- 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. 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 pecularities. What is the most probable diagnosis?
- A. Migraine
- B. Chronic subdural hematoma
- C. Epilepsy
- **D.** Benign intracranial hypertension
- **E.** Hypertensive encephalopathy
- **2.** A 7 y.o. boy suddenly felt pain in his right knee, it became edematic. The day before he took part in a crosscountry 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, edematic with local tissue tension over it. Blood count: Hb- 123 g/L, leukocytes - $5,6 * 10^9/L$, thrombocytes - $354*10^9$ /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. Hemophilia A
- **B.** Hemophilia B
- **C.** Schoenlein-Henoch disease
- **D.** Vitamin K deficiency
- E. Thrombocytopenia
- **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 frequence 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 thrombolisis. What is the most probable diagnosis?

- **A.** Acute pericarditis
- **B.** Pulmonary embolism
- C. Tietze's syndrome
- **D.** Dissecting aortic aneurysm
- **E.** Dressler's syndrome
- **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 hystory: moderate arterial hypertension, the patient was taking hydrochlorothiazide. Three days ago he consulted a therapeutist 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.** Myasthenia
- C. Disseminated sclerosis
- D. Migraine
- **E.** Acute bacterial meningitis
- 5. A 76 y.o. woman complains of progressing swallowing disorder, mostly she has had problems with solid food for the last 6 weeks. Sometimes she has regurgitation of solid masses. Swallowing is not painful. She lost 6 kg. 10 years ago she had myocardiac infarction, she takes constantly aspirine and prolonged nitrates. She consumes alcochol in moderate proportions, smokes. Objectively: icteric skin, neck has no pecularities, lymph nodes are not enlarged. Thorax has no changes, cardiovascular system has no evident changes. Liver is +3 cm. What is the preliminary diagnosis?
- **A.** Cancer of esophagus
- **B.** Diaphragmatic hernia
- **C.** Diffuse constriction of esophagus
- **D.** Myasthenia
- **E.** Esophageal achalasia
- **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, epecially 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 achalasia
- **B.** Myastenia
- **C.** Cancer of esophagus
- **D.** Esophagus candidosis
- **E.** Gastroesophageal reflux
- 7. A woman is admitted to the maternity hospital with stopped birth activity and mild bloody discharges from the vagina. The condition is serious, the skin is pale, consciousness is confused. AP- 80/40 mm Hg. The palpitation of the fetus is not determined. In medical hystory there was a Cesarean section a year ago. Make a diagnosis:
- **A.** Hysterorrhesis
- **B.** Presentation of the cord
- **C.** Placental presentation
- **D.** Abjointing of the mucous fuse from cervix of the uterus
- **E.** Premature expultion of the amniotic waters
- **8.** 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.** Irritable bowels syndrome
- **B.** Celiac disease
- C. Crohn's disease
- **D.** Pseudomembranous colitis
- **E.** Dispancreatism
- 9. A 60 y.o. man complains of sense of heaviness in the region of scrotum. Objectively: scrotum edema in the left part. Testicle is of normal size, but there is a soft, scrotum limited edema over it that can be pressed and disappears when the patient lies down. What is the preliminary diagnosis?
- **A.** Varicocele
- **B.** Inguinal lymphadenopathy
- **C.** Ectopic testicle
- **D.** Inguinal hernia
- **E.** Varicosity of subcutaneous veins
- 10. A 26 y.o. woman complains of sudden

pains in the bottom of abdomen irradiating to the anus, nausea, giddiness, bloody dark discharges from sexual tracts for one week, the delay of menses for 4 weeks. Signs of the peritoneum irritation are positive. Bimanual examination: borders of the uterus body and its appendages are not determined because of sharp painfullness. The diverticulum and painfullness of the back and dextral fornixes of the vagina are evident. What is the most probable diagnosis?

- A. Broken tubal pregnancy
- **B.** Apoplexy of the ovary
- **C.** Acute right-side adnexitis
- **D.** Torsion of the crus of the ovary tumour
- **E.** Acute appendicitis
- **11.** Name a statistical observation unit for determination of blood sugar impact on the healing of wound's surface in a postoperative period:
- **A.** The patient in a postoperative period
- **B.** An amount of blood sugar
- **C.** Blood analysis
- **D.** The patient who has a wound surface
- **E.** The patient who was discharged on an after-care
- **12.** 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 linear diagram
- **B.** The radial diagram
- **C.** The sector diagram
- **D.** The figured diagram
- E. Curvilinear diagram
- 13. A patient, aged 25, complains of pain in the I finger on the right hand. On examination: the finger is homogeneously hydropic, in bent position. On attempt to unbend the finger the pain is getting worse. Acute pain appears during the probe in ligament projection. What decease is the most likely?
- **A.** Thecal whitlow (ligament panaritium)
- **B.** Subcutaneous panaritium
- C. Articular (joint) panaritium
- **D.** Bone panaritium
- **E.** Paronychia
- **14.** 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. MSEC
- **B.** Head physician of the polyclinic
- C. DCC
- **D.** DCC together with the head physician of a polyclinic
- E. Deputy head physician on working capacity
- **15.** 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 12 days
- **B.** For 3 days
- C. For 4 days
- **D.** For 10 days
- E. For 11 days
- **16.** A 5 tons milk batch was sampled. The lab analysis revealed: fat content 2%, specific density $1,04 \text{ g/cm}^3$, acidity 21^0T , reductase probe weak-positive. What way is the product to be used in?
- **A.** Sell but inform customers about milk quality
- **B.** Discard for animal feeding
- **C.** Technical utilization
- **D.** Sell without limitations
- **E.** Do the product away
- 17. Patient with thyreotoxicosis is in the 2 beds hospital ward of therapeutic department. The area of the ward is $18 m^2$, height 3 m, ventilation rate 2,5/hr. Air temperature 20° C, relative humidity 45%, air movement velocity 0,3 m/s, light coefficient 1/5, noise level 30 dB. Do hygienic evaluation of the conditions meet the standards?
- A. Discomfortable microclimate
- **B.** Non-effective ventilation
- **C.** Poor lighting
- **D.** High level of noise
- **E.** All conditions meet the requirements
- **18.** 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.** Obesity
- **B.** Schizophrenia
- C. Paradontosis
- **D.** Common cold
- **E.** Uterine fibromyoma
- 19. A 15 year old adolescent was taken to

the hospital with complaints of poor night vision. Objectively: increased darkness adaptation time, Bitot's spots on conjuctiva. The patient's skin is dry, scales off, folliculitis signs of the face skin are present. What is the cause of this disease?

