \times 10^9/\text{l}$ , ESR -  $17 \text{ mm/h}$ . What results of diagnostic puncture of the pleural cavity can be expected?

a. Purulent punctate

**b. Haemorrhagic punctate**

c. Exudate

d. Chylous liquid

e. Transudate

822. An 18-year-old patient since childhood suffers from bleeding disorder after minor injuries. His younger brother also has bleeding disorders with occasional haemarthrosis. Which laboratory test will be informative for diagnosis verification?

a. Blood clot retraction

b. Fibrinogen rate

**c. Clotting time**

d. Thrombocyte count

e. Determination of prothrombin time

823. A 28-year-old patient complains of periodic compressing heart pain. His brother died at the age of 34 from a cardiac disease with similar symptoms. Objectively: the patient's skin is pale. Heart borders display no significant deviations. Heart sounds are loud, there is a systolic murmur above all the points with a peak above the aorta. Echocardiography reveals thickening of the interventricular septum in the basal parts, reduction of left ventricular cavity. What drug should be administered in order to prevent the disease progression?

a. Nitroglycerin

b. Digoxin

**c. Metoprolol**

d. Captopril

e. Furosemide

824. A patient, aged 40, has been ill during approximately 8 years, complains of pain in the lumbar part of the spine on physical exertion, in cervical and thoracic part (especially when coughing), pain in the hip and knee joints on the right. On examination: the body is fixed in the forward inclination with head down, gluteal muscles atrophy. Spine roentgenography: ribs osteoporosis, longitudinal ligament ossification. What is the most likely diagnosis?

a. Psoriatic spondyloarthropatia

b. Tuberculous spondylitis

**c. Ankylosing spondylitis**

d. Spondyloarthropatia on the background of Reiter's disease

e. Spread osteochondrosis of the vertebral column

825. A 37 y.o. woman is suffering from squeezing substernal pain on physical exertion. On examination: AP- 130/80 mm Hg, heart rate=pulse rate 72 bpm, heart borders are dilated to the left side, aortic systolic murmur. ECG- signs of the left ventricle hypertrophy. What method of examination is the most informative in this case?

**a. Echocardiography**

b. Coronarography

c. X-ray

d. Sphygmography

e. Phonocardiography

826. A 58-year-old woman complains of osteoarthritis of knee-joint. For 2 weeks she had been receiving an in-patient medical treatment. She was discharged from the hospital in satisfactory condition with complaints of minor pain after prolonged static work. Local hyperemia and exudative effects in the area of joints are absent. What further tactics is the most expedient?

a. Referral to MSEC

b. Orthopedist consultation

c. Repeated in-patient treatment

d. Conducting arthroscopy

**e. Outpatient treatment**

827. A 36-year-old female has a 7-year history of pollen allergy. Over the last 2 years in August and September (during ragweed flowering), the patient has had 2-3 asthma attacks that could be treated with one dose of salbutamol. Objectively: body temperature - 36,5°C, respiratory rate - 18/min, Ps - 78/min, AP - 115/70 mm Hg. There is vesicular breathing above the lungs. Cardiac sounds are sonorous, of regular rhythm. What drug would be most effective to prevent asthma attacks during the critical season for the patient?

a. Atrovent inhalation

b. Berotec inhalation

c. Intalun inhalation

d. Suprastin administration

e. Theopecum administration

828. A 42-year-old patient applied to hospital with complaints of pain behind the sternum with irradiation to the left scapula. The pain appears during significant physical work, this lasts for 5-10 minutes and is over on rest. The patient is sick for 3 weeks. What is the preliminary diagnosis?

a. IHD:Stable angina pectoris of effort I FC

b. IHD:Variant angina pectoris (Prinzmetals)

c. IHD:First established angina pectoris

d. IHD:Stable angina pectoris of effort IV FC

e. IHD:Progressive angina pectoris

829. Medical examination of a 19-year-old worker revealed generalized lymphadenopathy mainly affecting the posterior cervical, axillary and ulnar lymph nodes. There are multiple injection marks on the elbow bend skin. The man denies taking drugs, the presence of injection marks ascribes to influenza treatment. Blood count: RBCs-  $3,2 \times 10^{12}/l$ , Hb- 100 g/l, WBCs-  $3,1 \times 10^9/l$ , moderate lymphopenia. What study is required in the first place?

a. Sternal puncture

b. Immunogram

c. ELISA for HIV

d. X-ray of lungs

e. Lymph node biopsy

830. A 25-year-old female patient complains of marked weakness, sleepiness, blackouts, dizziness, taste disorder. The patient has a history of menorrhagia. Objectively: the patient has marked weakness, pale skin, cracks in the corners of mouth, peeling nails, systolic apical murmur. Blood test results: RBC -  $3,4 \times 10^{12}/l$ , Hb - 70 g/l, color index - 0,75, platelets -  $140 \times 10^9/l$ , WBC -  $6,2 \times 10^9/l$ . What is the most likely diagnosis?

a. B12-deficiency anemia

b. Werlhofs disease

c. Acute leukemia

d. Acute posthemorrhagic anemia

e. Chronic posthemorrhagic anemia

831. A 24-year-old patient felt sick in 16 hours after dried fish intake. There was nausea, vomiting, weakness, flabbiness, double vision. On physical exam, there was decrease of a muscle tone, anisocoria, flaccid swallowing and tendon reflex. What is the most probable diagnosis?

a. Acute gastritis

b. Food toxicoinfection

c. Botulism

d. Acute encephalitis

e. Salmonellosis

832. A 72-year-old patient after operation due toolecystectomy was prescribed gentamicin (80 mg every 8 hours) and cephalothin (2 g every 6 hours) due to fever. In 10 days there was an increase of creatinine up to 310  $\mu\text{mol}/L$ . BP - 130/80 mm Hg, daily quantity of the urine is 1200 mL. Urine tests are without pathology. Ultrasound: the size of kidneys is normal. What is the most probable reason for renal failure?

a. Hepatorenal syndrome

**b. Nephrotoxicity of gentamicin**

c. Cortical necrosis of kidneys

d. Acute glomerulonephritis

e. Unequal infusion of the liquid

833. A 40 y.o. patient was admitted to the gastroenterology with skin itching, jaundice, discomfort in the right subcostal area, generalized weakness. On examination: skin is jaundiced, traces of scratches, liver is +5 cm, spleen is 6x8 cm. In blood: alkaline phosphatase - 2,0 mmol/(hourL), general bilirubin - 60 μmol/L, cholesterol - 8,0 mmol/L. What is the leading syndrome in the patient?

a. Mesenchymal inflammatory

b. Cytolytic

**c. Cholestatic**

d. Asthenic

e. Liver-cells insufficiency

834. A 55-year-old male had been treated at the surgical department for acute lower-extremity thrombophlebitis. On the 7th day of treatment he suddenly developed pain in the left part of chest, dyspnea and cough. Body temperature was 36,1°C, respiratory rate - 36/min. The patient was also found to have diminished breath sounds without wheezing. Ps- 140/min, thready. AP- 70/50 mm Hg. The ECG shows QIII-S1 syndrome. What is the most likely diagnosis?

a. Pneumothorax

**b. Pulmonary embolism**

c. Cardiac asthma

d. Myocardial infarction

e. Bronchial asthma

835. A 51-year-old female is a weaving factory worker with 15 years of service record. During a regular preventive examination she complained of frequent headaches, poor sleep, tingling in the heart, irritability, rapid fatigability, hearing impairment. For years, the noise level has exceeded the maximum allowable concentration by 10-15 dB. A year ago, the patient underwent a course of treatment for essential hypertension. Specify the most likely diagnosis:

a. Neurasthenia

b. Essential hypertension

**c. Noise disease**

d. Asthenic-vegetative syndrome

e. Arteriosclerotic encephalopathy

836. A 26-year-old patient undergoes a course of treatment due to chronic glomerulonephritis. The treatment was successful, normalization of all the characteristics was recorded. What sanatorium and health resort treatment could be recommended?

a. Truskavets

**b. The south coast of the Crimea**

c. Morshyn

d. Not recommended

e. Myrhorod

837. A 16-year-old adolescent was vaccinated with DTP. In eight days there was stiffness and pain in the joints, subfebrile temperature, urticarial skin eruption, enlargement of inguinal, cervical lymph nodes and spleen. What kind of allergic reaction is observed?

a. Hypersensitivity of delayed type

b. -

c. Hypersensitivity of immediate type

d. Cytotoxic

**e. Immunocomplex**

838. A 56-year-old scientist experiences constricting retrosternal pain several times a day while walking for 100-150 m. The pain lasts for up to 10 minutes and can be relieved by nitroglycerine.

Objectively: the patient is overweight, heart borders exhibit no abnormalities, heart sounds are rhythmic, Ps- 78 bpm, AP- 130/80 mm Hg. ECG contains low amplitude of T wave in V4-5. What disease might be suspected?

- a. Instable stenocardia
- b. Stable FC II stenocardia
- c. Stable FC IV stenocardia
- d. Stable FC III stenocardia**
- e. Stable FC I stenocardia

839. In autumn a 25-year-old patient developed stomach ache arising 1,5-2 hours after having meals and at night. He complains of pyrosis and constipation. The pain is getting worse after consuming spicy, salty and sour food, it can be relieved by means of soda and hot-water bag. The patient has been suffering from this disease for a year. Objectively: furred moist tongue. Abdomen palpation reveals epigastric pain on the right, resistance of abdominal muscles in the same region. What is the most likely diagnosis?

- a. Chronic pancreatitis
- b. Duodenal ulcer**
- c. Diaphragmatic hernia
- d. Chronic cholecystitis
- e. Stomach ulcer

840. A 51 y.o. woman complains of dull pain in the right subcostal area and epigastric area, nausea, appetite decline during 6 months. There is a history of gastric peptic ulcer. On examination: weight loss, pulse is 70 bpm, AP is 120/70 mm Hg. Diffuse tenderness and resistance of muscles on palpation. There is a hard lymphatic node 1x1cm in size over the left clavicle. What method of investigation will be the most useful?

- a. Ultrasound examination of abdomen
- b. Ureatic test
- c. Stomach X-ray
- d. Esophagogastroduodenoscopy with biopsy**
- e. pH-metry

841. On the 20th of June a townsman was brought to clinic. The disease broke out acutely, starting with fever, rise in temperature to 38-39°C. There also was weakness, acute headache, nausea, vomiting, pain all over the body, sleep disorder. On physical examination: hyperemia of skin of face, neck, thorax. Meningeal signs are positive. 12 days ago the patient returned from the Siberia, from the forest. What is the most probable diagnosis?

- a. Pseudotuberculosis
- b. Epidemic typhus
- c. Influenza
- d. Omsk hemorrhagic fever
- e. Tick-borne encephalitis**

842. A 37-year-old patient has sudden acute pain in the right epigastric area after having fatty food. What method of radiological investigation is to be used on the first stage of examining the patient?

- a. Ultrasonic**
- b. Radionuclid
- c. Thermographic
- d. Magnetic-resonance
- e. Roentgenological

843. A man, aged 68, complains of tiredness, sweating, enlargement of cervical, submaxillary and axillary lymph nodes. Blood test: WBC- 35x10<sup>9</sup>/L, lymphocytes - 60%, Botkin and Gumprecht bodies, level of haemoglobin and quantity of thrombocytes is normal. Myelogram showed 40% of lymphocytes. What is the most probable diagnosis?

- a. Lymphogranulomatosis
- b. Chronic myeloleucosis



**c. Chronic lympholeucosis**

- d. Acute leucosis
- e. Tuberculous lymphadenitis

844. A 32-year-old male patient has been suffering from pain in the sacrum and coxofemoral joints, painfulness and stiffness in the lumbar spine for a year. ESR- 56 mm/h. Roentgenography revealed symptoms of bilateral sacroileitis. The patient is the carrier of HLA B27 antigen. What is the most likely diagnosis?

- a. Coxarthrosis
- b. Reiters disease
- c. Spondylosis

**d. Ankylosing spondylitis**

- e. Rheumatoid arthritis

845. A 58-year-old female patient complains about periodical headache, dizziness and ear noise. She has been suffering from diabetes mellitus for 15 years. Objectively: heart sounds are rhythmic, heart rate is 76/min, there is diastolic shock above aorta, AP is 180/110 mm Hg. In urine: OD- 1,014. Daily loss of protein with urine is 1,5 g. What drug should be chosen for treatment of arterial hypertension?

- a. Thiazide diuretic
- b. alpha-blocker
- c. beta-blocker
- d. Calcium channel antagonist

**e. Inhibitor of angiotensin converting enzyme**

846. A 26 y.o. male patient with postoperative hypothyroidism take thyroxine 100 mg 2 times a day. He has developed tachycardia, sweating, irritability, sleep disorder. Determine further treatment tactics.

- a. To administer sedatives
- b. To decrease thyroxine dosage**
- c. To administer betablockers
- d. To increase thyroxine dosage
- e. To add mercasolil to the treatment

847. A 28-year-old man was discharged from the hospital after having an out-of-hospital pneumonia. He has no complaints. On physical exam: his temperature is 36,6°C, RR-18/min, Ps - 78 bpm, BP- 120/80 mm Hg. During auscultation there is harsh respiration to the right of the lower part of the lung. Roentgenologically: infiltrative changes are absent, intensification of the pulmonary picture to the right in the lower lobe. How long should the doctor keep the patient under observation?

- a. 3 months
- b. 1 month
- c. 12 months**
- d. 6 months
- e. Permanently

848. A survey radiograph of a miner (24 years of service record, the dust concentration in the workplace is at the rate of 260-280 mg/m<sup>3</sup> with 15% of free silica) shows lung changes that are typical for pneumoconiosis. What type of pneumoconiosis is it?

- a. Silicosis
- b. Carboconiosis
- c. Anthracosilicosis**
- d. Anthracosilicatosi
- e. Silicosis

849. A 37-year-old patient was brought to resuscitation unit. General condition of the patient is very serious. Sopor. The skin is grey, moist. Turgor is decreased. Pulse is rapid, intense. BP - 160/110 mm Hg, muscle tonus is increased. Hyperreflexia. There is an ammonia odor in the air. What is the presumptive diagnosis?

- a. Hyperglycemic coma**

b. Alcoholic coma

c. Uraemic coma

d. Hypoglycemic coma

e. Cerebral coma

850. A 55 y.o. patient complains of distended abdomen and rumbling, increased winds evacuation, liquid foamy feces with sour smell following the dairy products consumption. What is the correct name of this syndrome?

a. Syndrome of fermentative dyspepsia

b. Syndrome of fatty dyspepsia

c. Malabsorption syndrome

d. Dyskinesia syndrome

e. Syndrome of decayed dyspepsia

851. A 54-year-old patient has an over 20-year history of femoral osteomyelitis. Over the last month she has developed progressing edemata of the lower extremities. Urine test reveals: proteinuria at the rate of 6,6 g/l; in blood: dysproteinemia in form of hypoalbuminemia, increase in  $\alpha_2$ - and  $\gamma$ -globulin rate, ESR - 50 mm/h. What is the most likely diagnosis?

a. Myelomatosis

b. Acute glomerulonephritis

c. Secondary renal amyloidosis

d. Chronic glomerulonephritis

e. Systemic lupus erythematosus

852. An electro-gas welding operator working at a machine workshop performs welding and cutting of metal, which is accompanied by intense UV-radiation. His welding station is equipped with effective mechanical ventilation. What occupational disease is most likely to develop in an electro-gas welding operator?

a. Heatstroke

b. Chronic overheating

c. Pneumoconiosis

d. Photoelectric ophthalmia

e. Vegetative-vascular dystonia

853. A woman complains of high temperature to 38°C, mild pain in the throat during 3 days. On examination: angle lymphatic nodes of the jaw are 3 cm enlarged, palatine tonsils are enlarged and coated with grey plaque which spreads to the uvula and frontal palatine arches. What is the most probable diagnosis?

a. Vincent's angina

b. Infectious mononucleosis

c. Larynx diphtheria

d. Agranulocytosis

e. Oropharyngeal candidosis

854. A 48-year-old male patient complains of constant pain in the upper abdomen, mostly on the left, that is getting worse after taking meals; diarrhea, weight loss. The patient is an alcohol abuser. 2 years ago he had acute pancreatitis. Blood amylase is 4 g/hl. Coprogram shows steatorrhea, creatorrhea. Blood glucose is 6,0 mmol/l. What treatment is indicated for this patient?

a. No-spa

b. Panzinorm forte

c. Gastrozepin

d. Insulin

e. Contrycal

855. A 62-year-old male has been hospitalized in the intensive care unit with a continuous attack of retrosternal pain that cannot be relieved by nitroglycerin. Objectively: AP- 80/60 mm Hg, heart rate - 106/min, breathing rate - 22/min. Heart sounds are muffled, a gallop rhythm is present. How would you explain the AP drop?

- a. Reduction in peripheral resistance
- b. Adrenergic receptor block
- c. Internal haemorrhage
- d. Reduction in cardiac output**
- e. Blood depositing in the abdominal cavity

856. A 35-year-old female reports heart pain (aching and drilling) occurring mainly in the morning in autumn and spring and irradiating to the neck, back and abdomen; rapid heartbeat; low vitality. Occurrence of this condition is not associated with physical activity. In the evening, the patient's condition improves. Study of somatic and neurological status, and ECG reveal no pathology. What pathology is most likely to have caused these clinical presentations?

- a. Resting stenocardia
- b. Neurocirculatory asthenia
- c. Hypochondriacal depression
- d. Somatization depression**
- e. Pseudoneurotic schizophrenia

857. A 18 y.o. male patient complains of pain in knee and ankle joints, temperature elevation to 39,5°C. He had a respiratory disease 1,5 week ago. On examination: temperature- 38,5°C, swollen knee and ankle joints, pulse- 106 bpm, rhythmic, AP- 90/60 mm Hg, heart borders without changes, sounds are weakened, soft systolic apical murmur. What indicator is connected with possible etiology of the process?

- a. Antistreptolysine-0**
- b. Creatinkinase
- c. Seromucoid
- d. Rheumatic factor
- e. 1-antitrypsine

858. A 50-year-old locksmith has a long-term record of work under the effect of mercury vapors with concentration exceeding MPC by 5-10 times. Clinical examination revealed the lability of vasomotors of skin, pulse and arterial pressure; total hyperhidrosis; asymmetric innervation of facial and lingual muscles, positive subcortical reflexes, intention tremor. Against the background of increased emotional excitability the patient presents with lack of self-confidence, shyness. A dentist found him to have parodontosis, chronic stomatitis. What disease can be suspected?

- a. Residual effects of neuroinfection
- b. Acute mercury intoxication
- c. Vascular encephalopathy
- d. Chronic mercury intoxication**
- e. Parkinsons syndrome

859. A 58 y.o. male patient is examined by a physician and suffers from general weakness, fatigue, mild pain in the left subcostal area, sometimes frequent painful urination. Moderate splenomegaly has been revealed. Blood test: neutrophilic leukocytosis with the progress to myelocyte; basophil- 2%; eosinophil- 5%. There is a urate crystals in urine, erythrocyte- 2-3 in the field of vision. What is the preliminary diagnosis?

- a. Urolithiasis
- b. Chronic myeloleucosis**
- c. Lymphogranulomatosis
- d. Leukemoid reaction
- e. Hepar cirrhosis

860. A 56-year-old patient with diffuse toxic goiter has ciliary arrhythmia with pulse rate of 110 bpm, arterial hypertension, AP- 165/90 mm Hg. What preparation should be administered along with mercazolil?

- a. Corinfar
- b. Propranolol**
- c. Procaine hydrochloride

- d. Radioactive iodine
- e. Verapamil

861. A 54-year-old patient complains of weakness, weight loss despite the unchanged appetite, frequent urination, skin itch for six months. Some time ago the patient underwent treatment for furunculosis. She hasn't been examined recently. Objectively: malnutrition, dry skin with signs of scratching. Small lymph nodes can be palpated in the axillary regions. Changes in the internal organs are absent. What testing must be administered in the first place?

- a. Blood sugar test on an empty stomach
- b. Endoscopy of stomach
- c. Blood sterility testing
- d. Lymph node biopsy
- e. Complete blood count

862. On the 5th day of a respiratory disease accompanied by fever a 24-year-old man developed progressing headaches, systemic dizziness, double vision, facial muscles paresis on the right, choking from swallowing. He was diagnosed with acute viral encephalitis. Identify the main tendency of the emergency treatment:

- a. Zovirax
- b. Ceftriaxone
- c. Haemodesis
- d. Lasix
- e. Glucocorticoids

863. A 24-year-old man on the 5th day of acute respiratory disease with high grade temperature started having strong headaches, systemic dizziness, sensation of double vision, paresis of mimic muscles to the right, tickling by swallowing. Diagnosis: Acute viral encephalitis. Determine the basic direction of the emergent therapy.

- a. Cephtriaxon
- b. Glucocorticoids
- c. Zovirax
- d. Lasix
- e. Hemodesis

864. Gastric juice analysis of a 42-year-old male patient revealed absence of free hydrochloric acid at all stages. Endoscopy revealed pallor, thinning of gastric mucosa, smoothed folds. Microscopically the atrophy of glands with intestinal metaplasia was found. What disease is this situation typical for?

- a. Menetrier disease
- b. Stomach cancer
- c. Chronic type B gastritis
- d. Chronic type C gastritis
- e. Chronic type A gastritis

865. A 45-year-old female patient complains of frequent liquid stools with a lot of mucus, pus and blood; pain across the abdomen, loss of 7 kg within 6 months. She has a 1-year history of non-specific ulcerative colitis. What group of drugs should be preferred for this patient?

- a. Nitrofurans
- b. Polyzymes
- c. Antibacterial
- d. Sulfonamides
- e. Corticosteroids

866. A 54-year-old male patient complains of aching pain in the lumbar region, that is getting worse after standing in an upright position, physical exercise, supercooling. The patient also reports of experiencing weakness in the afternoon. Pain in the lumbar region, said about 10 years old. Objectively: pale skin,  $t_{\text{re}} - 37,2^{\circ}\text{C}$ , AP- 180/100 mm Hg, minor costovertebral angle tenderness (Pasternatsky symptom). In blood: RBCs -  $3,5 \times 10^{12}/\text{l}$ , WBCs -  $6,5 \times 10^9/\text{l}$ , ESR - 22 mm/h. In urine: the relative density - 1010, leukocytes - 12-15 in the field of vision, erythrocytes - 2-3 in the field of

vision. Urine bacterial count - 100000 in 1 ml. What is the most likely diagnosis?

- a. Amyloidosis
- b. Chronic pyelonephritis**
- c. Polycystic renal disease
- d. Nephrolithiasis
- e. Chronic glomerulonephritis

867. A 67-year-old male complains of dyspnea on exertion, attacks of retrosternal pain, dizziness. He has no history of rheumatism. Objectively: pale skin, acrocyanosis. There are rales in the lower parts of lungs. There is systolic thrill in the II intercostal space on the right, coarse systolic murmur conducted to the vessels of neck. AP- 130/90 mm Hg, heart rate - 90/min, regular rhythm. The liver extends 5 cm under the edge of costal arch, shin edemata are present. Specify the assumed valvular defect:

- a. Pulmonary artery stenosis
- b. Ventricular septal defect
- c. Tricuspid regurgitation
- d. Aortic stenosis**
- e. Mitral insufficiency

868. A 49-year-old male patient complains of dyspnea of combined nature, cough, shin edemata, abdomen enlargement due to ascites. He has a 20-year history of chronic bronchitis. For the last 3 years he has been disabled (group II) because of cardiac changes. Objectively: mixed cyanosis, edemata. Ps - 92/min, rhythmic, AP - 120/70 mm Hg, respiration rate - 24/min. There is accentuation of the second sound above the pulmonary artery. Auscultation reveals the box resonance above the lungs. There are also dry rales over the entire surface of lungs. What is the mechanism of heart changes development in this patient?

- a. Respiratory reflex
- b. Euler-Liljestrand reflex**
- c. Bainbridge reflex
- d. Kitaevs reflex
- e. Cardiovascular reflex

869. A 24-year-old man on the second day of the disease with a sudden onset complains of a strong headache in temples and in the area of orbits, dull pain in the body, dry painful cough. His temperature is 39°C. Adynamic. Mucous membrane of oropharynx is "flaming", rales are not auscultated. What is the most probable diagnosis?

- a. Pneumonia
- b. Meningococcus infection
- c. Parainfluenza
- d. Respiratory mycoplasmosis
- e. Influenza**

870. A 32-year-old female complains of dizziness, headache, palpitation, tremor. For the last several months she has been under outpatient observation for the increased arterial pressure. Since recently such attacks have become more frequent and severe. Objectively: skin is covered with clammy sweat, tremor of the extremities is present. HR- 110/min, AP- 220/140 mm Hg. Heart sounds are muffled. Blood test results: WBCs -  $9,8 \times 10^9/l$ , ESR - 22 mm/h. Blood glucose - 9,8 millimole/l. What disease is the most likely cause of this crisis?

- a. Pheochromocytoma**
- b. Preeclampsia
- c. Diabetic glomerulosclerosis
- d. Primary hyperaldosteronism
- e. Essential hypertension

871. A 76-year-old male consulted a therapist about slow discharge of urine with a small jet. The patient reported no cardiac problems. Examination revealed atrial fibrillation with a heart rate of 72/min and without pulse deficit. There are no signs of heart failure. ECG confirms the presence of

atrial fibrillation. From history we know that the arrhythmia was detected three years ago. What tactics for the treatment of atrial fibrillation in the patient should be chosen?

**a. Does not require treatment**

- b. Verapamil
- c. Ajmaline
- d. Obzidan
- e. Digoxin

872. A 43-year-old man who often contacts with ethyl gasoline was admitted to a hospital with complaints of general weakness, dizziness, memory impairment, sleepiness at daytime and insomnia at night, sensation of a hair in the mouth, colicky pains in the right subcostal region. What is the most likely diagnosis?

a. Chronic lead intoxication

**b. Chronic tetraethyl lead intoxication**

- c. Chronic mercury intoxication
- d. Alcoholic delirium
- e. Chronic manganese intoxication

873. A 35-year-old patient has been in the intensive care unit for acute renal failure due to crush for 4 days. Objectively: the patient is inadequate. Breathing rate - 32/min. Over the last 3 hours individual moist rales can be auscultated in lungs. ECG shows high T waves, right ventricular extrasystoles. CVP - 159 mm Hg. In blood: the residual nitrogen - 62 millimole/l, K<sup>+</sup> - 7,1 millimole/l, Cl<sup>-</sup> - 78 millimole/l, Na<sup>+</sup> - 120 millimole/l, Ht - 0,32, Hb - 100 g/l, blood creatinine - 0,9 millimole/l. The most appropriate method of treatment would be:

- a. Plasma filtration
- b. Ultrafiltration
- c. Plasma sorption
- d. Hemosorption

**e. Hemodialysis**

874. A 45-year-old man was brought to clinic with complaints of the pain that started suddenly in the left chest part and epigastric area, shortness of breath, nausea, one-time vomiting. The acute pain started after weight-lifting. On physical exam: shallow breathing, RR - 38/min, left chest part is behind during respiration, by percussion - tympanitic sound, respiration is not auscultated. Ps - 110 bpm, of weak filling. BP- 100/60 mm Hg, insignificant displacement of heart to the right, sounds are dull. What examination is the most expedient to do first?

**a. Roentgenography**

- b. Bronchoscopy
- c. Ultrasound of the abdominal cavity
- d. Esophagogastrosocopy
- e. Electrocardiography

875. A 58-year-old female patient complains of spontaneous bruises, weakness, bleeding gums, dizziness. Objectively: the mucous membranes and skin are pale with numerous hemorrhages of various time of origin. Lymph nodes are not enlarged. Ps is 100/min, AP - 110/70 mm Hg. There are no changes of internal organs. Blood test results: RBC -  $3,0 \cdot 10^{12}/l$ , Hb - 92 g/l, colour index - 0,9, anisocytosis, poikilocytosis, WBC -  $10 \cdot 10^9/l$ , eosinophils - 2%, stab neutrophils - 12%, segmented neutrophils - 68%, lymphocytes - 11%, monocytes - 7%, ESR - 12 mm/h. What laboratory test is to be determined next for making a diagnosis?

**a. Platelets**

- b. Clotting time
- c. Fibrinogen
- d. Osmotic resistance of erythrocytes
- e. Reticulocytes

876. A 55 y.o. male patient complains of weakness during 2 months, pain in the right side of the thorax, cough, blood-streaked sputum. On X-ray: intensive triangle shadow in the area of lower lobe

that is connected to mediastinum. What is the most likely disorder in the lungs?

- a. Bronchiectasia
- b. Tuberculosis of lungs
- c. Central cancer of lungs**
- d. Pulmonary infarction
- e. Pleuropneumonia

877. A 60 y.o. patient experiences acute air insufficiency following of the venoectomy due to subcutaneous vein thrombophlebitis 3 days ago. Skin became cyanotic, with grey shade. Marked psychomotor excitement, tachypnea, substernal pain. What postoperative complication has occurred?

- a. Thromboembolia of pulmonary artery**
- b. Hypostatic pneumonia
- c. Valvular pneumothorax
- d. Myocardial infarction
- e. Hemorrhagia

878. A 19-year-old woman complains of pain in the abdomen and joints, asks for more analgetics and somnifacient injections. The patient was examined. Gynecological and urological pathologies are absent. There are signs of previous punctures along superficial veins of the extremities. The patient does not explain the origin of punctures. Tendon reflexes of upper and lower extremities are the same, quick. Photoreaction of the pupil of the eye is weak. The tongue is grey coated. During communication the patient is affectively not even-tempered. There is diarrhea without pathologic inclusions. What tactics is necessary to improve the condition of this patient?

- a. Consultation of infectious diseases doctor
- b. Consultation of an expert in narcology**
- c. Additional consultation of surgeon
- d. Prescription of medications the patient asks for
- e. Treatment with antibiotics

879. A female rheumatic patient experiences diastolic thoracic wall tremor (diastolic thrill), accentuated S1 at apex, there is diastolic murmur with presystolic intensification, opening snap, S2 accent at pulmonary artery. What kind of heart disorder is observed?

- a. Mitral valve insufficiency
- b. Opened arterial duct
- c. Aortic valve insufficiency
- d. Pulmonary artery stenosis
- e. Mitral stenosis**

880. A 23-year-old patient complains of a dull ache, sensation of heaviness and distention in the epigastrium immediately after meals, foul-smelling eructation; dry mouth, empty stomach nausea, diarrhea. Objectively: the skin is pale, the patient is of thin build. Abdomen is soft on palpation, there is epigastric pain. The liver does not extend beyond the costal arch. In blood: Hb - 110 g/l, RBCs -  $3,4 \times 10^{12}/l$ , WBC count is normal. ESR - 16 mm/h. What is the most informative study that will allow make a diagnosis?

- a. X-ray of digestion organs
- b. pH-metry
- c. Duodenal probing
- d. Esophageal gastroduodenoscopy**
- e. Study of gastric juice

881. A 40-year-old patient, the forester, complains of severe headache, body temperature rise up to  $39,5^{\circ}\text{C}$ , trembling limbs. From the patient's history we know that he had seriously cut his hand during the dissection of a killed fox. Objectively: depressed mood. The patient asks not to turn on the light or open the door. Any noise causes apparent motor excitation. When he saw a carafe of water, he developed convulsive throat spasms. What tactics should an emergency doctor choose?

- a. Deliver the patient to the resuscitation department
- b. Deliver the patient to the psychiatric hospital**



- c. Let him stay at home and consult a psychiatrist
- d. Deliver the patient to the infectious disease hospital**
- e. Deliver the patient to the neurological department

882. A 28-year-old woman has a 12-year history of chronic glomerulonephritis with latent course. Over the past six months she has developed general weakness, loss of appetite, low work performance, nausea. The patient complains of headache, pain in the joints. On examination: anemia, blood urea - 34,5 millimole/l, blood creatinine - 0,766 millimole/l, hyperkalemia. What complication has developed?