- **A.** Retinole deficit
- **B.** Thiamine deficit
- C. Biotin deficit
- **D.** Folic acid deficit
- **E.** Napthtochynones deficit
- **20.** What guarantees against the preconceived attitude to the physician in cases of professional law violations do you know?
- **A.** Sanction of public prosecutor, inquiry by preliminary investigator of prosecutor's office, committee of experts
- **B.** Draw up a statement about forensic medical examination
- **C.** Conduct an inquiry by preliminary investigator of police department
- **D.** Utilisation copy of medical documents
- **E.** Conduct forensic medical examination by district forensic medicine expert
- **21.** 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.** Primary surgical processing with a flowing suction
- **B.** Wound saturing
- **C.** Wound saturing and drying
- **D.** Wound drying with towel gauzes
- **E.** Aseptic dressing of the wound
- **22.** 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 dog's bite. What surgical care would you provide to the patient?
- **A.** Wound bathing with detergent water and antiseptic application
- **B.** Aseptic bandage
- **C.** Cream bandage
- **D.** Complete suturing of the wound
- **E.** Incomplete suturing of the wound
- **23.** A 37 y.o. patient complains of pain in the right arm which increases during motion, raised body temperature up to $39^{0}C$. In the right cubital fossa there is a trace of injection, hyperemia and thickening along the vein. Your diagnosis?

- A. Phlebit
- **B.** Phlegmon
- C. Abscess
- **D.** Inflammation of lymph
- **E.** Erysipelas
- **24.** A 35 y.o. woman was admitted to thoracic surgery department with fever up to $40^{\circ}C$, 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.** Abscess of the lung
- **B.** Complication of liver echinococcosis
- C. Bronchiectatic disease
- **D.** Actinomycosis of lungs
- E. Pulmonary tuberculosis
- **25.** A laboratory obtained a milk sample sent for analysis. Analysis gave the following data: color whitish, smell has no pecularities, taste typical for milk, density 1,038, acidity Turner's 35⁰, fat 3,2%. What is the quality level of this milk?
- **A.** The milk is of poor quality
- **B.** The milk is of high quality
- **C.** The milk is of reduced quality
- **D.** The milk is falsificated
- **E.** The milk is nominally qualified
- **26.** For the persons who live in a hot area after an accident at a nuclear object, the greatest risk within the first decade is represented by cancer of:
- A. Thyroid gland
- **B.** Skin
- **C.** Reproduction system organs
- **D.** Breast
- E. Lungs
- **27.** A 40 y.o. patient was diagnosed: 1. Medular thyroid gland cancer. 2. Feochromocytoma. What operation should be performed at first?
- **A.** Operation on account of feochromocytoma
- **B.** Operation on thyroid gland
- **C.** Krail's operation
- **D.** Subtotal resection of thyroid gland and fascicular resection of limphatic nodes
- **E.** Vanach's operation
- **28.** 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.** Yaks's reaction
- C. Radioisotope diagnostics
- **D.** Termography
- **E.** Glass-print
- 29. A 74 y.o. patient has been ill with benign prostate hyperplasy for the last 5 years. 4 days ago, after alcochol consumption, there was an acute retention of urination. At the pre-admission stage his urinary bladder was catheterized with metallic catheter. Examination revealed: right epididymis is enlarged, thick and painful, there are purulent discharges from urethra. What way of emergency care must be chosen?
- **A.** Trocar or open epicystostomy
- **B.** Transuretral resection or prostatectomy **C.** Introduction of permanent urethral catheter
- **D.** Microwave thermotherapy of prostate
- E. Placing of intraprostatic stent
- **30.** A 10 y.o. boy was ill with angina 2 weeks ago, has complaints of joint pain and stiffness of his left knee and right elbow. There was fever $(38,5^0)$ and ankle disfunction, enlargement of cardiac dullness by 2 cm, tachycardia, weakness of the 1st sound, gallop rhythm, weak systolic murmur near apex. What diagnosis corresponds with such symptoms?
- **A.** Acute rheumatic fever
- **B.** Systemic lupus erythematosis
- C. Juvenile rheumatoid arthritis
- **D.** Reiter's disease
- E. Reactive arthritis
- **31.** A baby boy was born in time, it was his mother's 1st pregnancy. The jaundice was revealed on the 2nd day of life, then it progressed. The adynamia, vomiting and hepatomegaly were presented. The indirect bilirubin level was 275 mcmol/L, the direct bilirubin level 5 mcmol/L, Hb- 150 g/L. Mother's blood group 0(I), Rh+, child's blood group A(II), Rh+. Make a diagnosis.
- **A.** Hemolytic disease of newborn (ABO incompatibility), icteric type
- **B.** Jaundice due to conjugation disorder
- **C.** Hepatitis
- **D.** Physiological jaundice
- **E.** Hemolytic disease of newborn (Rh incompatibility)
- **32.** 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.** Major epileptic seizure
- **B.** Vegetatic crisis
- C. Absence
- **D.** Episode of hysteria
- **E.** Fainting
- **33.** A 2 y.o. girl has been ill for 3 days. Today she has low grade fever, severe catarrhal presentations, slight maculopapular rash on her buttocks and enlarged occipital lymph nodes. What is your diagnosis?
- A. Rubella
- **B.** Scarlet fever
- C. Measles
- **D.** Adenoviral infection
- E. Pseudotuberculosis
- **34.** A 7 y.o. girl has mild form of varicella. Headache, weakness, vertigo, tremor of her limbs, ataxia, then mental confusion appeared on the 5th day of illness. Meningeal signs are negative. Cerebrospinal fluid examination is normal. How can you explain these signs?
- **A.** Encephalitis
- **B.** Meningitis
- **C.** Meningoencephalitis
- **D.** Myelitis
- E. Neurotoxic syndrome
- **35.** A mother with an infant visited the pediatrician for expertise advice. Her baby was born with body weight 3,2 kg and body length 50 cm. He is 1 year old now. How many teeth the baby should have?
- **A.** 8
- **B.** 10
- **C.** 12
- **D.** 20
- **E.** 6
- **36.** A boy of 7 y.o. had an attack of asthma and distant whistling rales after playing with a dog. In the medical hystory: atopic dermatitis caused by eating eggs, chicken, beef. What group of allergens is the reason of the development of bronchial astma attacks?