- a. Chronic renal insufficiency**
- b. Nephrotic syndrome
- c. Pyelonephritis
- d. Renal amyloidosis
- e. Acute renal insufficiency

883. A 72-year-old male had had a moderate headache. Two days later, he developed the progressing speech disorders and weakness in the right extremities. The patient has a history of myocardial infarction, arrhythmia. Study of the neurologic status revealed elements of motor aphasia, central paresis of the VII I XII cranial nerves on the right, central hemiparesis on the same side and hyperaesthesia. What is the most likely diagnosis?

- a. Epidural hematoma
- b. Brain tumor
- c. Hemorrhagic stroke
- d. Transient ischemic attack

**e. Ischemic stroke**

884. A 70 y.o. male patient with mild headaches complains of speech disorder, weakness in right limbs. There was a history of myocardial infarction and arrhythmia. On neurological examination there are elements of motor aphasia, central paresis of VII and XII cranial nerves pairs on the right side, central type of hemiparesis and hemihyperesthesia on the same side. What is the most probable diagnosis?

- a. Transitory ischemic attack
- b. Hemorrhagic stroke

**c. Ischemic stroke**

- d. Epidural hematoma
- e. Cerebral tumor

885. A 40-year-old man is ill with autoimmune hepatitis. Blood test: A/G ratio 0,8, bilirubin - 42  $\mu\text{mol/L}$ , transaminase: ALT- 2,3  $\text{mmol g/L}$ , AST - 1,8  $\text{mmol g/L}$ . What is the most effective means in treatment from the given below?

- a. Hemosorption, vitamin therapy

**b. Glucocorticoids, cytostatics**

- c. Hepatoprotectors
- d. Antibacterial medication
- e. Antiviral medications

886. A 35-year-old patient has been admitted to a hospital for pain in the left sternoclavicular and knee joints, lumbar area. The disease has an acute character and is accompanied by fever up to  $38^{\circ}\text{C}$ . Objectively: the left sternoclavicular and knee joints are swollen and painful. In blood: WBCs -  $9,5 \times 10^9/\text{l}$ , ESR - 40 mm/h, CRP - 1,5 millimole/l, fibrinogen - 4,8 g/l, uric acid - 0,28 millimole/l. Examination of the urethra scrapings reveals chlamydia. What is the most likely diagnosis?

- a. Rheumatoid arthritis

**b. Reiter's syndrome**

- c. Gout
- d. Rheumatic arthritis
- e. Bechterew's disease

887. An 18 y.o. girl complains of weakness, dizziness, loss of appetite, menorrhagia. There are

many-coloured petechiae on the skin of the upper extremities. Blood test: Hb- 105 g/l; RBC-  $3,2 \times 10^{12}/L$ ; C.I.- 0,95; thromb.-  $20 \times 10^9/L$ . The sedimentation time according to Lee White is 5; hemorrhagia duration according to Duke is 8, "pinch and tourniquet" test is positive. What is the most probable diagnosis?

- a. Idiopathic thrombocytopenic purpura
- b. Hemorrhagic diathesis
- c. Marchiafava-Michelis disease
- d. Iron deficiency anemia
- e. Hemophilia

888. A 50-year-old patient complains about having pain attacks in the right subcostal area for about a year. He pain arises mainly after taking fattening food. Over the last week the attacks occurred daily and became more painful. On the 3rd day of hospitalization the patient presented with icteritiousness of skin and scleras, light-colored feces and dark urine. In blood: neutrophilic leukocytosis -  $13,1 \times 10^9/l$ , ESR- 28 mm/h. What is the most likely diagnosis?

- a. Chronic calculous cholecystitis
- b. Fatty degeneration of liver
- c. Hypertensive dyskinesia of gallbladder
- d. Chronic cholangitis, exacerbation stage
- e. Chronic recurrent pancreatitis

889. A 40 y.o. man complains of headache in occipital area. On physical examination: the skin is pale; face and hand edema, BP- 170/130 mm Hg. On Ech<sup>o</sup>CG: concentric hypertrophy of the left ventricle. Ultrasound examination of the kidneys reveals thinned cortical layer. Urine analysis shows proteinuria of 3,5 g/day. What is the probable diagnosis?

- a. Polycystic disease of the kidneys
- b. Cushings disease
- c. Chronic pyelonephritis
- d. Chronic glomerulonephritis
- e. Essential arterial hypertension

890. A 27-year-old patient has a severe headache, nausea and vomiting. Objectively: body temperature is 38,9°C, there is a haemorrhagic stellate rash on the legs. The patient takes meningeal pose in bed. Meningeal symptoms are strongly positive. Deep reflexes are brisk, uniform. Pathological reflexes are absent. It has been suspected that the patient has epidemic cerebrospinal meningitis. Which of additional tests should be performed in the first place to verify the diagnosis?

- a. Survey craniogram
- b. Lumbar puncture
- c. Rheoencephalography
- d. Echoencephalography
- e. Electroencephalography

891. In the morning a patient had nausea, abdominal discomfort, single vomiting, dry mouth. In the evening, the patient presented with the increasing general weakness, double vision, difficult swallowing of solid food. Objectively: ptosis, mydriasis, anisocoria, absence of gag and pharyngeal reflex, dry mucous membranes. The previous evening the patient had dinner with canned food and alcohol. What is the presumptive diagnosis?

- a. Intoxication with unknown poison
- b. Food toxicoinfection
- c. Botulism
- d. Acute ischemic stroke
- e. Poliomyelitis

892. A 32-year-old patient has a 3-year history of asthma attacks, that can be hardly stopped with berotec. Over a few last months he has experienced pain in the joints and sensitivity disorder of legs and feet skin. Ps - 80/min, AP - 210/100 mm Hg. In blood: eosinophilia at the rate of 15%. What disease can be suspected in this case?

a. Wegeners disease

**b. Periarthritis nodosa**

c. Systemic scleroderma

d. Systemic lupus erythematosus

e. Dermatomyositis

893. 3 hours before, a 68-year-old male patient got a searing chest pain radiating to the neck and left forearm, escalating dyspnea. Nitroglycerin failed to relieve pain but somewhat reduced dyspnea. Objectively: there is crimson cyanosis of face. Respiratory rate is 28/min. The patient has vesicular breathing with isolated sibilant rales. Heart sounds are muffled, with a gallop rhythm. Ps - 100/min, AP - 100/65 mmHg. ECG shows negative T-wave in V2-V6 leads. What drug can reduce the hearts need for oxygen without aggravating the disease?

**a. Isosorbide dinitrate**

b. Atenolol

c. Aminophylline

d. Streptokinase

e. Corinfar

894. A 46-year-old patient complains of sudden palpitation, which is accompanied by pulsation in the neck and head, fear, nausea. The palpitation lasts for 15-20 minutes and is over after straining when holding her breath. What kind of cardiac disorder may be suspected?

**a. An attack of supraventricular paroxysmal tachycardia**

b. An attack of atrial flutter

c. An attack of extrasystolic arrhythmia

d. An attack of ciliary arrhythmia

e. An attack of ventricular paroxysmal tachycardia

895. A welder at work got the first-degree burns of the middle third of his right shin. 5 days later the skin around the burn became edematous and itchy. Objectively: on a background of a well-defined erythema there is polymorphic rash in form of papules, vesicles, pustules, erosions with serous discharge. What is the most likely diagnosis?

a. Occupational eczema

b. Streptococcal impetigo

c. True eczema

d. Toxicoderma

**e. Microbial eczema**

896. A 56 y.o. man, who has taken alcoholic drinks regularly for 20 years, complains of intensive girdle pain in the abdomen. Profuse nonformed stool 2-3- times a day has appeared for the last 2 years, loss of weight for 8 kg for 2 years. On examination: abdomen is soft, painless. Blood amylase - 12g/L. Feces examination-neutral fat 15 g per day, starch grains. What is the most reasonable treatment at this stage?

a. Aminocaproic acid

b. Contrykal

**c. Pancreatine**

d. Levomycetin

e. Imodium

897. A 43-year-old female patient complains of eruption on her right leg skin, pain, weakness, body temperature rise up to 38°C. The disease is acute. Objectively: there is an edema on the right leg skin in the region of foot, a well-defined bright red spot in form of flame tips which feels hot. There are isolated vesicles in focus. What is your provisional diagnosis?

a. Toxicoderma

b. Haemorrhagic vasculitis

c. Microbial eczema

d. Contact dermatitis

**e. Erysipelas**

898. A 45-year-old patient complains of some painless nodular elements tending to peripheral growth and fusion. He has a 2-year history of this disease. Aggravation takes place mainly in spring. In anamnesis: the patient's father had similar skin lesions. Objectively: pathological elements look like guttate and nummular nodules, plaques covered with white scales. What is your provisional diagnosis?

- a. Neurodermitis
- b. Lichen ruber planus
- c. Psoriasis
- d. Pityriasis rosea
- e. Seborrheic eczema

899. A 47-year-old patient came to see a doctor on the 7th day of disease. The disease developed very fast: after the chill body temperature rose up to 40°C and lasted up to 7 hours, then it dropped abruptly, which caused profuse sweat. There were three such attacks occurring once in two days. Two days ago the patient arrived from Africa. Objectively: pale skin, subicteric sclera, significantly enlarged liver and spleen. What is the cause of fever attacks in this disease?

- a. Endotoxin of a causative agent
- b. Gametocytes
- c. Tissue schizogony
- d. Exotoxin of a causative agent
- e. Erythrocytic schizogony

900. On the 2nd day of disease a 27-year-old patient complains of unbearable headache, repeated vomiting. Objectively: the patient is in a grave condition. He is conscious but adynamic. Lies in a forced position with his head thrown back. There is no skin rash. Nuchal muscles are evidently rigid, there are Kernig's and Brudzinkski's signs.  $t_{re} - 39,5^{\circ}\text{C}$ , Ps - 120/min, AP - 130/80 mm Hg. The leading syndrome of this disease is caused by:

- a. Liquor hypotension
- b. Haemorrhages in the adrenal glands
- c. Hyperthermy
- d. Liquor hypertension
- e. Affection of the cranial nerve nuclei

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- b. Liquor hypotension
- c. Liquor hypertension
- d. Haemorrhages into the adrenal glands
- e. Hyperthermy

902. A 43 y.o. woman complains of shooting heart pain, dyspnea, irregularities in the heart activity, progressive fatigue during 3 weeks. She had acute respiratory disease a month ago. On examination: AP - 120/80 mm Hg, heart rate 98 bpm, heart borders +1,5 cm left side, sounds are muffled, soft systolic murmur at apex and Botkin's area; sporadic extrasystoles. Liver isn't palpated, there are no edema. Blood test: WBC -  $6,7 \times 10^9/\text{L}$ , sedimentation rate - 21 mm/hour. What is the most probable diagnosis?

- a. Ischemic heart disease, angina pectoris
- b. Climacteric myocardiodystrophy
- c. Acute myocarditis
- d. Rheumatism, mitral insufficiency
- e. Hypertrophic cardiomyopathy

903. A 63-year-old female complains of general weakness, a feeling of heaviness, compression in the

epigastrium, postprandial fullness, nausea, belching after meals. These symptoms have been observed for about 15 years. Objectively: body temperature is 36,4°C, respiratory rate - 20/min, Ps - 88/min, blood pressure - 115/75 mm Hg. Skin and mucous membranes are pale. Blood test results: RBC -  $2,0 \times 10^{12}/l$ , Hb - 100 g/l. Tests revealed parietal-cell antibodies. What is the most likely reason for the development of anemia in this patient?

- a. Disruption of hemoglobin synthesis
- b. Impaired iron absorption
- c. Increased loss of iron
- d. Production of antibodies to intrinsic factor**
- e. Disruption of erythropoietin synthesis

904. A 52 y.o. male patient has become ill gradually. There is pain in the left side of the thorax during 2 weeks, elevation of temperature till 38-39°C. On examination: left chest side falls behind in breathing movement no voice tremor over the left lung. Dullness that is more intensive in lower parts of this lung. Right heart border is deviated outside. Sharply weakened breathing over the left lung, no rales. Heart sounds are muffled, tachycardia. What is the most probable diagnosis?

- a. Exudative pleuritis**
- b. Atelectasis of lung
- c. Infarction-pneumonia
- d. Cirrhotic tuberculosis
- e. Spontaneous pneumothorax

905. A 42-year-old female patient suffers from micronodular cryptogenic cirrhosis. Over the last week her condition has deteriorated: she developed convulsions, mental confusion, progressing jaundice. What study may give reasons for such aggravation?

- a. Determination of alkaline phosphatase
- b. Determination of serum ammonia**
- c. Determination of alpha-fetoprotein
- d. Determination of cholesterol esters
- e. Determination of ALAT and ASAT

906. A patient has chronic heart failure of the II stage. He takes furosemide regularly three times a week. He had developed bronchopneumonia and had been administered combined pharmacotherapy. On the fifth day of therapy the patient complained of hearing impairment. What drug coadministered with furosemide might have caused the hearing loss?

- a. Tavegil
- b. Mucaltin
- c. Linex
- d. Nystatin
- e. Gentamicin**

907. A 60-year-old female patient complains of recurrent pain in the proximal interphalangeal and wrist joints, their periodic swelling and reddening that have been observed for 4 years. X-ray picture represents changes in form of osteoporosis, joint space narrowing and single erosions. What is the most likely diagnosis?

- a. Pseudogout
- b. Multiple myeloma
- c. Osteoarthritis
- d. Gout
- e. Rheumatoid arthritis**

908. A 37-year-old woman complains of generalized fatigue, irritability, dysphagia, chalk hunger. On physical exam: t- 36,5°C, respirations - 20/min, Ps - 96 bpm, BP - 110/70 mm Hg. Satisfactory nourishment. The skin and visible mucous membranes are pale. Blood test: Hb - 70g/L, erythrocytes -  $3,4 \times 10^{12}/L$ , Cl - 0,7, reticulocytes - 2%, leucocytes -  $4,7 \times 10^9/L$ , eosinophils - 2%, band neutrophils - 3%, segmented neutrophils - 64%, lymphocytes - 26%, monocytes - 5%, ESR - 15 mm/min. Serum ferrum - 7,3  $\mu\text{mol}/L$ , total protein - 70g/L. Deficit of what factor caused the development of the

disease?

- a. Vitamin B6
- b. Protein
- c. Folic acid
- d. Ferrum**
- e. Vitamin B12

909. A 28-year-old patient has been hospitalized for the pain in the epigastric region. He has a 10-year history of duodenal ulcer (DU). Recently, the pain character has changed: it became permanent, persistent, irradiating to the back. There are general weakness, dizziness, fatigue. The patient has put off weight. Objectively: HR- 68/min, AP- 120/80 mm Hg. What is most likely cause of deterioration?

- a. Haemorrhage
- b. Exacerbation of duodenal ulcer
- c. Stenosis development
- d. Penetration**
- e. Perforation of duodenal wall

910. A 57-year-old male patient complains of dyspnea on exertion, heaviness in the right hypochondrium and shin edemata towards evening. Objectively: temperature - 38,1°C, HR- 20/min, Ps=92/min, AP- 140/90 mm Hg. There is apparent kyphoscoliosis. In the lungs single dry rales can be auscultated. Heart sounds are muffled, rhythmic. ECG: Rv1+Sv5=15 mm. X-ray picture shows the bulging of pulmonary artery cone, right ventricle enlargement. What is the most likely cause of this condition?

- a. Primary pulmonary hypertension
- b. Pulmonary heart**
- c. Dilatation cardiomyopathy
- d. Atherosclerotic cardiosclerosis
- e. Mitral stenosis

911. A 30-year-old female patient has been delivered to a hospital for sudden dyspnea progressing to asthma, sensation of having a "lump in the throat", hand tremor, fear of death. The attack has developed for the first time and is associated with a strong emotion. There is no previous history. Objectively: respiratory rate - 28/min, Ps - 104/min, rhythmic, AP - 150/85 mm Hg. The patient has rapid superficial vesicular breathing with extended expiration. Percussion findings: heart borders are not changed. Cardiac sounds are loud, rhythmic. What is the most likely diagnosis?