- A. Epidermal
- **B.** Dust
- C. Pollen
- **D.** Itch mite
- E. Chemical
- **37.** A 40 y.o. patient with rheumatic heart disease complains of anorexia, weakness and loss of weigth, breathlessness and swelling of feet. The patient had tooth extraction one month ago. On examination: t^0 39^0C , Ps- 100/min. Auscultation: diastolic murmur in the mitral area. Petechial lesion are round of clavicle; spleen was palpable.
- A. Subacute bacteria endocarditis
- **B.** Recurrence of rheumatic fever
- C. Thrombocytopenia purpura
- **D.** Mitral stenosis
- **E.** Aortic stenosis
- **38.** A 62 y.o. patient suffers from DM-2. Diabetes is being compensated by diet and Maninilum. Patient has to undergo an operation on inguinal hernia. What tactics of hypoglycemic therapy should be used?
- **A.** Prescribe fast-acting insulin
- **B.** Give Glurenorm in place of Maninilum
- **C.** Continue with the current therapy
- **D.** Prescribe long-acting insulin
- **E.** Prescribe guanyl guanidines
- **39.** 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 2nd type, severe form, decompensation
- C. DM st type, severe form, subcompensation, Somoji phenomenon
- **D.** DM 2nd type, moderate form, Zabrodi phenomenon
- **E.** DM 1st type, severe form, decompensation, allergic reaction to insulin
- **40.** 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' si-

- gn). What examination should be carried out first of all?
- A. Wasserman test, IFT
- **B.** T.pallidum Immobilization Test (TPI)
- C. Detection of the nasal mucous membrane for Micobacterium Leprae Hansen
- **D.** Consultation of neuropathist
- E. CBC
- **41.** A triad of symptoms ("stearing spot", "terminal film", "blood dew") have been revealed on examination of a patient. What disease should you think about?
- A. Psoriasis
- **B.** Lichen ruber planus
- C. Vasculitis
- D. Seborrhea
- E. Ritter's disease
- **42.** A 4 y.o. child attends the kindergarten. Complains of poor appetite, fatigue. Objective examination: skin and mucous membrane are pale, child is asthenic. In the hemogram: hypochromatic anemia 1st, leucomoide reaction of the eosinophile type. What pathology must be excluded first of all?
- A. Helminthic invasion
- **B.** Lymphoprolipherative process
- **C.** Hypoplastic anemia
- **D.** Duodenal ulcer
- **E.** Atrophic gastritis
- **43.** 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 is the adequate tactics?
- **A.** Monitoring of the specific IgG IgM with the ELISA
- **B.** Fetus wastage
- **C.** Immunoglobulin injection
- **D.** Cyclovin prescription
- **E.** Interferon prescription
- **44.** A 32 y.o. woman has got the Laiel's syndrome after taking the biceptol. What immunotrope medicines are to be prescribed in this situation?
- **A.** Steroid immunosupressants
- **B.** Non-specific immune modulators
- **C.** Specific immune modulators
- **D.** Interferons
- E. Non-steroid immunosupressants

- **45.** 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.** Acute dysentery
- **B.** Amebiasis
- C. Colibacillosis
- **D.** Nonspecific ulcerative colitis
- **E.** Malignant tumors of large intestine
- **46.** The disease of a 21 y.o. patient began with raise of temperature up to 39,0°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: purulent meningitis
- **B.** Meningococcal infection: serous meningitis
- **C.** Secondary purulent meningitis
- **D.** Serous meningitis
- **E.** Infectious mononucleosis
- **47.** The family doctor examined a patient and diagnosed an acute bleeding of an intestine. What is professional tactics of the doctor in this situation?
- **A.** The urgent hospitalization in surgical department
- **B.** To inject intravenously the aminocapronic acid
- **C.** The urgent hospitalization in the the rapeutic department
- **D.** Treatment at a day time hospital
- E. Treatment at home
- **48.** 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. Mitral comissurotomia
- **B.** Conduction of current bicilino-prophilaxis
- **C.** Prescription of anticoagulants
- **D.** Prescription of venous vasodilatators
- E. -

- **49.** A man, 42 years old, died in a road accident after the hemorrhage on the spot, because of acute hemorrhagic anemia. What minimum percent of the whole blood volume could result in death by acute hemorrhage?
- **A.** 25-30%
- **B.** 6-9%
- **C.** 10-14%
- **D.** 15-20%
- E. 35-50%
- **50.** 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, 1 * 10¹²/L. The patient needs introduction of:
- **A.** Crystalloid and colloid
- **B.** Crystalloid and red blood cells
- **C.** Crystalloid and 5% dextrose
- **D.** 5% dextrose and red blood cells
- **E.** 5% dextrose and colloid
- **51.** A 58 y.o. man complained 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.** Morphine, furosemide, nitroprusside sodium
- **B.** Theophylline, prednisolon
- **C.** Albuterol, atropine, papaverine
- **D.** Strophanthine, potassium chloride, plathyphylline
- **E.** Cordiamine, isoproterenol
- **52.** 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.** Cardiogenic shock
- **B.** Acute left-side heart failure
- **C.** Acute right-side heart failure
- **D.** Radicular syndrome
- **E.** Acute vascular insufficiency
- **53.** 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 couldn't be

suppressed by 1 tablet of nitroglycerin. What is the most likely diagnosis?

- **A.** Unstable angina pectoris
- **B.** Angina pectoris of a new onset
- **C.** Myocarditis
- **D.** Radiculitis
- **E.** Stable angina pectoris of the III functional class
- **54.** A 41 y.o. woman complains of weakness, fatigue, fever up to $38^{0}C$, 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. CBC shows anemia, leucopenia, lymphopenia; on urine analysis: proteinuria, leukocyturia, casts. What is the main mechanism of disease development?
- **A.** Production of antibodies to double-stranded DNA
- **B.** Production of myocytes antibodies
- **C.** Production of antibodies to endothelial cells
- **D.** Production of myosin antibodies
- **E.** Production of antimitochondrial antibodies
- **55.** A 56 y.o. woman has an acute onset of fever up to $39^{0}C$ 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, Ps- 26/min. There is dullness over the right lung. On X-ray: infiltrate in the right middle lobe of the lung en palpation. What is the diagnosis?
- **A.** Community-acquired lobar pneumonia with moderate severity
- B. Community-acquired
- bronchopneumonia
- **C.** Acute pleurisy
- **D.** Acute lung abscess
- E. Hospital-acquired lobar pneumonia
- **56.** 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-20 * 10⁹/L; on urine analysis: protein -0,6g/L, leukocyturia, bacteriuria. Your preliminary diagnosis.