- a. Cardiac asthma
- b. Thyrotoxic crisis
- c. Bronchial asthma
- d. Hypertensive crisis
- e. Neurocirculatory asthenia**

912. A 24-year-old emotionally-labile woman presents with irritation, depressed mood, palpitation, shooting pain in the heart area, generalized fatigue following the divorce. On examination: palm hyperhidrosis, pulse rate - 72-78 bpm, labile, heart without changes. ECG is normal. What is the most probable pathology in this case?

- a. Depressive neurosis
- b. Neurasthenia**
- c. Compulsive neurosis
- d. Ipochondric neurosis
- e. Schizophrenia

913. A 30-year-old woman with a long history of chronic pyelonephritis complains about considerable weakness, sleepiness, decrease in diuresis down to 100 ml per day. AP- 200/120 mm Hg. In blood: creatinine - 0,62 millimole/l, hypoproteinemia, albumines - 32 g/l, potassium - 6,8 millimole/l, hypochromic anemia, increased ESR. What is the first step in the patient treatment tactics?

- a. Enterosorption**

b. Antibacterial therapy

**c. Haemodialysis**

d. Haemosorption

e. Blood transfusion

914. A 36-year-old female patient complains of bruises on the body, gingival haemorrhage, general weakness. A month ago she had a severe domestic poisoning with some pesticide (the patient can not remember the name). She has a 7-year record of working in contact with petroleum products, particularly benzene. In blood: RBCs -  $3,2 \times 10^{12}/l$ , WBCs -  $2,7 \times 10^9/l$ , thrombocytes -  $70 \times 10^9/l$ . What is the most likely pathology?

a. Organophosphorus pesticide intoxication

b. Mercury-containing pesticide intoxication

c. Chronic fatigue Syndrome

**d. Benzene intoxication**

e. Organochlorine pesticide Intoxication

915. While staying in a stuffy room a 19-year-old emotionally labile girl developed severe weakness, dizziness, blackout, nausea and loss of consciousness without convulsions. Objectively: the patient is unconscious, the skin is pale, extremities are cold. AP- 90/60 mm Hg, Ps- 96/min, deficient, breathing is shallow. Pupillary and tendon reflexes are present. There are no pathological signs. What is the most likely diagnosis?

a. Transient ischemic attack

**b. Syncope**

c. Epileptic attack

d. Vegetovascular paroxysm

e. Hysterical neurosis

916. A patient complains of frequent, bulky, frothy stools with greenish mucus, cramping pain in the umbilical region, abdominal murmur, body temperature at the rate of  $39^{\circ}\text{C}$ . The patient associates the disease with consumption of soft-boiled eggs. What is the most likely pathogen?

a. *Vibrio cholerae* El Tor

**b. Salmonella**

c. *Shigella*

d. *Yersinia*

e. Enteropathogenic *E. Coli*

917. A 40-year-old female patient complains of headache, dizziness, muscle weakness, occasional cramps in the extremities. She has been taking antihypertensive medications for 10 years. AP- 180/100 mm Hg. Blood potassium - 1,8 millimole/l, sodium - 4,8 millimole/l. In urine: alkaline reaction, the relative density - 1012, protein and sugar are not found, WBCs - 3-4 in the field of vision, RBCs - 1-2 in the field of vision. Conns syndrome is suspected. Which drug should be chosen for the treatment of arterial hypertension?

a. Propanolol

b. Hydrochlorothiazide

c. Clonidine

**d. Spironolactone**

e. Enalapril

918. An 18-year-old patient presents no problems. Percussion reveals that heart borders are displaced to the right and left by 1 cm, there is a coarse systolic murmur with its epicenter within the 4th intercostal space on the left. What is the most informative examination to confirm the clinical diagnosis?

a. Polycardiography

**b. Ventriculography**

c. PCG

d. ECG

e. Echocardiography



919. A 56-year-old patient complains of having persistent chest pain on the right for the last 2 months. The pain is not associated with respiration. He also complains of cough with blood-streaked sputum, weakness, decreased performance, fatigue. Chest radiograph shows a globular shade of 4x6 cm connected to the root of the lung in the lower part of the right lung. What is the most likely diagnosis?

- a. Pneumonia
- b. Tuberculoma
- c. Metastasis
- d. Lung abscess

**e. Peripheral lung cancer**

920. A 58-year-old patient was diagnosed basal-cell skin cancer, 1st stage. Tumor is up to 1 cm in size and with up to 0,5 cm deep infiltration in tissues. Tumor is localized in the right nasolabial area. Choose the most optimal method of treatment.

- a. Long-distance gamma therapy
- b. Long-distance roentgenotherapy

**c. Short-distance roentgenotherapy**

- d. Chemotherapy
- e. Surgical treatment

921. A 27-year-old patient complains of nasal haemorrhages, multiple bruises on the anterior surface of the trunk and extremities, sudden weakness. In blood: Hb- 74 g/l, reticulocytes - 16%, RBCs -  $2,5 \times 10^{12}/l$ , platelets -  $30 \times 10^9/l$ , ESR- 25 mm/h. What is the most effective measure for the treatment of thrombocytopenia?

- a. Iron preparations
- b. Cytostatics
- c. Vitamin B12

**d. Splenectomy**

- e. Hemotransfusion

922. An unconscious 35-year-old patient has been delivered by an ambulance to the intensive care unit. Objectively: the patient is in semicoma. Moderate mydriasis is present. The reaction of pupils to light is reduced. The reaction to verbal instructions is missing. AP is 150/100 mm Hg, there is tachycardia. Blood contains methanol. What antidote should be administered?

**a. Ethanol**

- b. Thiamine chloride
- c. Naloxone
- d. Tavegil
- e. Unithiol

923. After lifting a load, a 36-year-old male patient has experienced a severe pain in the lumbar region, which spread to the right leg and was getting worse when he moved his foot or coughed. Objectively: the long back muscles on the right are strained. Achilles jerk is reduced on the right. There is a pronounced tenderness of paravertebral points in the lumbar region. The straight leg raise (Lasegues sign ) is positive on the right. What additional tests should be performed in the first place?

- a. Electromyography
- b. Lumbar puncture
- c. Computed tomography
- d. Magnetic resonance tomography

**e. Radiography of the spinal column**

924. A female, aged 20, after smoking notices a peculiar inebriation with the feeling of burst of energy, elation, irreality and changing of surroundings: the world gets full of bright colours, the objects change their dimensions, peoples faces get cartoon features, loss of time and space judgement. What is the most likely diagnosis?

**a. Cannabism**

**b. Cocainism**

- c. Barbiturism
- d. Morphinism
- e. Nicotinism

925. A 17-year-old male patient consulted a therapist about malaise, chills, runny nose, aching muscles and joints, nausea and diarrhea. The patient asks to prescribe him a lot of painkillers and sedatives (tramadol or solpadein that help the best, and diazepam). Pharyngeal mucosa is pale pink, clean. Auscultation reveals vesicular breathing. Tachycardia is present. The pupils are dilated, there is sluggish response to light. There are injection marks on the forearm skin. During examination, the patients manner is vulgar, irritable, rude and untruthful. Make a diagnosis:

- a. Acute respiratory disease
- b. Food-born toxic infection
- c. Painkillers addiction
- d. Sedative drug addiction
- e. Opioid addiction**

926. While lifting a heavy load a 39-year-old patient suddenly felt a severe headache, pain in the interscapular region, and started vomiting. Objectively: the pulse is rhythmic, 60/min, AP- 180/100 mm Hg. The patient is agitated. He presents with photophobia, hyperacusis. There are positive Kernigs and Brudzinskis signs on both sides. In blood: WBCs –  $10 \times 10^9/l$ . CSF is bloody, cytosis is 240/3. What is the most likely diagnosis?

- a. Subarachnoid haemorrhage**
- b. Acute hypertonic encephalopathy
- c. Ischemic stroke
- d. Meningococcal meningitis
- e. Sympathoadrenal crisis

927. A 26-year-old male patient complains of piercing pain during breathing, cough, dyspnea. Objectively: to-  $37,3^{\circ}C$ , respiration rate - 19/min, heart rate = Ps- 92/min; AP- 120/80 mm Hg. Vesicular respiration. In the inferolateral parts of chest auscultation in both inspiration and expiration phase revealed noise that was getting stronger at phonendoscope pressing and can be still heard after cough. ECG showed no pathological changes. What is the most likely diagnosis?

- a. Spontaneous pneumothorax
- b. Pericarditis sicca
- c. Intercostal neuralgia
- d. Subcutaneous emphysema
- e. Acute pleuritis**

928. A 45-year-old patient, a sailor, was hospitalized on the 2nd day of the disease. A week ago he returned from India. Complains of body temperature of  $41^{\circ}C$ , severe headache, dyspnea, cough with frothy rusty sputum. Objectively: the patient is pale, mucous membranes are cyanotic, breathing rate is 24/min, tachycardia is present. In lungs: diminished breath sounds, moist rales over both lungs, crepitation. What is the most likely diagnosis?

- a. Sepsis
- b. Pneumonic plaque**
- c. Influenza
- d. Miliary tuberculosis
- e. Ornithosis

929. A 25-year-old patient complains of general weakness, dry cough, sweating, subfebrile temperature. Objectively: lung auscultation reveals vesicular respiration with no wheezing. Fluorogram shows focal shadows of high intensity in the 1-2 segments of the right lung. Mantoux test gave a reaction of 16 mm of induration. What clinical form of tuberculosis is most likely?

- a. Tuberculoma
- b. Miliary
- c. Infiltrative
- d. Disseminated

#### e. Focal

930. A 22-year-old patient is a clerk. His working day runs in a conditioned room. In summer he was taken by an acute disease with the following symptoms: fever, dyspnea, dry cough, pleural pain, myalgia, arthralgia. Objectively: moist rales on the right, pleural friction rub. X-ray picture showed infiltration of the inferior lobe. In blood: WBC -  $11 \times 10^9/l$ , stab neutrophils - 6%, segmented neutrophils - 70%, lymphocytes - 8%, ESR - 42 mm/h. What is the ethiological factor of pneumonia?

#### a. Legionella

- b. Streptococcus
- c. Pneumococcus
- d. Staphylococcus
- e. Mycoplasm

931. A 43-year-old female patient complains of dyspnea, swelling of legs, abdomen enlargement, pricking heart pain. She has a history of tuberculous bronchadenitis, quinsies. The patients condition deteriorated 6 months ago. Objectively: cyanosis, bulging neck veins, vesicular breathing. Heart borders are not displaced. Heart sounds are muffled, Ps is 106/min, liver is +4 cm, ascites is present. Low voltage on the ECG has been revealed. Radiograph shows a thin layer of calcium deposits along the left contour of heart. What treatment should be recommended to the patient?

#### a. Treatment by a cardiac surgeon

- b. Anti-TB drugs
- c. Vasodilators, nitrates
- d. Diuretics
- e. Digitalis preparations

932. A 53-year-old female patient complains of cardiac pain and rhythm intermissions. She has experienced these presentations since childhood. The patients father had a history of cardiac arrhythmias. Objectively: the patient is in grave condition, Ps- 220 bpm, AP- 80/60 mm Hg. ECG results: heart rate - 215/min, extension and deformation of QRS complex accompanied by atrioventricular dissociation; positive P wave. Some time later heart rate reduced down to 45/min, there was a complete dissociation of P wave and QRST complex. Which of the following will be the most effective treatment?

- a. beta-adrenoreceptor blocking agents
- b. Calcium antagonists
- c. Cardiac glycosides

#### d. Implantation of the artificial pacemaker

- e. Cholinolytics

933. A 26-year-old female patient has an 11-year history of rheumatism. Four years ago she suffered 2 rheumatic attacks. Over the last 6 months there have been paroxysms of atrial fibrillation every 2-3 months. What option of antiarrhythmic therapy or tactics should be proposed?

- a. Immediate hospitalization
- b. Lidocaine administration
- c. Heparin administration

#### d. Prophylactic administration of cordarone

- e. Defibrillation

934. On the second day of the disease a 22-year-old male patient complains of high-grade fever, headache in the region of forehead and superciliary arches, and during eye movement; aching muscles and joints. Objectively: body temperature is  $39^{\circ}\text{C}$ . Face is hyperemic, sclerae are injected. The mucous membrane of the soft palate and posterior pharyngeal wall is bright hyperemic and has petechial hemorrhages. What changes in the hemogram are typical for this disease?

- a. Anemia
- b. Accelerated ESR
- c. Leukocytosis
- d. Neutrocytosis

#### e. Leukopenia

935. A 54 y.o. male patient suffers from dyspnea during mild physical exertion, cough with sputum which is excreted with difficulty. On examination: diffuse cyanosis. Is Barrel-chest. Weakened vesicular breathing with prolonged expiration and dry whistling rales. AP is 140/80 mm Hg, pulse is 92 bpm, rhythmic. Spirography: vital capacity (VC)/predicted vital capacity- 65%, FEV1/FVC- 50%. Determine the type of respiratory insufficiency (RI).

a. RI of mixed type with prevailing restriction

b. There is no RI

c. RI of restrictive type

d. RI of obstructive type

**e. RI of mixed type with prevailing obstruction**

936. An ambulance had been called to a 48-year-old man. According to his relatives, the patient had had three attacks of unconsciousness accompanied by convulsions within 24 hours. On examination the doctor witnessed the following attack: the patient lost consciousness and fell to the floor, developed tonic, then clonic convulsions of trunk and extremities. The attack lasted 1 minute and ended with involuntary urination. Specify the kind of attack:

a. Syncope

b. Coma

c. Attack of hysteria

**d. Epileptic seizure**

e. Vegetative crisis

937. A patient is 60 years old, retired, worked as deputy director of a research institute. Behavioural changes appeared 2 years ago after the death of her husband: she stopped looking after herself and leaving the house; then she refused to clean the apartment and cook. Mental status: temporal disorientation. The patient does not understand many of the questions, is confused; does not know how to cook soup or fasten a button. Her speech is characterized by stumbling and logoclonia. She does not recognize doctors, fellow patients. She cries a lot but can not explain the reason for tears. What is the mechanism of this pathology?

a. Atherosclerotic changes in cerebral vessels

b. Impaired conversion of dopamine to noradrenaline

c. Disorder of melatonin metabolism

**d. Atrophy of the cerebral cortex**

e. Serotonin deficiency

938. A 26-year-old patient has abused alcohol since the age of 16, needs a morning-after drink to cure hangover. He takes alcohol nearly every day, "a little at a time". Twice a week he gets severely drunk. The patient works as a motor mechanic, over the last 2 years work conflicts have become more frequent. What medical and tactical actions should be taken in this case?

**a. Voluntary consultation and treatment at an addiction clinic**

b. Referral to treatment at an activity therapy centre

c. Consultation with a psychologist

d. Referral to medical-social expert commission for assessment of his working ability

e. Compulsory treatment

939. A 47-year-old female patient has an 8-year history of ulcerative colitis, has been treated with glucocorticoids. She complains of cramping pain in the umbilical region and left iliac region which has significantly increased during the past 2 weeks, diarrhea with mucus and blood 4-6 times a day, elevated body temperature up to 38-39°C, headache and pain in the knee joints. Objectively: the patient is in moderate condition, Ps - 108/min, AP - 90/60 mm Hg; heart and lungs are unremarkable; the tongue is moist; abdominal muscle tone is significantly decreased; peristaltic noises are absent. What complication developed in the patient?

a. Colon carcinoma

**b. Toxic dilatation of the colon**

c. Enterorrhagia

d. Perforation of the colon

e. Stricture of the colon

940. A 26-year-old patient with left lower lobe pneumonia experiences an acute chest pain on the left during coughing. Objectively: diffuse cyanosis, extension of the left side of chest. Percussion reveals high tympanitis. Auscultation reveals no respiratory murmurs above the left side of chest. There is a deviation of the right cardiac border towards the midclavicular line. What examination will be the most informative?

- a. Pneumotachometry
- b. Spirography
- c. Bronchoscopy
- d. Bronchography

**e. X-Ray**

941. After myocardial infarction, a 50-year-old patient had an attack of asthma. Objectively: bubbling breathing with frequency of 32/min, cough with a lot of pink frothy sputum, acrocyanosis, swelling of the neck veins. Ps- 108/min, AP- 150/100 mm Hg. Heart sounds are muffled. Mixed moist rales can be auscultated above the entire lung surface. What drug would be most effective in this situation?

- a. Dopamine intravenously
- b. Aminophylline intravenously
- c. Pentamin intravenously
- d. Strophanthin intravenously

**e. Nitroglycerin intravenously**

942. During dynamic investigation of a patient the increase of central venous pressure is combined with the decrease of arterial pressure. What process is proved by such combination?

- a. Presence of hypervolemia
- b. Increase of bleeding speed**
- c. Shunting
- d. Developing of cardiac insufficiency
- e. Depositing of blood in venous channel

943. A male patient complains of heartburn which gets stronger while bending the body, substernal pain during swallowing. There is a hiatus hernia on X-ray. What disorder should be expected at gastroscopy?

- a. Chronic gastritis
- b. Acute erosive gastritis
- c. Duodenal peptic ulcer

**d. Gastroesophageal reflux**

e. Gastric peptic ulcer

944. Against the background of angina a patient has developed pain in tubular bones. Examination revealed generalized enlargement of lymph nodes, hepatolienal syndrome, sternalgia. In blood: RBCs -  $3,6 \times 10^{12}/l$ , Hb- 87 g/l, thrombocytes -  $45 \times 10^9/l$ , WBCs -  $13 \times 10^9/l$ , blasts - 87%, stab neutrophils - 1%, segmented neutrophils - 7%, lymphocytes - 5%, ESR - 55 mm/h. What is the most likely diagnosis?

- a. Erythremia
- b. Chronic myeloid leukemia
- c. Multiple myeloma

**d. Acute leukemia**

e. Chronic lymphocytic leukemia

945. A 49-year-old female patient with schizophrenia is all the time listening to something, insists that "there is a phone in her head" as she hears the voice of her brother who tells her to go home. The patient is anxious, suspicious, looks around all the time. Specify the psychopathological syndrome:

- a. Paraphrenic
- b. Depressive
- c. Generalized anxiety disorder
- d. Paranoiac

#### e. Hallucinatory

946. A 43-year-old male patient undergoing treatment for peptic ulcer complains of weakness, dizziness, coffee-ground vomiting, melena. After administration of haemostatics the patient's condition has not improved, fresh blood has shown up in the vomit, skin bruises of different sizes have appeared. In blood: thrombocytes -  $50 \times 10^9/l$ , Lee-White clotting time - 35 minutes, APTT - 80 seconds. In this case it is most rational to administer the following preparation:

- a. Heparin
- b. Rheopolyglucinum
- c. Vikasol

#### d. Fresh frozen plasma

- e. Fibrinogen

947. A 38-year-old patient complains of inertness, subfebrile temperature, enlargement of lymph nodes, nasal haemorrhages, bone pain. Objectively: the patient's skin and mucous membranes are pale, palpation revealed enlarged painless lymph nodes; sternalgia; liver was enlarged by 2 cm, spleen - by 5 cm, painless. In blood: erythrocytes -  $2,7 \times 10^{12}/l$ , Hb- 84 g/l, leukocytes -  $58 \times 10^9/l$ , eosinophils - 1%, stab neutrophils - 2%, segmented neutrophils - 12%, lymphocytes - 83%, lymphoblasts - 2%, smudge cells; ESR- 57 mm/h. What is the most likely diagnosis?

#### a. Chronic lymphatic leukemia

- b. Acute lymphatic leukemia
- c. Lymphogranulomatosis
- d. Acute myeloleukemia
- e. Chronic myeloleukemia

948. A 30-year-old male patient complains of inertness, low-grade fever, bleeding gums, frequent quinsies, aching bones. Objectively: the patient has pale skin and mucous membranes, sternalgia, +2 cm liver, +5 cm painless spleen. Blood test results: RBC -  $2,7 \times 10^{12}/l$ , Hb - 80 g/l, WBC -  $3 \times 10^9/l$ , eosinophils - 4%, basophils - 5%, blasts - 4%, stab neutrophils - 2%, segmented neutrophils - 17%, lymphocytes - 29%, myelocytes - 25%, promyelocytes - 12%, monocytes - 2%, platelets -  $80 \times 10^9/l$ , ESR - 57 mm/h. What test should be performed to verify the diagnosis?

- a. Trephine biopsy
- b. Lumbar puncture
- c. Chest X-ray

#### d. Sternal puncture

- e. Lymph node biopsy

949. A 24-year-old patient complains about putting on weight, limosis. Objectively: the patient's constitution is of hypersthenic type, body weight index is 33,2 kg/m<sup>2</sup>, waist circumference is 100 cm. Correlation of waist circumference to the thigh circumference is 0,95. What is the most likely diagnosis?

- a. Hypothalamic Itsenko-Cushing obesity of the II stage, gynoid type
- b. Alimentary constitutional obesity of the II stage, abdominal type
- c. Hypothalamic Itsenko-Cushing obesity of the I stage, abdominal type

#### d. Alimentary constitutional obesity of the I stage, abdominal type

- e. Alimentary constitutional obesity of the III stage, gynoid type

950. A 47-year-old male patient has been lately complaining of compressing chest pain that occurs when he walks a distance of 700-800 m. Once a week, he drinks 2 liters of beer. Rise in arterial pressure has been observed for the last 7 years. Objectively: Ps - 74/min, AP - 120/80 mm Hg. The bicycle ergometry performed at workload of 75 watts shows 2 mm ST-segment depression in V4-V6 leads. What is the most likely diagnosis ?

- a. Alcoholic cardiomyopathy

#### b. Exertional stenocardia, II functional class

- c. Exertional stenocardia, IV functional class
- d. Exertional stenocardia, III functional class
- e. Vegetative-vascular dystonia of hypertensive type

951. A 58-year-old patient complains about sensation of numbness, sudden paleness of II-IV fingers, muscle rigidity, intermittent pulse. The patient presents also with polyarthralgia, dysphagia, constipations. The patient's face is masklike, solid edema of hands is present. The heart is enlarged; auscultation revealed dry rales in lungs. In blood: ESR- 20 mm/h, crude protein - 85/l,  $\gamma$ -globulines - 25%. What is the most likely diagnosis?

- a. Systemic lupus erythematosus
- b. Raynaud's disease
- c. Dermatomyositis
- d. Rheumatoid arthritis

**e. Systemic scleroderma**

952. A 45-year-old man has been exhibiting high activity for the last 2 weeks, he became talkative, euphoric, had little sleep, claimed being able "to save the humanity" and solve the problem of cancer and AIDS, gave money to strangers. What is the most likely diagnosis?

- a. Schizo-affective disorder
- b. Catatonic excitement
- c. Panic disorder
- d. Agitated depression

**e. Manic onset**

953. A patient had four generalized convulsive seizures within a day. Between the seizures the patient did not come to waking consciousness (was in a coma or stupor). Specify his state:

- a. Hysterical attacks
- b. Frequent complex partial seizures
- c. Frequent generalized seizures
- d. Frequent jacksonian seizures

**e. Status epilepticus**

954. A 35-year-old patient complains of heartburn, sour eructation, burning, compressing retrosternal pain and pain along the esophagus rising during forward bending of body. The patient hasn't been examined, takes Almagel on his own initiative, claims to feel better after its taking. Make a provisional diagnosis:

- a. Duodenal ulcer

**b. Gastroesophageal reflux disease**

- c. Cardiospasm
- d. Functional dyspepsia
- e. Gastric ulcer

955. As a result of lifting a load a 62-year-old female felt acute pain in the lumbar region, in a buttock, posterolateral surface of her right thigh, external surface of the right shin and dorsal surface of foot. Objectively: weakness of the anterior tibial muscle, long extensor muscle of the right toes, short extensor muscle of the right toes. Low Achilles reflex on the right. Positive Lasegues sign. What examination method would be the most effective for specification of the diagnosis of discogenic compression of L5 root?

- a. Lumbar puncture

**b. Magnetic resonance scan**

- c. Electromyography
- d. Spinal column X-ray
- e. Angiography

956. A 45-year-old female patient complaining of general weakness, nausea and vomiting has been delivered to a hospital by the ambulance. Recently there has been a lack of appetite, weight loss. Objectively: hyperpigmentation of skin, blood pressure at the rate of 70/45 mm Hg, bradycardia. Additional studies revealed the reduced concentration of aldosterone and cortisol in blood, decreased excretion of 17-ketosteroids and 17-oxyketosteroids in the urine, hyponatremia, chloropenia, hypokalemia. What therapeutic measures are required?

- a. To prescribe a diet with a high content of cooking salt



b. To administer aldosterone

c. To administer insulin

d. To administer glucocorticoids, mineralocorticoids, and a diet with a high content of cooking salt

e. To administer prednisolone

957. A 23-year-old female patient has a mental disease since the age of 18, the course of disease has no remission periods. At a hospital the patient mostly presents with non-purposeful foolish excitation: she makes stereotypic grimaces, exposed, masturbating in front of a loud laugh, repeating the stereotypical abusive shouts. The patient should be assigned:

a. Tranquilizers

b. Antidepressants

c. Neuroleptics

d. Nootropics

e. Mood stabilizers

958. A 40-year-old patient is registered in a narcological dispensary. Somatically: skin is dramatically hyperemic, sclera are injected, hyperhidrosis is present. AP- 140/100 mm Hg, heart rate - 100/min. Mental state: autopsychic orientation is intact, allopsychic orientation is distorted. The patient presents with motor anxiety. There is a look of fear on his face. He refuses to talk about his problems and asks to release him immediately, because he "may be killed." This state developed a day after a regular drinking bout. What is your provisional diagnosis?

a. Alcoholic hallucinosis

b. Alcoholic paranoid

c. Organic delirium

d. Paranoia

e. Delirium tremens

959. During the preventive examination a 17-year-old young man reports no health problems. Objectively: the patient is undernourished, asthenic; blood pressure is 110/70 mm Hg, Ps - 80/min. Heart borders are within normal range. Auscultation reveals three apical heart sounds, murmurs are absent. ECG shows no pathological changes, PCG registers the S3 occurring 0,15 seconds after the S2. How can you interpret these changes?

a. Physiologic S4

b. Physiologic S3

c. Protodiastolic gallop rhythm

d. Fout-ta-ta-rou (three-component rhythm)

e. Presystolic gallop rhythm

960. A 58-year-old patient complains of a headache in the occipital region, nausea, choking, oploptentes. The presentations appeared after a physical exertion. Objectively: the patient is excited. Face is hyperemic. Skin is pale. Heart sounds are regular, the 2nd aortic sound is accentuated. AP- 240/120 mm Hg, HR- 92/min. Auscultation reveals some fine moist rales in the lower parts of the lungs. Liver is not enlarged. ECG shows signs of hypertrophy and left ventricular overload. What is the most likely diagnosis?

a. Community-acquired pneumonia

b. Complicated hypertensive crisis, pulmonary edema

c. Bronchial asthma exacerbation

d. Acute myocardial infarction, pulmonary edema

e. Uncomplicated hypertensive crisis

961. A 37-year-old patient complains of pain in the lumbar spine that is getting stronger during walking; restricted mobility, edema of the right side of abdomen. He has a history of focal tuberculosis. X-ray picture shows the destruction of the adjacent surfaces of the 1-2 vertebral bodies of the lumbar spine, vertebral body height is decreased, intervertebral foramen is undetectable. Abdominal ultrasound reveals a 15x20 cm formation in the retroperitoneal space, there are echo signals of fluid presence. What is the most likely diagnosis?

a. Fracture of the 1-2 vertebral bodies of the lumbar spine

b. Spondylolisthesis of the lumbar spine

c. Osteochondrosis

**d. Tuberculous spondylitis of the lumbar spine**

e. Spinal metastases

962. In a cold weather, the emergency room admitted a patient pulled out of the open water. There was no respiratory contact with the water. The patient is excited, pale, complains of pain, numbness of hands and feet, cold shiver. Respiratory rate is 22/min, AP - 120/90 mm Hg, Ps - 110/min, rectal temperature is 34,5°C. What kind of warming is indicated for this patient?

**a. Passive warming**

b. Hot compresses

c. Hemodialysis with blood warming

d. Warm bath

e. Infusion of 37°C solutions

963. Survey radiograph of a 52-year-old worker of an agglomeration plant (28 years of experience, the concentration of metal dust is 22-37 mg/m<sup>3</sup>) shows mildly pronounced interstitial fibrosis with diffused contrast well-defined small nodular shadows. The patient has no complaints. Pulmonary function is not compromised. What is the provisional diagnosis?

a. Silicosis

b. Anthracosis

c. Silicosis

d. Anthraco-silicosis

**e. Siderosis**

964. A 60-year-old patient complains of nearly permanent sensation of heaviness and fullness in the epigastrium, that increases after eating, foul-smelling eructation, occasional vomiting with food consumed 1-2 days ago, weight loss. 12 years ago he was found to have an ulcer of pyloric channel. The patient has taken ranitidine for periodic hunger pain. The patient's condition has been deteriorating over the last 3 months. Objectively: splashing sound in the epigastrium is present. What kind of complication is it?

a. Functional pyloric spasm

b. Penetration of gastric ulcer

**c. Pyloric stenosis**

d. Foreign body in the stomach (bezoar)

e. Malignization of gastric ulcer

965. Examination of an electric welder with 15 years of service record revealed dry rales in the lower lung fields. Radiograph shows diffuse nodules sized 3-4 mm in the middle and lower lung fields. What disease can be suspected?

a. Bronchitis

**b. Heavy-metal coniosis**

c. Silicosis

d. Silicosis

e. Carbon pneumoconiosis

966. A 22-year-old vegetarian patient with signs of malnutrition consulted a doctor about smell and taste distortion, angular stomatitis. Objectively: expressively blue sclerae. The patient was diagnosed with iron deficiency anemia. What is the dominating clinical syndrome?

a. Haemologic

b. Anaemic

**c. Sideropenic**

d. Haemolytic

e. Myelodysplastic

967. A 12-year-old boy periodically has short episodes (10-15 seconds) of a brief loss of awareness with a dazed look and eyes stare in an upright position, blank expression of face, absence of motions and subsequent amnesia. Specify the described state:

- a. Fugue
- b. Sperrung
- c. Obnubilation
- d. Trance

**e. Absence seizure**

968. A 19-year-old male patient complains of intense pain in the left knee joint. Objectively: the left knee joint is enlarged, the overlying skin is hyperemic, the joint is painful on palpation. Blood test results: RBC -  $3,8 \times 10^{12}/l$ , Hb - 122 g/l, lymphocytes -  $7,4 \times 10^9/l$ , platelets -  $183 \times 10^9/l$ . ESR - 10 mm/h. Duke bleeding time is 4 minutes, Lee-White clotting time - 24 minutes. A-PTT is 89 s. Rheumatoid factor is negative. What is the most likely diagnosis?

**a. Hemophilia, hemarthrosis**

- b. Rheumatoid arthritis
- c. Hemorrhagic vasculitis, articular form
- d. Thrombocytopathy
- e. Werlhofs disease

969. Explosion of a tank with benzene at a chemical plant has killed and wounded a large number of people. There are over 50 victims with burns, mechanical injuries and intoxication. Specify the main elements of medical care and evacuation of population in this situation:

**a. Sorting, medical assistance, evacuation**

- b. Medical assistance, evacuation, isolation
- c. Sorting, recovery, rescue activity
- d. Isolation, rescue activity, recovery
- e. Sorting, evacuation, treatment

970. An emergency doctor has diagnosed a 32-year-old woman with generalized convulsive status epilepticus. The deterioration in the patients condition is caused by a sudden gap in the epilepsy treatment. Specify the doctors further tactics:

- a. Outpatient monitoring by a neuropathologist
- b. Outpatient monitoring by a neurosurgeon
- c. Hospitalization in the department of neurology
- d. Hospitalization in the department of neurosurgery

**e. Hospitalization in the intensive care unit**

971. A 63-year-old male patient with persistent atrial fibrillation complains of moderate dyspnea. Objectively: peripheral edemata are absent, vesicular breathing is present, heart rate - 72/min, AP - 140/90 mm Hg. What combination of drugs will be most effective for the secondary prevention of heart failure?