- **A.** Acute pyelonephritis
- **B.** Exacerbation of chronic pyelonephritis
- C. Acute glomerulonephritis
- **D.** Acute cystitis
- E. Nephrolithiasis
- **57.** 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 Curvuasier's sign. US scan did not reveal stones in the gallbladder and choledochus. What is the most likely diagnosis?
- **A.** Cancer of the pancreas head
- **B.** Gallbladder stones
- **C.** Chronic pancreatitis
- **D.** Chronic cholangitis
- E. Chronic hepatitis
- **58.** 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.** Chronic gastritis of type B
- **C.** Peptic ulcer of stomach
- **D.** Chronic gastritis of type C
- E. Menetrier's disease
- **59.** 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- $3,5*10^{12}$ /L, C.I.- 0,7; ESR- 20 mm/h. Serum iron level was 8,7 mcmol/L. What treatment would you initiate?
- **A.** Ferrous sulfate orally
- **B.** Iron dextrin injections
- **C.** Vitamin B_{12} intramuscularly
- **D.** Blood transfusion
- E. Packed RBCs transfusion
- **60.** 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. Essential hypertension, 2nd stage
- **B.** Essential hypertension, 1st stage
- C. Symptomatic hypertension
- **D.** Čardiomyopathy
- **E.** Ischemic heart disease
- **61.** 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. Gout
- **B.** Infectional arthritis
- C. Rheumatoid arthritis
- **D.** Erysipelatous inflammation
- E. Osteoarthrosis
- **62.** A 6 y.o. asthmatic child was taken to the emergency hospital because of severe coughing and wheezing for the last 24 hours. Physical examination reveals that the child is excitable, has intercostal and suprasternal retractions, expiratory wheezing throughout all lung fields, RR-60/min. Initial treatment may include the prescription of:
- **A.** Subcutaneous epinephrine
- **B.** Parenteral phenobarbital
- **C.** Intravenous fluids in the first 2 h to compensate water deficiency
- **D.** N-acetyl cysteine and cromolyn by inhalation
- **E.** Parenteral gentamicyn
- **63.** A surgical department admitted a newborn boy with foamy discharges from nose and mouth, cyanosis attacks. X-ray examination: blind end of esophagus is at the level of the II thoracic vertebra, gastric air bubble is under the left cupula of diaphragm. What is the most probable diagnosis?
- **A.** Esophagus atresia, tracheo-esophageal fistula
- **B.** Total esophagus atresia
- **C.** Paraesophageal hernia
- **D.** Esophagus atresia without a fistula
- **E.** Bronchoesophageal fistula
- **64.** A 30 y.o. man complains of sharp pain in the right ear, hearing loss, high temperature for three days. Objectively: right ear whispering language 0,5 m, external ear is intact, otoscopically eardrum protrusion, hyperemia and

swelling, loss of landmarks. What disease is it?

- A. Acute purulent otitis media
- **B.** Acute mastoiditis
- **C.** Chronic secretory otitis media
- **D.** Chronic purulent otitis media
- **E.** Eustachian tube disfunction
- **65.** 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. IgE
- B. IgJ
- C. IgM
- D. IgA
- E. Circulating immunocomplexes
- 66. A pregnant woman (35 weeks), aged 25, was admitted to the hospital because of bloody discharges. In her medical history there were two artificial abortions. In a period of 28-32 weeks there was noted the onset of hemorrhage and USD showed a placental presentation. The uterus is in normotonus, the fetus position is transversal (Ist position). The heartbeats is clear, rhythmical, 140 bpm. What is the further tactics of the pregnant woman care?
- **A.** To perform a delivery by means of Cesarean section
- **B.** To perform the hemotransfusion and to prolong the pregnancy
- **C.** To introduct the drugs to increase the blood coagulation and continue observation
- **D.** Stimulate the delivery by intravenous introduction of oxytocin
- **E.** To keep the intensity of hemorrhage under observation and after the bleeding is controlled to prolong the pregnancy
- **67.** Studying of pulmonary tuberculosis incidence provided data about patients' socioeconomic living conditions and bad habits. What method allows to estimate the impact of these factors on tuberculosis incidence?
- A. Calculation of correlation coefficient
- **B.** Calculation of correspondence index
- **C.** Calculation of regression coefficient
- **D.** Standardized index calculation
- **E.** Calculation of reliability coefficient
- **68.** A 15 y.o. girl was examined. Her medi-

cal 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.** Liver or bone marrow biopsy
- C. Tuberculin skin testing
- **D.** Sputum smear and culture of m. tuberculosis
- E. Bronchoscopy
- **69.** 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 coating. The pulse is frequent. The painful lymphatic nodes are revealed in the axillary area. The skin is erythematous and glistering over the lymphatic nodes. What is the most probable diagnosis?
- A. Bubonic plague
- **B.** Acute purulent lymphadenitis
- **C.** Lymphogranulomatosis
- **D.** Anthrax
- E. Tularemia
- **70.** A 17 y.o. patient complains of acute pain in the knee joint and t^0 38^0C . 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.** Systemic lupus erythematodes
- **C.** Reactive polyarthritis
- **D.** Infectious-allergic polyarthritis
- E. Rheumatoid arthritis
- **71.** A girl is 12 y.o. Yesterday she was overcooled. Now she is complaining on pain in suprapubic area, frequent painful urination by small portions, temperature is 37,8°C. Pasternatsky symptom is negative. Urine analysis: protein 0,033 g/L, WBC- 20-25 in f/vis, RBC- 1-2 in f/vis. What diagnosis is the most probable?
- **A.** Acute cystitis
- **B.** Dysmetabolic nephropathy
- **C.** Acute glomerulonephritis
- **D.** Acute pyelonephritis
- **E.** Urolithiasis
- **72.** A 56 y.o. patient has worked at the aluminium plant over 20 years. Within 3

last years he has got loosening of teeth, bone and joint pains, piercing pains in heart area, vomiting. The preliminary diagnosis is:

- **A.** Fluorine intoxication
- **B.** Mercury intoxication
- C. Lead intoxication
- **D.** Phosphorus intoxication
- **E.** Manganese intoxication
- 73. A 38 y.o. woman complains of a purulent discharge from the left nostril. The body temperature is $37,5^{0}C$. 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 turgescent. 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 frontitis
- C. Acute purulent ethmoiditis
- **D.** Acute purulent sphenoiditis
- **E.** -
- **74.** Condition of a parturient woman has been good for 2 hours after live birth: uterus is thick, globe-shaped, its bottom is at the level of umbilicus, bleeding is absent. The clamp put on the umbilical cord remains at the same level, when the woman takes a deep breath or she is being pressed over the symphysis with the verge of hand, the umbilical cord drows into the vagina. Bloody discharges from the sexual tracts are absent. What is the doctor's further tactics?
- **A.** To do manual removal of afterbirth
- **B.** To apply Abduladze method
- C. To apply Crede's method
- **D.** To do curettage of uterine cavity
- **E.** To introduct oxitocine intravenously
- **75.** A 34 y.o. patient has been suffering from pulmonary tuberculosis for 7 years; he complains of muscle weakness, weight loss, diarrhea, frequent urination. Objectively: hyperpigmentation of skin, gums, internal surface of cheeks. AP- 90/58 mm Hg. Blood count: RBC- $3.1 * 10^{12}/L$, Hb- 95 g/L, C.I.- 0,92; leukocytes $9.4 * 10^9/L$, eosinophils 7, segmentonuclear leukocytes 45, stab neutrophils 1, lymphocytes 40, monocytes 7, Na^+ -115 mmol/L, K^+ 7,3 mmol/L. What is the preliminary diagnosis?