- a. Cardiac glycosides, diuretics
- b. Beta-blockers, cardiac glycosides

**c. Beta-blockers, ACE inhibitors**

- d. Cardiac glycosides, ACE inhibitors
- e. Diuretics, beta-blockers

972. A 57-year-old male patient had an attack of retrosternal pain that lasted more than 1,5 hours. Objectively: the patient is inert, adynamic, has pale skin, cold extremities, poor volume pulse, heart rate - 120/min, AP - 70/40 mm Hg. ECG shows ST elevation in II, III, aVF leads. What condition are these changes typical for?

- a. Perforated gastric ulcer
- b. Arrhythmogenic shock

**c. Cardiogenic shock**

- d. Acute pericarditis
- e. Acute pancreatitis

973. A 42-year-old female lives in the basement, is unemployed, undernourished. She complains of having general weakness, hair loss, brittle nails for six months, likes to eat chalk. Objectively: the patient is emaciated, pale, has dry skin. Peripheral lymph nodes are not enlarged. Liver is +1,5 cm. In

blood: RBCs -  $1,8 \times 10^{12}/l$ , Hb- 62 g/l, colour index - 0,78, reticulocytes - 0,5 o/oo, ESR- 18 mm/h. Leukogram exhibits no pathology. What is a provisional diagnosis?

- a. Chronic hepatitis
- b. Acquired haemolytic anaemia
- c. Congenital haemolytic anaemia
- d. Nutritional iron deficiency anaemia**
- e. B12-deficiency anaemia

974. A 45-year-old male patient complains of acute pain in his right side irradiating to the right thigh and crotch. The patient claims also to have frequent urination with urine which resembles a meat slops. The patient has no previous history of this condition. There is costovertebral angle tenderness on the right (positive Pasternatskys symptom). What is the most likely diagnosis?

- a. Urolithiasis**
- b. Acute pyelonephritis
- c. Acute pancreatitis
- d. Acute cholecystitis.
- e. Acute appendicitis

975. A 38-year-old male works within the range of ionizing radiation. At a routine medical examination he presents no problems. In blood: RBCs -  $4,5 \times 10^{12}/l$ , Hb- 80 g/l, WBCs -  $2,8 \times 10^9/l$ , thrombocytes -  $30 \times 10^9/l$ . Decide if this person can work with sources of ionizing radiation:

- a. The patient is allowed to work with radioactive substances
- b. The patient can be allowed to work after an extended medical examination
- c. The patient is allowed to work with radioactive substances for the limited period of time
- d. Working with radioactive substances and other sources of ionizing radiation is contraindicated**
- e. The patient can only work with radioactive substances of low activity

976. A patient who undergoes treatment at a tuberculosis clinic has complained of having progressing headache for the last 3 weeks. Neurological examination reveals rigidity of occipital muscles, no focal symptoms. What is your provisional diagnosis?

- a. Tuberculous meningitis**
- b. Brain tumour
- c. Convexital arachnoiditis
- d. Myelitis
- e. Chorea minor

977. A patient with chronic suppurative otitis has developed severe headache, vomiting, body temperature rise. The meningeal symptoms are present. There are no focal neurological symptoms. The further tactics of a doctor should be:

- a. Regular medical check-up
- b. Skull radiography
- c. Urgent hospitalization and diagnostic lumbar puncture**
- d. Administration of anti-inflammatory drugs
- e. Referral for a consultation with otolaryngologist

978. A 28-year-old male patient complains of sour regurgitation, cough and heartburn that occurs every day after having meals, when bending forward or lying down. These problems have been observed for 4 years. Objective status and laboratory values are normal. FEGDS revealed endoesophagitis. What is the leading factor in the development of this disease?

- a. Hypergastrinemia
- b. Helicobacter pylori infection
- c. Hypersecretion of hydrochloric acid
- d. Duodeno-gastric reflux
- e. Failure of the lower esophageal sphincter**

979. A patients condition is getting worse towards evening: she becomes excited, complains of "internal anxiety", "a weight on her heart", foreboding of evil - "something evil will happen to me or my family". The patient is sad, melancholic, has poor appetite and sleep disorders. Specify the kind of

mental disorder:

- a. Endogenous depression
- b. Somatized depression
- c. Anxious depression**
- d. Hypochondriac depression
- e. Agitated depression

980. A 30-year-old male patient had been admitted to the TB hospital because of the following changes detected by fluorography: an ill-defined shadow of low intensity up to 1 cm in diameter in the S1 of the right lung. CT scan showed a destruction area in the center of the shadow. Sputum analysis revealed MTB. The patient was diagnosed with focal tuberculosis. What phases of tuberculosis are the identified changes typical for?

- a. Disintegration and dissemination
- b. Calcification and resorption
- c. Infiltration and dissemination
- d. Resorption and scarring
- e. Infiltration and disintegration**

981. A 43-year-old female complains of significant weakness, sore throat, occurrence of multiple unexplained bruises on her skin. These symptoms have been present for a week, the disease is associated with quinsy which she had some time before. Objectively: body temperature - 38,9°C, respiratory rate - 24/min, Ps - 110/min, AP - 100/65 mm Hg. The patient has pale skin, petechial rash on the extremities, enlarged lymph nodes. Blood test results: Hb - 80 g/l, RBC -  $2,2 \cdot 10^{12}/l$ ; WBC -  $3,5 \cdot 10^9/l$ ; blasts - 52%; eosinophils - 2%; stab neutrophils - 3%; segmented neutrophils - 19%; lymphocytes - 13%; monocytes - 1%; platelets -  $35 \cdot 10^9/l$ . ESR - 47 mm/h. What test is required to specify the diagnosis?

- a. Protein electrophoresis
- b. Determination of anti-platelet antibody titer
- c. Cytogenetic study
- d. Immunophenotyping**
- e. Lymph node biopsy

982. A 47-year-old male patient complains of compressive chest pain that occurs both at rest and during light physical activity; irregular heartbeat. These problems arose 3 months ago. The patient's brother died suddenly at the age of 30. Objectively: Ps - 84/min, arrhythmic, AP - 130/80 mm Hg. ECG confirms signs of left ventricular hypertrophy, abnormal Q-waves in V4-V6 leads. Ech°CG reveals that interventricular septum is 1,7 cm, left ventricular wall thickness is 1,2 cm. What is the most likely diagnosis?

- a. Hypertrophic cardiomyopathy**
- b. Exertional angina
- c. Pericarditis
- d. Myocarditis
- e. Neurocirculatory asthenia

983. A 25-year-old woman has been suffering from diabetes mellitus since she was 9. She was admitted into the nephrology unit with significant edemas of the face, arms, and legs. Blood pressure - 200/110 mm Hg, Hb - 90 g/L, blood creatinine - 850  $\mu\text{mol/L}$ , urine proteins - 1.0 g/L, leukocytes - 10-15 in the vision field. Glomerular filtration rate - 10 mL/min. What tactics should the doctor choose?

- a. Transfer into the endocrinology clinic
- b. Renal transplantation
- c. Active conservative therapy for diabetic nephropathy
- d. Dietotherapy
- e. Transfer into the hemodialysis unit**

984. A 59-year-old woman was brought into the rheumatology unit. Extremely severe case of scleroderma is suspected. Objectively she presents with malnourishment, "mask-like" face, and

acro-osteolysis. Blood: erythrocytes -  $2.2 \times 10^9/L$ , erythrocyte sedimentation rate - 40 mm/hour. Urine: elevated levels of free oxyproline. Name one of the most likely pathogenetic links in this case:

a. Formation of antibodies to collagen

- b. Formation of antibodies to blood corpuscles
- c. Formation of antibodies to vessel wall
- d. Formation of antibodies to transversely striated muscles
- e. Formation of antibodies to native DNA

985. A 34-year-old man on the 3rd day of ceftriaxone treatment for acute otitis (daily dosage - 2 grams) developed diarrhea occurring 5-6 times per day. Feces are without mucus or blood admixtures. Temperature is  $36.6^\circ C$ . Gregersen reaction (occult blood in feces) is negative. Stool culture detected no pathogenic germs. What is the most likely cause of diarrhea in this case?

- a. Ulcerative colitis
- b. Crohn's disease (regional enteritis)
- c. Intestinal dysbiosis
- d. Bacterial overgrowth syndrome

e. Antibiotic-associated diarrhea

986. A chronic alcoholic was hospitalized into the therapeutic inpatient unit due to pneumonia. On the day 5 of his hospitalization he became disoriented in time and space, developed fear-inducing visual hallucinations and motor agitation. Full body tremor and tremor of the limbs are observed. X-ray and physical examinations detect the signs of his convalescence from pneumonia. What tactics should be chosen regarding this patient?

- a. Transfer into the neuroresuscitation department
- b. Continue the treatment in the therapeutic department

c. Transfer into the inpatient narcology department

- d. Compulsory medical treatment for alcoholism
- e. Discharge from the hospital

987. After eating shrimps, a 25-year-old man suddenly developed skin itching, some areas of his skin became hyperemic or erupted into vesicles. Make the diagnosis:

a. Acute urticaria

- b. Urticaria pigmentosa
- c. Scabies
- d. Psoriasis
- e. Hemorrhagic vasculitis (Henoch-Schonlein purpura)

988. A 25-year-old woman complains of fatigue, dizziness, hemorrhagic rashes on the skin. She has been presenting with these signs for a month. Blood test: erythrocytes -  $1.0 \times 10^{12}/L$ , Hb- 37 g/L, color index - 1.1, leukocytes -  $1.2 \times 10^9/L$ , platelets -  $42 \times 10^9/L$ . What analysis would be the most advisable for diagnosis making in this case?

- a. Splenic biopsy
- b. Coagulation studies
- c. US of the gastrointestinal tract

d. Sternal puncture (bone marrow biopsy)

e. Liver biopsy

989. A 35-year-old man complains of rapidly increasing fatigue, palpitations, "visual snow", and dizziness. He has a history of peptic ulcer of the stomach. Objectively the skin is pale. Vesicular respiration is observed in the lungs. Systolic murmur is detected over the cardiac apex, heart rate is 100/min., BP is 100/70 mm Hg. The epigastrium is slightly tender on palpation. Blood test: erythrocytes -  $3.2 \times 10^{12}/L$ , Hb- 100 g/L, color index - 0.95. What type of anemia is the most likely present in this case?

a. Hypoplastic anemia

b. Posthemorrhagic anemia

- c. Chronic iron-deficiency anemia
- d. Sideroblastic anemia

e. Hemolytic anemia

990. A 62-year-old patient has been hospitalized with complaints of pain in the thorax on the right during breathing, dyspnea, and dry cough. Ten days ago he slipped and fell hitting his right side. On examination: the patient lies on the left side. The right side of the thorax lags during breathing. On the right there are crepitation and pain in the III-IV ribs. Dullness of percussion sound and sharply diminished breath sounds can be observed. On X-ray: signs of exudate, fracture of the III-IV ribs. On pleurocentesis: blood is detected. Choose the further tactics:

a. Transfer to a thoracic surgery department

b. Perform repeated pleural taps

c. Refer to a traumatologist

d. Apply a fixation bandage to the rib cage

e. Prescribe conservative therapy

991. A 51-year-old man complains of vomiting with blood. He has been drinking alcohol excessively. Health disorder has been observed since he was 40, when he first developed jaundice. On examination the skin and visible mucosa are icteric, with a stellate vascular pattern. The patient is malnourished and presents with abdominal distension, umbilical hernia, and ascites. The edge of the liver is tapered and painless, +3 cm, the spleen is +2 cm. Blood test: Hb- 80 g/L, leukocytes -  $3 \cdot 10^9/L$ , platelets -  $85 \cdot 10^9/L$ . What is the cause of portal hypertension in this patient?

a. Constrictive pericarditis

b. Budd-Chiari syndrome

c. Thrombosis of the splenic vein

d. Hemochromatosis

e. Hepatic cirrhosis

992. A young man has made an appointment with the dermatologist. He complains of a painful facial rash in the beard and mustache area. This condition has been persisting for several weeks already. After shaving, the patient's condition aggravates. The diagnosis of sycosis is made. What primary morphological elements can be observed in the rash in this case?

a. Maculae, nodes

b. Pustules, papulae

c. Pustules, bumps

d. Nodes, nodules

e. Phlyctenae, maculae

993. At night a 63-year-old woman suddenly developed an asphyxia attack. She has a 15-year-long history of essential hypertension and had a myocardial infarction 2 years ago. Objectively her position in bed is orthopneic, the skin is pale, the patient is covered with cold sweat, acrocyanosis is observed. Pulse - 104/min. Blood pressure - 210/130 mm Hg, respiration rate - 38/min. Pulmonary percussion sound is clear, with slight dullness in the lower segments; throughout the lungs single dry crackles can be heard that become bubbling and non-resonant in the lower segments. What is the most likely complication in this patient?

a. Paroxysmal tachycardia

b. Pulmonary embolism

c. Acute right ventricular failure

d. Acute left ventricular failure

e. Bronchial asthma attack

994. A 26-year-old woman is suspected to suffer from systemic lupus erythematosus due to systemic lesions of skin, vessels, joints, serous tunics, and heart that developed after photosensitization. The following is detected: LE cells, antibodies to native DNA, isolated anti-centromere antibodies, rheumatoid factor is 1:100, Wassermann reaction is positive, circulating immune complex is 120 units. What immunological indicators are considered to be specific to this disease?

a. Rheumatoid factor

b. Immunoglobulin A

c. Increased circulating immune complex



**d. DNA antibodies**

e. Anti-centromere antibodies

995. A woman came to the doctor with complaints of increased body temperature up to 37.8°C and moderately sore throat for the last 3 days. Objectively: mandibular lymph nodes are enlarged up to 3 cm. Palatine tonsils are hypertrophied and covered with gray coating that spreads to the uvula and anterior pillars of the fauces. What is the most likely diagnosis?

- a. Pseudomembranous (Vincent's) tonsillitis
- b. Infectious mononucleosis

**c. Oropharyngeal diphtheria**

- d. Agranulocytosis
- e. Oropharyngeal candidiasis

996. A 42-year-old man, a dispatcher, suffers from peptic ulcer disease of the duodenum. The disease is of moderate severity. He wants to be assigned a disability group. Make the conclusion regarding his working ability:

- a. Capable of working, non-employable
- b. Second group of disability
- c. Third group of disability

**d. Capable of working, employable**

e. First group of disability

997. A 58-year-old man complains of weakness and tumor-like formations that appeared on the anterior surface of his neck and in the inguinal region. Palpation detects soft painless mobile cervical and inguinal lymph nodes up to 2 cm in diameter. The liver protrudes by 2 cm from the edge of the costal margin, the lower splenic pole is at the umbilical level. In blood: erythrocytes -  $3.5 \times 10^{12}/L$ , Hb - 88 g/L, leukocytes -  $86 \times 10^9/L$ , band neutrophils - 1%, segmented neutrophils - 10%, lymphocytes - 85%, eosinophils - 2%, basocytes - 0%, monocytes - 2%, erythrocyte sedimentation rate - 15 mm/hour, Gumprecht shadows. What is the most likely diagnosis?

- a. Acute leukemia
- b. Lymphocytic leukemoid reaction

**c. Chronic lymphatic leukemia**

- d. Chronic myeloleukemia
- e. Lymphogranulomatosis

998. A 23-year-old man complains of facial edemas, headache, dizziness, low urinary output, and urine discoloration (dark red). These complaints arose after a case of acute tonsillitis. On examination there are facial edemas, the skin is pale, temperature is 37.4°C; heart rate is 86/min., blood pressure is 170/110 mm Hg. Heart sounds are muffled, the II heart sound is accentuated over the aorta. What etiological factor is the most likely in this case?

a. Staphylococcus saprophyticus

**b. Beta-hemolytic streptococcus**

- c. Streptococcus viridans
- d. Staphylococcus aureus
- e. Streptococcus pyogenes

999. An 18-year-old young man complains of pain in his knee and elbow joints and body temperature up to 39.5°C. One week and a half earlier he developed sore throat. On examination his body temperature is 38.5°C. Swelling of the knee and elbow joints is observed. Pulse is 106/min., rhythmic. Blood pressure is 90/60 mm Hg. Cardiac borders are unchanged, heart sounds are weakened, at the cardiac apex there is a soft systolic murmur. What factor would be the most indicative of the likely disease etiology?

a. Seromucoid

**b. Anti-streptolysin O**

- c. Creatine kinase
- d. C-reactive protein
- e. Rheumatoid factor

1000. A woman has been provisionally diagnosed with pheochromocytoma. At the stage of intermission her BP is within norm; there is a tendency towards tachycardia. No urine pathologies. The decision has been made to perform a provocative test with histamine. What drug should be kept close at hand for emergency aid in case of positive test result?

- a. Phentolamine
- b. Nifedipine
- c. Prednisolone
- d. Mesaton (Phenylephrine)
- e. Pipolphen (Promethazine)

1001. A 40-year-old man with Bekhterev disease (ankylosing spondylitis) complains of elevated body temperature up to 37.8°C, back pain and stiffness, especially observed during the second half of the night. This condition has been lasting for 2 years. Objectively: reduced spinal mobility, painful sacroiliac joint, erythrocyte sedimentation rate - 45 mm/hour. X-ray shows narrowing of the intervertebral disc space and of the sacroiliac joint. What eye pathology is often associated with this type of disease progression?

- a. Iridocyclitis
- b. Cataract
- c. Blepharitis
- d. Optic nerve atrophy
- e. Retinal detachment

1002. A 63-year-old man complains of unmotivated weakness and pressing and bursting sensation in the left subcostal area. According to him, these signs have been present for a year already. Previously he was healthy. He took part in containment measures during the accident at the Chornobyl Nuclear Power Plant. Objectively: the skin is pale, peripheral lymph nodes are not enlarged, the liver is +3 cm, the spleen is +10 cm. Complete blood count: erythrocytes -  $3.1 \times 10^{12}/L$ , Hb- 100 g/L, leukocytes -  $46 \times 10^9/L$ , blasts - 2%, promyelocytes - 10%, myelocytes - 18%, band neutrophils - 27%, segmented neutrophils - 10%, lymphocytes - 12%, eosinophils - 6%, basocytes - 3%, monocytes - 2%, erythrocyte sedimentation rate - 20 mm/hour. What is the most likely diagnosis?

- a. Hemolytic anemia
- b. Chronic lymphatic leukemia
- c. Hepatic cirrhosis
- d. Acute leukemia
- e. Chronic myeloleukemia

1003. For three years a 31-year-old woman has been complaining of pain and swelling of her radiocarpal and metacarpophalangeal articulations and their reduced mobility in the morning, which persisted up to 1.5 hours. Two weeks ago she developed pain, swelling, and reddening of her knee joints, her body temperature increased up to 37.5°C. The treatment was untimely. Examination of the internal organs revealed no pathologic alterations. Diagnosis of rheumatoid arthritis was made. What changes are most likely to be visible on the arthrogram?

- a. Joint space narrowing, subchondral osteosclerosis
- b. Numerous marginal osteophytes
- c. Epiphyseal osteolysis
- d. Joint space narrowing, usuration
- e. Cysts in the subchondral bone

1004. A 52-year-old woman has been suffering for 2 years from dull, occasionally exacerbating pain in her right subcostal area, occurring after eating high-fat foods, bitter taste in her mouth in the morning, constipations, and flatulence. Objectively she has excess weight, her body temperature is 36.9°C; there is a coating on the root of her tongue; the abdomen is moderately distended and painful in the area of gallbladder projection. What examination would be the most helpful for diagnosis making?

- a. Duodenoscopy
- b. Liver scanning

c. Duodenal intubation

d. Cholecystography

e. Ultrasound

1005. A 57-year-old woman complains of weakness, dyspnea, loss of appetite, and liquid feces. She has been suffering from this condition for 2 years. Objectively she presents with pale skin, subicteric sclerae, and bright-red fissured tongue. Lymph nodes are not enlarged. Pulse - 100/min. BP- 105/70 mm Hg. Liver +3 cm, the spleen cannot be palpated. Blood test: erythrocytes -  $1.2 \times 10^{12}/L$ , Hb- 56 g/L, color index - 1.4, macrocytes, leukocytes -  $2,5 \times 10^9/L$ , eosinophils - 1%, juvenile - 1%, metamyelocytes - 1%, band neutrophils - 8%, segmented neutrophils - 47%, lymphocytes - 38%, monocytes - 4%, reticulocytes - 0.1%, platelets -  $100 \times 10^9/L$ , ESR- 30 mm/hour, indirect bilirubin - 26 mmol/L. What changes can be expected in the bone marrow puncture material?

a. Erythroid hyperplasia

b. Increased number of sideroblasts

c. Prevalence of megaloblasts

d. Presence of blast cells

e. Prevalence of lymphoid tissue

1006. A 35-year-old man suffers from insulindependent diabetes mellitus and chronic cholecystitis. He takes NPH insulin: 20 units in the morning and 12 units in the evening. After a meal he developed pain in the right subcostal area, nausea, vomiting, sleepiness, and increased polyuria. What prehospital measures will be the most effective for prevention of crisis within the next several hours?

a. Exclude fats from the diet

b. Decrease carbohydrates in the diet

c. Take analgesics

d. Take cholagogues

e. Change insulin regimen

1007. A 45-year-old woman complains of intolerable paroxysmal facial pain on the left with attacks that last for 1-2 minutes. Attacks are provoked by chewing. The disease onset was two months ago after the overexposure to cold. Objectively: pain at the exit points of the trigeminal nerve on the left. Touching near the wing of the nose on the left induces a pain attack with tonic spasm of the facial muscles. What is the most likely diagnosis?

a. Temporomandibular joint arthritis

b. Glossopharyngeal neuralgia

c. Trigeminal neuralgia

d. Facial migraine

e. Maxillary sinusitis

1008. A 28-year-old man complains of skin rash and itching on the both of his hands. The condition persists for 1.5 years. The exacerbation of his condition he ascribes to the occupational contact with formaldehyde resins. Objectively the lesion foci are symmetrically localized on both hands. Against the background of erythema with blurred margins there are papulae, vesicles, erosions, crusts, and scales. What is the most likely pathology?

a. Simple contact dermatitis

b. Erythema multiforme

c. Idiopathic eczema

d. Allergic dermatitis

e. Occupational eczema

1009. A 20-year-old student after failing an exam developed complaints of a sensation of a round foreign body in her throat, difficult swallowing. She fixates on her condition, limits her diet, often cries, seeks attention, exhibits demonstrative attitude. She is highly susceptible to psychotherapeutic suggestion. What psychiatric diagnosis can be made in this case?

a. Hypochondriacal neurosis

b. Obsessive neurosis

c. Paranoid personality disorder

**d. Hysterical neurosis**

e. Depressive neurosis

1010. A woman with atopic bronchial asthma was found to have one allergen to dog hair + + +. Carpets were removed from the apartment, the apartment was renovated, and air conditioner was installed. However, recurrent asphyxia attacks still occur every night, despite the patient undergoing pathogenetic therapy. What long-term treatment tactics can help this patient to decrease her sensitivity to the allergen?

a. Referral for speleotherapy

**b. Specific hyposensitization**

c. Antihistamine therapy

d. Continuation of prior treatment

e. Buteyko breathing technique

1011. A 59-year-old woman was brought into the rheumatology unit. Extremely severe case of scleroderma is suspected. Objectively she presents with malnourishment, "mask-like" face, and acro-osteolysis. Blood: erythrocytes -  $2.2 \times 10^9/L$ , erythrocyte sedimentation rate - 40 mm/hour. Urine: elevated levels of free oxyproline. Name one of the most likely pathogenetic links in this case:

a. Formation of antibodies to transversely striated muscles

b. Formation of antibodies to vessel wall

c. Formation of antibodies to native DNA

d. Formation of antibodies to blood corpuscles

**e. Formation of antibodies to collagen**

1012. A 34-year-old man on the 3rd day of ceftriaxone treatment for acute otitis (daily dosage - 2 grams) developed diarrhea occurring 5-6 times per day. Feces are without mucus or blood admixtures. Temperature is  $36.6^\circ C$ . Gregersen reaction (occult blood in feces) is negative. Stool culture detected no pathogenic germs. What is the most likely cause of diarrhea in this case?

a. Intestinal dysbiosis

b. Ulcerative colitis

c. Crohn's disease (regional enteritis)

**d. Antibiotic-associated diarrhea**

e. Bacterial overgrowth syndrome

1013. After eating shrimps, a 25-year-old man suddenly developed skin itching, some areas of his skin became hyperemic or erupted into vesicles. Make the diagnosis:

a. Urticaria pigmentosa

b. Hemorrhagic vasculitis (Henoch-Schonlein purpura)

**c. Acute urticaria**

d. Psoriasis

e. Scabies

1014. A 25-year-old woman complains of fatigue, dizziness, hemorrhagic rashes on the skin. She has been presenting with these signs for a month. Blood test: erythrocytes -  $1.0 \times 10^{12}/L$ , Hb- 37 g/L, color index - 1.1, leukocytes -  $1.2 \times 10^9/L$ , platelets -  $42 \times 10^9/L$ . What analysis would be the most advisable for diagnosis making in this case?

a. Liver biopsy

b. Splenic biopsy

**c. Sternal puncture (bone marrow biopsy)**

d. Coagulation studies

e. US of the gastrointestinal tract

1015. A 51-year-old man complains of vomiting with blood. He has been drinking alcohol excessively. Health disorder has been observed since he was 40, when he first developed jaundice. On examination the skin and visible mucosa are icteric, with a stellate vascular pattern. The patient is malnourished and presents with abdominal distension, umbilical hernia, and ascites. The edge of the liver is tapered and painless, +3 cm, the spleen is +2 cm. Blood test: Hb- 80 g/L, leukocytes -  $3 \cdot 10^9/L$ , platelets -  $85 \cdot 10^9/L$ . What is the cause of portal hypertension in this patient?

**a. Hepatic cirrhosis**

- b. Hemochromatosis
- c. Budd-Chiari syndrome
- d. Constrictive pericarditis
- e. Thrombosis of the splenic vein

1016. A young man has made an appointment with the dermatologist. He complains of a painful facial rash in the beard and mustache area. This condition has been persisting for several weeks already. After shaving, the patient's condition aggravates. The diagnosis of sycosis is made. What primary morphological elements can be observed in the rash in this case?

- a. Pustules, bumps
- b. Nodes, nodules

**c. Pustules, papulae**

- d. Phlyctenae, maculae
- e. Maculae, nodes

1017. At night a 63-year-old woman suddenly developed an asphyxia attack. She has a 15-year-long history of essential hypertension and had a myocardial infarction 2 years ago. Objectively her position in bed is orthopneic, the skin is pale, the patient is covered with cold sweat, acrocyanosis is observed. Pulse - 104/min. Blood pressure - 210/130 mm Hg, respiration rate - 38/min. Pulmonary percussion sound is clear, with slight dullness in the lower segments; throughout the lungs single dry crackles can be heard that become bubbling and non-resonant in the lower segments. What is the most likely complication in this patient?

a. Acute right ventricular failure

**b. Acute left ventricular failure**

- c. Bronchial asthma attack
- d. Paroxysmal tachycardia
- e. Pulmonary embolism

1018. A 26-year-old woman is suspected to suffer from systemic lupus erythematosus due to systemic lesions of skin, vessels, joints, serous tunics, and heart that developed after photosensitization. The following is detected: LE cells, antibodies to native DNA, isolated anti-centromere antibodies, rheumatoid factor is 1:100, Wassermann reaction is positive, circulating immune complex is 120 units. What immunological indicators are considered to be specific to this disease?

- a. Immunoglobulin A
- b. Increased circulating immune complex
- c. Rheumatoid factor
- d. Anti-centromere antibodies

**e. DNA antibodies**

1019. A woman came to the doctor with complaints of increased body temperature up to 37.8°C and moderately sore throat for the last 3 days. Objectively: mandibular lymph nodes are enlarged up to 3 cm. Palatine tonsils are hypertrophied and covered with gray coating that spreads to the uvula and anterior pillars of the fauces. What is the most likely diagnosis?

- a. Infectious mononucleosis
- b. Agranulocytosis
- c. Oropharyngeal candidiasis

**d. Oropharyngeal diphtheria**

e. Pseudomembranous (Vincent's) tonsillitis

1020. A 42-year-old man, a dispatcher, suffers from peptic ulcer disease of the duodenum. The disease is of moderate severity. He wants to be assigned a disability group. Make the conclusion regarding his working ability:

a. Third group of disability

**b. Capable of working, employable**

c. First group of disability

- d. Capable of working, non-employable
- e. Second group of disability

1021. A 58-year-old man complains of weakness and tumor-like formations that appeared on the anterior surface of his neck and in the inguinal region. Palpation detects soft painless mobile cervical and inguinal lymph nodes up to 2 cm in diameter. The liver protrudes by 2 cm from the edge of the costal margin, the lower splenic pole is at the umbilical level. In blood: erythrocytes -  $3.5 \times 10^{12}/L$ , Hb- 88 g/L, leukocytes -  $86 \times 10^9/L$ , band neutrophils - 1%, segmented neutrophils - 10%, lymphocytes - 85%, eosinophils - 2%, basocytes - 0%, monocytes - 2%, erythrocyte sedimentation rate - 15 mm/hour, Gumprecht shadows. What is the most likely diagnosis?

- a. Lymphogranulomatosis
- b. Chronic lymphatic leukemia**
- c. Acute leukemia
- d. Lymphocytic leukemoid reaction
- e. Chronic myeloleukemia

1022. A 23-year-old man complains of facial edemas, headache, dizziness, low urinary output, and urine discoloration (dark red). These complaints arose after a case of acute tonsillitis. On examination there are facial edemas, the skin is pale, temperature is  $37.4^{\circ}C$ ; heart rate is 86/min., blood pressure is 170/110 mm Hg. Heart sounds are muffled, the II heart sound is accentuated over the aorta. What etiological factor is the most likely in this case?

- a. Streptococcus viridans
- b. Staphylococcus aureus
- c. Beta-hemolytic streptococcus**
- d. Streptococcus pyogenes
- e. Staphylococcus saprophyticus

1023. An 18-year-old young man complains of pain in his knee and elbow joints and body temperature up to  $39.5^{\circ}C$ . One week and a half earlier he developed sore throat. On examination his body temperature is  $38.5^{\circ}C$ . Swelling of the knee and elbow joints is observed. Pulse is 106/min., rhythmic. Blood pressure is 90/60 mm Hg. Cardiac borders are unchanged, heart sounds are weakened, at the cardiac apex there is a soft systolic murmur. What factor would be the most indicative of the likely disease etiology?

- a. Rheumatoid factor
- b. Seromucoid
- c. C-reactive protein
- d. Creatine kinase
- e. Anti-streptolysin O**

1024. A woman has been provisionally diagnosed with pheochromocytoma. At the stage of intermission her BP is within norm; there is a tendency towards tachycardia. No urine pathologies. The decision has been made to perform a provocative test with histamine. What drug should be kept close at hand for emergency aid in case of positive test result?

- a. Prednisolone
- b. Phentolamine**
- c. Nifedipine
- d. Pipolphen (Promethazine)
- e. Mesaton (Phenylephrine)

1025. A 40-year-old man with Bekhterev disease (ankylosing spondylitis) complains of elevated body temperature up to  $37.8^{\circ}C$ , back pain and stiffness, especially observed during the second half of the night. This condition has been lasting for 2 years. Objectively: reduced spinal mobility, painful sacroiliac joint, erythrocyte sedimentation rate - 45 mm/hour. X-ray shows narrowing of the intervertebral disc space and of the sacroiliac joint. What eye pathology is often associated with this type of disease progression?

- a. Cataract
- b. Retinal detachment**

**c. Iridocyclitis**

- d. Optic nerve atrophy
- e. Blepharitis

1026. For three years a 31-year-old woman has been complaining of pain and swelling of her radiocarpal and metacarpophalangeal articulations and their reduced mobility in the morning, which persisted up to 1.5 hours. Two weeks ago she developed pain, swelling, and reddening of her knee joints, her body temperature increased up to 37.5°C. The treatment was untimely. Examination of the internal organs revealed no pathologic alterations. Diagnosis of rheumatoid arthritis was made. What changes are most likely to be visible on the arthrogram?