- A. Primary adrenocortical insufficiency
- **B.** Pheochromocytoma
- **C.** Primary hyperaldosteronism
- **D.** Congenital adrenocortical hyperplasia
- **E.** Diabetes insipidus
- **76.** 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.** Chronic obstructive lung disease
- **B.** Bronchial asthma
- C. Mucoviscidosis (cystic fibrosis)
- **D.** Bronchoectatic disease
- E. Aspergillosis
- 77. 3 weeks ago a patient was ill with tonsillitis. Clinical examination reveals edema, arterial hypertension, hematuria, proteinuria (1,8 g/per day), granular and erythrocital casts. What is the preliminary diagnosis?
- **A.** Glomerulonephritis
- **B.** Cystitis
- C. Pyelonephritis
- **D.** Intestinal nephritis
- **E.** Renal amyloidosis
- **78.** 47 y.o. patient complains of intensive skin itching, jaundice, bone pain. The skin is hyperpigmentated. There are multiple xanthelasma palpebrae. The liver is +6 cm enlarged, solid with acute edge. The blood analysis revealed total bilirubin -160 mkmol/L, direct 110 mkmol/L, AST-2,1 mmol/L, ALT- 1,8 mmol/L, alkaline phosphotase 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.** Primary liver cancer
- **C.** Chronic viral hepatitis B
- **D.** Acute viral hepatitis B
- E. Alcoholic liver cirrhosis
- **79.** In the gynecologic office a 28 y.o. woman complains of sterility within three years. The menstrual function is not impaired. There were one artificial abortion and chronic salpingo-oophoritis in her case history. Oral contraceptives were not used. Her husband's analysis of semen

is without pathology. What diagnostic method will you start from the workup in this case of sterility?

- **A.** Hysterosalpingography
- **B.** Hormone investigation
- **C.** Ultra sound investigation
- **D.** Diagnostic scraping out of the uterine cavity
- E. Hysteroscopia
- 80. A patient has undergone an operation on account of perforated ulcer of stomach, terminal phase of diffuse peritonitis and endotoxic shock. In the postoperative period he is prescribed artificial pulmonary ventilation with 60% oxygen inhalation. Blood gases: PaO₂-70-78 mm Hg, hypoxemy doesn't ecrease, CVP (central venous pressure) 150-180 mm of water column, AP- 90/60 mm Hg (against the backgound of taking big doses of dopamine). Radiogram shows diffuse pulmonary infiltration. What cause the refractory arterial hypoxemia?
- A. Respiratory distress syndrome
- **B.** Bilateral pneumonia
- **C.** Pneumothorax
- **D.** Mendelson's syndrome
- **E.** Pulmonary edema
- **81.** According to results of medical and pedagogical observation during the gymnastics lesson in the 9th grade there was plotted a phisiological 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 lesson's structure be assessed?
- **A.** Long interval between exercises
- **B.** The lesson's structure is correct
- C. Exercise stress is insufficient
- **D.** Exercise stress is excesive
- **E.** Exercise stress is adequate
- 82. 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, he's thinking about writing a book "Projection of humanity on the plane of Universe". He always has a copybook with which is full of a great many of the same daggers. What is the most

probable diagnosis?

- A. Schizophrenia
- **B.** Depressive disorder
- C. Schizoid personality disorder
- **D.** Autistic personality disorder
- **E.** Pick's disease
- **83.** A worker was temporarily off work because of illness for 16 days, was under out-patient treatment. The doctor in charge issued a sick-list first for 5 days, then prolonged it for 10 days. Who can further prolong the sick-list of this patient?
- **A.** The doctor in charge of the case together with the head of department
- **B.** Working ability expertise committee
- **C.** The doctor in charge of the case with the permission of the head of department
- **D.** Deputy head physician on the working ability expertise
- **E.** The head of department
- **84.** The results of a separate diagnostic curettage of the mucous of the uterus' cervix and body made up in connection with bleeding in a postmenopausal period: the scrape of the mucous of the cervical canal revealed no pathology, in endometrium the highly differentiated adenocarcinoma was found. Metastases are not found. What method of treatment is the most correct?
- **A.** Surgical treatment and hormonotherapy
- **B.** Surgical treatment + chemotherapy
- **C.** Surgical treatment and radial therapy
- **D.** Radial therapy
- E. -
- 85. A 27 y.o. woman complains of having the disoders of menstrual function for 3 months, irregular pains in abdomen. On bimanual examination: in the dextral appendage range of uterus there is an elastic spherical formation, painless, 7 cm in diameter. USI: in the right ovary a fluid formation, 4 cm in diameter, unicameral, smooth. What method of treatment is the most preferable?
- **A.** Prescription of an estrogen-gestogen complex for 3 months with repeated examination
- **B.** Operative treatment
- **C.** Dispensary observation of the patient
- **D.** Anti-inflammatory therapy
- **E.** Chemotherapeutic treatment
- 86. A 40 y.o. patient complains of yellowi-

sh discharges from the vagina. Bimanual examination: no pathological changes. The smear contains Trichomonas vaginalis and blended flora. Colposcopy: two hazy fields on the front labium, with a negative Iodum test. Your tactics:

- **A.** Treatment of specific colpitis and with the subsequent biopsy
- **B.** Diathermocoagulation of the cervix of the uterus
- **C.** Specific treatment of Trichomonas colpitis
- **D.** Cervix ectomy
- **E.** Cryolysis of cervix of the uterus
- 87. A full-term new-born suffered from ante- and intranatal hypoxia, was born in asphyxia (Apgar score 2-5 points). After birth baby's excitation is progressing, occurs vomiting, nystagmus, spasms, squint, spontaneous Babinski and Moro's reflexes. What is the most probable location of the intracranial hemorrhage in this case?
- A. Subarachnoid hemorrhages
- **B.** Small hemorrhages in brain tissue
- **C.** Subdural hemorrhages
- **D.** Periventricular hemorrhages
- E. Hemorrhages in ventricles of brain
- **88.** A 37 y.o. primigravida woman has been having labor activity for 10 hours. Labor pains last for 20-25 seconds every 6-7 minutes. The fetus lies in longitude, presentation is cephalic, head is pressed upon the entrance to the small pelvis. Vaginal examination results: cervix of uterus is up to 1 cm long, lets 2 transverse fingers in. Fetal bladder is absent. What is the most probable diagnosis?
- **A.** Primary uterine inertia
- **B.** Secondary uterine inertia
- **C.** Normal labor activity
- **D.** Discoordinated labor activity
- **E.** Pathological preliminary period
- **89.** 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 edematic, 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.** In-patient treatment with common regimen
- **B.** First out-patient treatment, then out-patient treatment
- **C.** Out-patient treatment
- **D.** In-patient treatment with bed rest **F**₀ -
- **90.** A 15 y.o. boy was twice attacked by bees, as a result he had severe anaphylactic shock. What is the most effective prophylaxis method?
- **A.** Desensibilisation by means of bee venom extract
- **B.** Prescription of corticosteroids for summer
- **C.** Long-term prophylactic treatment with antihistamines
- **D.** Limitation of outside staying during summer months
- **E.** Protective clothing
- **91.** A healthy 75 y.o. 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 mmol/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.** Any dietary changes are necessary
- **B.** Decrease of cholesterol consumption
- **C.** Decrease of saturated fats consumption
- **D.** Decrease of carbohydrates consumption
- **E.** Increase of cellulose consumption
- **92.** In treatment and prevention establishments, regardless of their organisational and proprietary form, the rights of patients should be observed. Which of these rights are the most significant?
- **A.** The right to the protection of the patient's interests
- **B.** The right to the free choice
- **C.** The right to the information
- **D.** The right to be heard
- **E.** The right to the protection from incompetence
- **93.** 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 $12 * 10^9/L$, ESR- 40 mm/h. What is the

most probable diagnosis?

- A. Dermatomyositis
- **B.** Systemic lupus erythematosus
- **C.** Rheumathoid arthritis
- **D.** Atopic dermatitis
- **E.** Reactive polyarthritis
- **94.** A military unit stopped for 3-day's rest in inhabited locality after a long march. The sanitary-epidemiological reconnaissance found several water sources. It is necessary to choose the source complying with the hygienic standards for drinking water in the field
- A. Artesian well water
- **B.** Spring water
- C. River water
- D. Rain water
- **E.** Water from melted snow
- **95.** A district doctor was commissioned with a task to work out a plan of treatment-and-prophylaxis actions for the population of his district. What actions of secendary prophylaxis must he include into this plan?
- **A.** Prevention of disease complications
- **B.** Disease prevention
- **C.** Elimination of disease causes
- **D.** Improvement of population's living conditions
- **E.** Rehabilitation actions
- **96.** A 43 y.o. patient complains of formation and pain in the right mammary gland, rise of temperature up to $37,2^{0}C$ during the last 3 months. Condition worsens before the menstruation. On examination: edema of the right breast, hyperemia, retracted nipple. Unclear painful infiltration is palpated in the lower quadrants. What is the most probable diagnosis?
- **A.** Cancer of the right mammary gland
- **B.** Right-side acute mastitis
- **C.** Right-side chronic mastitis
- **D.** Premenstrual syndrome
- **E.** Tuberculosis of the right mammary gland
- 97. 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° C for 2 days. Three weeks ago he went in for fishing and shared his dishes with friends. Objectively: the patient is flabby, t^{0} 36, 8° C, skin and scleras are icteritious, liver sticks from under the costal margin by 3 cm, it is sensi-

tive; spleen isn't palpable. Urine is dark, stool is partly acholic. What is the most probable diagnosis?

- A. Virus A hepatitis
- **B.** Leptospirosis
- C. Infectious mononucleosis
- **D.** Hemolytic anemia
- E. Intestinal yersiniosis
- **98.** A full-term newborn child has a diagnosis Rh-factor hemolytic disease of newborn. 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 B(III), Rh (-)
- **B.** Blood group A(II), Rh (-)
- C. Blood group B(III), Rh (+)
- **D.** Blood group A(II), Rh (+)
- **E.** Blood group O(I), Rh (-)
- **99.** At year-end hospital administration has obtained the following data: annual number of treated patients and average annual number of beds used for patient's treatment. What index of hospital work can be calculated based upon this data?
- **A.** Bed turnover
- **B.** Bed resources of the hospital
- C. Average annual bed occupancy
- **D.** Average duration of patients presence in the hospital
- **E.** Average bed idle time
- **100.** A 52 y.o. patient fell from 3 m height on the flat ground with the right lumbar area. He complains of pain in this area. There is microhematuria in the urea. Excretory urography revealed that kidney's functioning is satisfactory. What is the most probable diagnosis?
- **A.** Kidney's contusion
- **B.** Subcapsular kidney's rupture
- **C.** Multiple kidney's ruptures
- **D.** Paranephral hematoma
- **E.** Kidney's abruption
- **101.** A 3 y.o. child with weight defficiency suffers from permanent moist cough. In history there are some pneumonias with obstruction. On examination: distended chest, dullness on percussion over the lower parts of lungs. On auscultation: a great number of different rales. Level of sweat chloride is 80 mmol/L. What is the most probable diagnosis?

- A. Mucoviscidosis (cystic fibrosis)
- **B.** Bronchial asthma
- C. Recurrent bronchitis
- D. Bronchiectasis
- E. Pulmonary hypoplasia
- **102.** A 14 y.o. girl complains of profuse bloody discharges from genital tracts during 10 days after suppresion of menses for 1,5 month. Similiar bleedings recur since 12 years on the background of disordered menstrual cycle. On rectal examination: no pathology of the internal genitalia. In blood: Hb- 70 g/L, RBC- 2, 3 * 10¹²/L, Ht-20. What is the most probable diagnosis?
- **A.** Juvenile bleeding, posthemorrhagic anemia
- **B.** Werlholf's disease
- **C.** Polycyst ovarian syndrome
- **D.** Hormonoproductive ovary tumor
- **E.** Noncomplete spontaneous abortion
- 103. 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.** Determination of insular cells antibodies
- **B.** Glucose-tolerant test
- **C.** Glycemia examination on an empty stomach
- **D.** Estimation of glucolized blood hemoglobin
- E. Fructosamine estimation
- **104.** A 43 y.o. patient had cholecystectomy 6 years ago because of chronic calculous cholecystitis. Lately he has been suffering from pain in the right subcostal area and recurrent jaundice. Jaundice hasn't gone for the last 2 weeks. Stenoutic papillitis 0,5 cm long has been revealed. What is the best way of treatment?
- **A.** To perform endocsopic papillosphincterotomy
- **B.** To treat conservatively: antibiotics, spasmolytics, antiinflammatory drugs
- **C.** To perform external choledoch drainage **D.** To perform transduodenal papillosphincterotomy
- **E.** To perform choledochoduodenostomy
- **105.** A 7 y.o. boy has been treated in a hospital for a month. At the time of admission he had evident edemata, proteinuria 7,1 g/L, protein content in the daily urine