- a. Cysts in the subchondral bone
- b. Joint space narrowing, subchondral osteosclerosis

**c. Joint space narrowing, usuration**

- d. Numerous marginal osteophytes
- e. Epiphyseal osteolysis

1027. A 52-year-old woman has been suffering for 2 years from dull, occasionally exacerbating pain in her right subcostal area, occurring after eating high-fat foods, bitter taste in her mouth in the morning, constipations, and flatulence. Objectively she has excess weight, her body temperature is 36.9°C; there is a coating on the root of her tongue; the abdomen is moderately distended and painful in the area of gallbladder projection. What examination would be the most helpful for diagnosis?

- a. Cholecystography
- b. Duodenal intubation

**c. Ultrasound**

- d. Duodenoscopy
- e. Liver scanning

1028. A 35-year-old man suffers from insulindependent diabetes mellitus and chronic cholecystitis. He takes NPH insulin: 20 units in the morning and 12 units in the evening. After a meal he developed pain in the right subcostal area, nausea, vomiting, sleepiness, and increased polyuria. What prehospital measures will be the most effective for prevention of crisis within the next several hours?

- a. Take cholagogues
- b. Take analgesics

**c. Change insulin regimen**

- d. Exclude fats from the diet
- e. Decrease carbohydrates in the diet

1029. A 45-year-old woman complains of intolerable paroxysmal facial pain on the left with attacks that last for 1-2 minutes. Attacks are provoked by chewing. The disease onset was two months ago after the overexposure to cold. Objectively: pain at the exit points of the trigeminal nerve on the left. Touching near the wing of the nose on the left induces a pain attack with tonic spasm of the facial muscles. What is the most likely diagnosis?

**a. Trigeminal neuralgia**

- b. Temporomandibular joint arthritis
- c. Maxillary sinusitis
- d. Facial migraine
- e. Glossopharyngeal neuralgia

1030. A 28-year-old man complains of skin rash and itching on the both of his hands. The condition persists for 1.5 years. The exacerbation of his condition he ascribes to the occupational contact with formaldehyde resins. Objectively the lesion foci are symmetrically localized on both hands. Against the background of erythema with blurred margins there are papulae, vesicles, erosions, crusts, and scales. What is the most likely pathology?

**a. Occupational eczema**

- b. Allergic dermatitis
- c. Erythema multiforme



- d. Simple contact dermatitis
- e. Idiopathic eczema

1031. A 20-year-old student after failing an exam developed complaints of a sensation of a round foreign body in her throat, difficult swallowing. She fixates on her condition, limits her diet, often cries, seeks attention, exhibits demonstrative attitude. She is highly susceptible to psychotherapeutic suggestion. What psychiatric diagnosis can be made in this case?

- a. Depressive neurosis
- b. Hypochondriacal neurosis
- c. Hysterical neurosis**
- d. Obsessive neurosis
- e. Paranoid personality disorder

1032. A woman with atopic bronchial asthma was found to have one allergen to dog hair +++ . Carpets were removed from the apartment, the apartment was renovated, and air conditioner was installed. However, recurrent asphyxia attacks still occur every night, despite the patient undergoing pathogenetic therapy. What long-term treatment tactics can help this patient to decrease her sensitivity to the allergen?

- a. Continuation of prior treatment
- b. Buteyko breathing technique
- c. Referral for speleotherapy
- d. Specific hyposensitization**
- e. Antihistamine therapy

1033. A 20-year-old man was hospitalized on the 9th day of the disease. He attributes his disease to eating of insufficiently thermally processed pork. At its onset this condition manifested as periorbital edemas and fever. Objectively his body temperature is 38.5. The face is puffy and the eyelids are markedly swollen. Palpation of gastrocnemius muscles is sharply painful. Blood test shows hypereosinophilia. What is the etiology of this disease?

- a. Echinococci
- b. Leptospira
- c. Trichuris
- d. Ascarididae
- e. Trichinella**

1034. A 40-year-old man claims that his wife is cheating on him and presents a "proof" of her infidelity. He repeatedly initiated scandals with his wife at home and at work, demanding that she confess her infidelity, insulted her, and threatened to kill her. What preventive measures should be taken against socially dangerous actions on his part?

- a. Consultation with the psychologist
- b. Family counseling
- c. Outpatient treatment
- d. Consultation with the general practitioner
- e. Consultation with the psychiatrist**

1035. A 55-year-old woman complains of pain and popping sounds in her left knee joint, which occur when she climbs the stairs. Occasionally during movements her joint becomes "stuck". 5 years ago she suffered a trauma of her left knee. Complete blood count and biochemical blood analysis show normal results. X-ray shows marked osteosclerosis and osteophytes. The joint space is narrowed. Make the provisional diagnosis:

- a. Reactive arthritis
- b. Osteoarthritis**
- c. Gouty arthritis
- d. Rheumatoid arthritis
- e. Psoriatic arthritis

1036. A 40-year-old man, a welder, uses manganese electrodes in his line of work (18 years of experience). He complains of difficulties with writing, bad mood, inertness, gait abnormalities,

problems with speech, and hand tremors. Objectively the following is observed in the patient: hypomimia, increased muscle tone of plastic type, and quiet monotonous speech, tremor of the tongue, pill-rolling tremor of the fingers, and retropulsion. What syndrome developed in this patient due to manganese poisoning?

- a. Hypothalamic syndrome
- b. Meningism
- c. Parkinsonism**
- d. Polyneuritic syndrome
- e. Vestibular syndrome

1037. A 45-year-old man developed constricting retrosternal pain that occurs during walks at the distance of 200 m. Objectively: heart rate is 80/min., BP is 160/90 mm Hg. During cardiopulmonary exercise test at 50 W there is a depression of S-T segment by 3 mm below the isoline in V3-V4. What is the provisional diagnosis?

- a. Exertional angina pectoris, functional class II
- b. Exertional angina pectoris, functional class IV
- c. Exertional angina pectoris, functional class III**
- d. Somatoform autonomic dysfunction, hypertension type
- e. Alcoholic myocardiodystrophy

1038. A 45-year-old man, a farmer, presents with acute onset of a disease. He complains of headache, high temperature, pain in the gastrocnemius muscles, icteric face, and dark urine. Objectively: body temperature - 38°C, blood pressure - 100/70 mm Hg, conjunctival hemorrhages, hepatosplenomegaly, and oliguria. What is the most likely provisional diagnosis?

- a. Trichinosis
- b. Leptospirosis**
- c. Viral hepatitis
- d. Brucellosis
- e. Pseudotuberculosis

1039. A woman has been working as a polisher for a year and a half. Her workstation is equipped with a grinding machine (grinding wheels). She complains of white discoloration of her fingers and toes that appears when she is nervous. Objectively there are no changes in the coloration of the distal segments of her limbs. Grip strength measured with a dynamometer is 25 kg, algesimetry findings are 0.1; 0.3; 0.5. Cold stimulus is extremely positive on the upper and lower limbs. Internal organs are without pathologies. Make the diagnosis:

- a. Polyneuritis
- b. Vibration disease**
- c. Syringomyelia
- d. Raynaud disease
- e. Raynaud syndrome

1040. A 37-year-old man suddenly developed acute headache accompanied by nausea, vomiting, and impaired consciousness. Objectively blood pressure is 190/120 mm Hg, the face is hyperemic. Patient's consciousness is clouded, his answers to the questions are short, monosyllabic. Movement and sensory disturbances are absent. Meningeal signs are positive. Cerebrospinal fluid contains blood. What provisional diagnosis can be made?

- a. Encephalitis
- b. Cerebral vascular embolism
- c. Meningitis
- d. Ischemic stroke
- e. Subarachnoid hemorrhage**

1041. A woman undergoing in-patient treatment for viral hepatitis type B developed headache, nausea, recurrent vomiting, memory lapses, flapping tremor of her hands, and rapid pulse. Sweet smell from her mouth is detected. Body temperature is 37.6°C, heart rate is 89/min. What complication developed in the patient?

- a. Hypoglycemic shock
- b. Meningoencephalitis
- c. Ischemic stroke
- d. Gastrointestinal hemorrhage

**e. Acute liver failure**

1042. A 43-year-old man, a coal-face worker with 15-year-long record of work, complains of cough, thoracic pain, and dyspnea. The cough is mild, usually dry, occurs mostly in the morning. The pain is localized in the interscapular region and aggravates during a deep intake of breath. Dyspnea occurs during physical exertion. Vesicular respiration in the lungs is weakened. Heart sounds are rhythmic, heart rate is 86/min., blood pressure is 135/80 mm Hg. The abdomen is soft and painless. X-ray shows micronodular pulmonary fibrosis. Make the provisional diagnosis:

**a. Carboconiosis**

- b. Siderosis
- c. Metal pneumoconiosis
- d. Berylliosis
- e. Byssinosis

1043. Having examined a 52-year-old patient, the doctor diagnosed him with obesity (body mass index - 34 kg/m<sup>2</sup>, waist circumference - 112 cm) and arterial hypertension (170/105 mm Hg). 2-hour postprandial blood sugar is 10.8 mmol/L. What biochemical blood analysis needs to be conducted to diagnose the patient with metabolic syndrome X?

a. Electrolytes

**b. Lipid profile**

- c. Calcium and phosphorus
- d. Bilirubin
- e. Creatinine and urea

1044. After overexposure to cold a 45-year-old woman developed acute pain in her suprapubic and lumbar areas during urination, sharp pains at the end of urination, false urges to urinate. Urine is turbid with blood streaks. The doctor suspects urinary tract infection. What results of laboratory analysis would be the most indicative of such infection?

- a. Daily proteinuria under 3.0
- b. Daily proteinuria over 3.0
- c. Gross hematuria
- d. Increased blood creatinine and blood urea

**e. Leukocyturia, gross hematuria**

1045. A 62-year-old woman was brought into the admission room with complaints of severe burning retrosternal pain and asphyxia. She has a 10-year-long history of essential hypertension. Objectively her condition is moderately severe. She presents with skin pallor, cyanotic lips, and vesicular respiration over her lungs. The II heart sound is accentuated over the aorta. Blood pressure - 210/120 mm Hg, heart rate (pulse) - 76/min. ECG shows elevation of ST segment in the leads I, AVL, and V5-V6. What is the most likely diagnosis?

- a. Hypertensive crisis complicated with instable angina pectoris
- b. Uncomplicated hypertensive crisis
- c. Hypertensive crisis complicated with acute myocardial infarction**
- d. Hypertensive crisis complicated with acute left ventricular failure
- e. Pulmonary embolism

1046. A 35-year-old patient developed an epileptic attack with tonic-clonic spasms that lasted for 3 minutes. After the attack the patient fell asleep but in 5 minutes the second attack occurred. The first step of emergency aid would be to:

a. Administer chloral hydrate via an enema

**b. Ensure patency of airways**

- c. Introduce diazepam intravenously
- d. Take blood from the vein for analysis

e. Prescribe antiepileptic drugs

1047. A 27-year-old woman, a teacher in the elementary school, complains of frequent stools, up to 3 times per day, with lumpy feces and large amount of mucus, abdominal pain that gradually abates after a defecation, irritability. Her skin is pale and icteric. Pulse is 74/min., rhythmic, can be characterized as satisfactory. Blood pressure is 115/70 mm Hg. The abdomen is soft, moderately tender along the colon on palpation. Fiberoptic colonoscopy detects no changes. What disease can be suspected?

- a. Chronic non-ulcerative colitis
- b. Crohn disease (regional enteritis)
- c. Whipple disease
- d. Irritable bowel syndrome**
- e. Chronic enteritis

1048. A 72-year-old man complains of lower extremity edema, sensation of heaviness in the right subcostal area, dyspnea at rest. For over 25 years he has been suffering from COPD. Objectively: orthopnea, jugular venous distention, diffuse cyanosis, acrocyanosis. Barrel chest is observed, on percussion there is a vesiculotympanic (bandbox) resonance, sharply weakened vesicular respiration on both sides, moist crepitant crackles in the lower segments of the lungs. Heart sounds are weakened, the II heart sound is accentuated over the pulmonary artery. The liver is +3 cm. What complicated the clinical course of COPD in this patient?

- a. Acute left ventricular failure
- b. Pulmonary embolism
- c. Chronic pulmonary heart**
- d. Diffuse pneumosclerosis
- e. Community-acquired pneumonia

1049. A 72-year-old man with pneumonia complains of marked dyspnea, chest pain, severe cough with expectoration,  $t_o$  is 39.5-40°C, no urination for a whole day. Objectively the patient is conscious. Respiratory rate is 36/min. Over the right lower pulmonary lobe percussion sound is dull; on auscultation there is bronchial respiration and numerous moist crackles. Blood pressure is 80/60 mm Hg. Heart rate is 120/min. Heart sounds are muffled, there is tachycardia. What tactics should the family doctor choose in the management of this patient?

- a. Hospitalization into the intensive care unit**
- b. Treatment in the day patient facility
- c. Hospitalization into the neurology unit
- d. Hospitalization into the pulmonology unit
- e. Outpatient treatment

1050. 2 hours after eating unknown mushrooms, a 28-year-old man sensed a decrease in his mobility and deterioration of his ability to focus. This condition was then followed by a state of agitation and aggression. On examination he is disoriented and his speech is illegible. 4 hours later he developed fetor hepaticus and lost his consciousness. What syndrome can be observed in this patient?

- a. Cholestatic syndrome
- b. Cytolytic syndrome
- c. Hepatolienal syndrome
- d. Portal hypertension
- e. Acute hepatic failure**

1051. A 36-year-old man complains of marked dyspnea and cardiac pain. He ascribes his disease to the case of influenza that he had 2 weeks ago. Objectively he leans forward when sitting. The face is swollen, cyanotic, cervical veins are distended. Heart borders are extended on the both sides, heart sounds are muffled, heart rate = Ps = 118/min., BP is 90/60 mm Hg. Blood test: ESR is 46 mm/hour. ECG shows low voltage. Xray shows trapezoidal cardiac silhouette and signs of pulmonary congestion. Choose the treatment tactics:

- a. Antibiotics
- b. Diuretics

c. Pericardial puncture (pericardiocentesis)

d. Pericardectomy

e. Glucocorticosteroids

1052. A 39-year-old man suffers from chronic rheumatic heart disease. He complains of dyspnea during physical exertion, cough with expectoration, and palpitations. Auscultation detects intensified I heart sound and diastolic murmur; the sound of opening mitral valve can be auscultated at the cardiac apex. The II heart sound is accentuated over the pulmonary artery. The patient is cyanotic. X-ray shows dilated pulmonary root and enlargement of the right ventricle and left atrium. What is the most likely diagnosis?

a. Aortic stenosis

b. Coarctation of the aorta

c. Patent ductus arteriosus

d. Mitral stenosis

e. Pulmonary artery stenosis

1053. A 23-year-old man complains of severe pain in his left knee joint. Objectively the left knee joint is enlarged, with hyperemic skin, painful on palpation. Complete blood count: erythrocytes -  $3.8 \times 10^{12}/L$ , Hb- 122 g/L, leukocytes -  $7.4 \times 10^9/L$ , platelets -  $183 \times 10^9/L$ . Erythrocyte sedimentation rate - 10 mm/hour. Bleeding time (Duke method) - 4 min., Lee-White coagulation time - 24 min. Partial thromboplastin time (activated) - 89 seconds. Rheumatoid factor - negative. What is the most likely diagnosis?

a. Hemorrhagic vasculitis (Henoch-Schonlein purpura), articular form

b. Hemophilia, hemarthrosis

c. Rheumatoid arthritis

d. Werlhof disease (immune thrombocytopenia)

e. Thrombocytopathy

1054. A 24-year-old woman, a kindergarten teacher, has been sick for 2 days already. Disease onset was acute. She presents with elevated body temperature up to  $38.0^{\circ}C$ , pain attacks in her lower left abdomen, liquid stool in small amounts with blood and mucus admixtures 10 times a day. Pulse - 98/min., blood pressure - 110/70 mm Hg. Her tongue is moist and coated with white deposits. The abdomen is soft, the sigmoid colon is painful and spastic. Make the provisional diagnosis:

a. Escherichiosis

b. Yersiniosis

c. Rotavirus infection

d. Shigellosis

e. Salmonellosis