- 4,2 g. Biochemical blood analysis reveals permanent hypoproteinemia (43,2 g/L), hypercholesterolemia (9,2 mmol/L). What variant of glomerulonephritis is the most probable?
- **A.** Nephrotic
- **B.** Nephritic
- **C.** Isolated urinary
- **D.** Hematuric
- E. Mixed
- **106.** A man, aged 68, complains of tiredness, sweating, enlargement of cervical, submaxillary and axillary lymph nodes. Blood test: WBC- 35 * 10⁹/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 lympholeucosis
- **B.** Chronic myeloleucosis
- C. Lymphogranulomatosis
- **D.** Acute leucosis
- **E.** Tuberculous lymphadenitis
- **107.** Examination of a 32 y.o. patient who had apendectomy 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.** Through the postoperative wound
- **C.** By means of the sacral approach
- **D.** Through the anterior abdominal wall
- **E.** Through the obturator foramen
- **108.** Examination of a just born placenta reveals defect 2x3 cm large. Hemorrhage is absent. What tactic is the most reasonable?
- **A.** Manual uretus cavity revision
- **B.** Prescription of uterotonic medicines
- **C.** External uterus massage
- **D.** Parturient supervision
- **E.** Instrumental uterus cavity revision
- 109. A 3 y.o. girl has had a temperature rise up to 38°C, rhinitis, dry superficial cough, flabbiness, appetite loss. Palpation didn't reveal any changes over her lungs. Percussion sound has a wooden resonance, auscultation revealed puerile breathing, no rales. In blood: leukopenia, lymphocytosis, increased ESR. What is the most probable diagnosis?

- A. Acute simple tracheitis
- **B.** Acute obstructive bronchitis
- C. Recurrent bronchitis, acute condition
- **D.** Acute simple bronchitis
- **E.** Bilateral microfocal pneumonia
- **110.** A 12 y.o. girl took 2 pills of aspirine and 4 hours later her body temperature raised up to $39 40^{\circ}$ C. She complains of general indisposition, dizziness, sudden rash in form of red spots and blisters. Objectively: skin lesions resemble of second-degree burns, here and there with erosive surface or epidermis peeling. Nikolsky's symptom is positive. What is the most probable diagnosis?
- A. Acute epidermal necrolisis
- **B.** Pemphigus vulgaris
- C. Polymorphous exudative erythema
- **D.** Bullous dermatitis
- **E.** Duhring's disease
- 111. 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 oblique inguinal hernia
- C. Right-sided femoral hernia
- **D.** Varicose veins of the right hip
- **E.** Lipoma of the right inguinal area
- 112. A 54 y.o. patient has been suffering from osteomyelitis of femoral bone for over 20 years. In the last month there appeared and gradually progressed edemata of lower extremities. Urine analysis: proteinuria 6,6 g/L. Blood analysis: disproteinemia in form of hypoalbuminemia, increase of α_2 and γ -globulins, ESR- 50 mm/h. What is the most probable diagnosis?
- **A.** Secondary renal amyloidosis
- **B.** Acute glomerulonephritis
- **C.** Myelomatosis
- **D.** Chronic glomerulonephritis
- **E.** Systemic lupus erythematosus
- 113. 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 neighbour's 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.** 30 m
- **B.** 25 m
- **C.** 20 m
- **D.** 15 m
- **E.** 10 m
- 114. A 43 y.o. woman complains of contact hemorrhages during the last 6 months. Bimanual examination: cervix of the uterus is enlarged, its mobility is reduced. Mirrors showed the following: cervix of the uterus is in the form of cauliflower. Chrobak and Schiller tests are positive. What is the most probable diagnosis?
- **A.** Cancer of cervix of the uterus
- **B.** Polypus of the cervis of the uterus
- **C.** Cervical pregnancy
- **D.** Nascent fibroid
- E. Leukoplakia
- **115.** A boy, aged 9, was examined: height 127 cm (-0,36), weight 28,2 kg (+0,96), chest circumference 64,9 cm (+0,66), lung vital capacity 1520 ml (-0,16). What is the complex assessment of the child's physical development?
- **A.** Harmonious
- **B.** Disharmonious
- **C.** Apparently disharmonious
- **D.** Excessive
- **E.** Below the average
- **116.** A 14 y.o. child suffers from vegetovascular dystonia of pubertal period. He has got sympathoadrenal atack. What medicine should be used for atack reduction?
- A. Obsidan
- **B.** No-shpa
- C. Amisyl
- **D.** Euphyline
- E. Corglicone
- **117.** 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- $2,7*10^{12}$ /L, Hb- 88 g/L, WBC- $5,6*10^{9}$ /L, ESR- 15 mm/h. What is the most probable reason of bilirubin level change?

- A. Increase of unconjugated bilirubin
- **B.** Increase of conjugated bilirubin
- **C.** Increase of unconjugated and conjugated bilirubin
- **D.** Decrease of conjugated bilirubin
- **E.** Decrease of unconjugated bilirubin
- 118. 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 36,8°C, Ps- 68/min, rhythmic. AP- 170/110 mm Hg. What urine changes are the most probable?
- A. Proteinuria, hematuria, cylindrouria
- **B.** Increase of relative density, hematuria, bacteriuria
- C. Decrease of relative density, proteinuria, some urinary sediment
- **D.** Erythrocyturia and urinozuria
- **E.** Decrease of relative density, proteinuria
- **119.** A 58 y.o. woman had voluminous bleeding from the ruptured varicous node on the left crus. What first aid should be provided?
- **A.** Heightened position of extremity, compressive sterile bandage
- **B.** Distal tourniquet
- C. Proximal turniquet
- **D.** Troyanov-Trendelenburg operation
- E. Z-shaped stitch on the raptured varicose node
- **120.** It is determined that 30 of a 100 women with risk factor had preterm labor, and of a 100 women without risk factor 5 women had preterm labor. What method of statistic data processing should the doctor use in order to estimate reliability of differences between the compared groups?
- **A.** Student's criterion calculation
- **B.** Average computing
- **C.** Relative numbers calculation
- **D.** Standardization method
- **E.** Correlation analysis
- 121. A patient was admitted to the hospital with complaints of occasional pains at the bottom of abdomen that get worse during menses, weakness, indisposition, nervousness, some dark bloody discharges from vagina on the day before and the day after menses. Bimanual examination results: body of womb is enlarged, appendages cannot be determined, posterior fornix has tuberous surface.

Laparoscopy results: ovaries, peritoneum of rectouterine pouches and pararectal fat are covered with "cyanotic spots". What is the most probable diagnosis?

- **A.** Widespread form of endometriosis
- **B.** Polycystic ovaries
- C. Chronic salpingitis
- **D.** Genital organs tuberculosis
- **E.** Ovarian cystoma
- **122.** A pregnant woman in her 8th week was admitted to the hospital for artificial abortion. In course of operation during dilatation of cervical canal of uterus by means of Hegar's dilator N = 8 the doctor suspected uterus perforation. What is the immediate tactics for confirmation of this diagnosis?
- **A.** Uterine probing
- **B.** Bimanual examination
- C. US examination
- **D.** Laparoscopy
- **E.** Metrosalpingography
- **123.** A 19 y.o. patient was admitted to the hospital with acute destructive appendicitis. He suffers from hemophilia B-type. What antihemophilic medicine should be included in pre- and post-operative treatment plan?
- **A.** Fresh frozen plasma
- **B.** Cryoprecipitate
- C. Fresh frozen blood
- **D.** Native plasma
- **E.** Dried plasma
- **124.** A 28 y.o. patient without permanent residence was admitted to the hospital with the preliminary diagnosis influenza. On the fith day of illness he got a maculopapular petechial rash on his body and internal surfaces of extremities. Body temperature is 41°C, euphoria, face hyperemia, sclera reddening, tongue tremor, tachycardia, splenomegaly, excitement. What is the most probable diagnosis?
- **A.** Epidemic typhus
- **B.** Delirium alcoholicum
- **C.** Leptospirosis
- **D.** Measles
- **E.** Typhoid fever
- **125.** An 18 y.o. woman consulted a gynecologist about the pain in the lower part of abdomen, fever up to $37,5^{0}C$, considerable mucopurulent discharges from the genital tracts, painful urination. Vaginal examination with mirrors: 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. Recent acute ascending gonorrhea
- **B.** Trichomoniasis
- C. Candydomycosis
- **D.** Chronic gonorrhea
- E. Chlamydiosis
- **126.** 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 endarteritis
- **B.** Chronic thrombophlebitis
- C. Obliterating aterosclerosis
- D. Raynaud's disease
- E. Buerger's disease
- **127.** A 2 m.o. child was delivered in time with weight 3500 g and was on the mixed feeding. Current weight is 4900 g. Evaluate the current weight of the child:
- **A.** Corresponding to the age
- **B.** 150 g less than necessary
- **C.** Hypotrophy of the I grade
- **D.** Hypotrophy of the II grade
- **E.** Paratrophy of the I grade
- **128.** A woman consulted a doctor on the 14th day after labor about sudden pain, hyperemy and induration of the left mammary gland, body temperature rise up to 39^oC, headache, indisposition. Objectively: fissure of nipple, enlargement of the left mammary gland, pain on palpation. What pathology would you think about in this case?
- **A.** Lactational mastitis
- **B.** Lacteal cyst with suppuration
- **C.** Fibrous adenoma of the left mammary gland
- **D.** Breast cancer
- E. Phlegmon of mammary gland
- **129.** A 60 y.o. woman complains of unbearable pains in the right hypochondrium. In the medical hystory: acute pancreatitis. Body temperature is 38, 2°C. Objectively: sclera icteritiousness. No symptoms of peritonium irritation are

present. There are positive Ortner's and Hubergrits-Skulski's symptoms. Urine diastase is 320 g/h. What diagnosis is the most probable?

- **A.** Chronic pancreatitis
- **B.** Acute cholangitis
- **C.** Chronic cholecystitis
- **D.** Acute cholecystitis
- **E.** Cancer of pancreas
- **130.** 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. Electric defibrillation
- **B.** Saphar's triple airway maneuver
- C. ECG record
- **D.** Intracardiac introduction of adrenalin with atropine
- **E.** Precardiac stroke
- **131.** 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 37,5°C. 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.** Constriction of joint space, usura
- **B.** Constriction of joint space, subchondral osteosclerosis
- **C.** Cysts in subchondral bone
- **D.** Multiple marginal osteophytes
- **E.** Epiphysis osteolysis
- **132.** 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.** Intracranial hemorrhage
- **B.** Anisocoria
- **C.** Unconsciousness
- **D.** Wounds
- **E.** Intensification of convulsions

- **133.** A girl, aged 13, consulted the school doctor on account of moderate bloody discharge from the genital tracts, which appeared 2 days ago. Secondary sexual characters are developed. What is the most probable cause of bloody discharge?
- A. Menarche
- **B.** Juvenile hemorrhage
- **C.** Haemophilia
- **D.** Endometrium cancer
- E. Werlhof's disease
- 134. A pregnant woman was registered in a maternity welfare clinic in her 11th week of pregnancy. She was being under observation during the whole term, the pregnancy course was normal. What document must the doctor give the pregnant woman to authorize her hospitalization in maternity hospital?
- A. Exchange card
- **B.** Appointment card for hospitalization
- C. Individual prenatal record
- **D.** Medical certificate
- **E.** Sanitary certificate
- 135. In course of observation of sanitary conditions of studying at the technical university it was necessary to evaluate the visual regimen of students, who study from 9 a.m to 3 p.m. What index of natural light will be the most informative?
- A. Natural light coefficient
- **B.** Light coefficient
- **C.** Depth of study room
- **D.** Time of the room insolation
- **E.** Presence of mixed (upper-lateral) light
- **136.** A 70 y.o. man is ill with ischemic heart disease. His mood is evidently depressed, anxious. As a result of continious 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.** Paranoid syndrome
- **C.** Asthenic syndrome
- **D.** Phobic syndrome
- E. Obsessive syndrome
- 137. 200 patients suffering from essential hypertension were examined in order to obtain data about patients' arterial pressure and age. What statistic value should be applied in order to measure relation between these characteristics?

- A. Correlation coefficient
- **B.** Student's coefficient
- C. Coefficient of variation
- **D.** Representation error
- **E.** Sygmal deviation
- **138.** A 24 y.o. woman consulted a doctor about continued fever, night sweating. She lost 7 kg within the last 3 months. She had casual sexual contacts. Objectively: enlargement of all lymph nodes, hepatolienal syndrome. Blood count: leukocytes 2, $2 * 10^9$ /L. What disease can be suspected?
- **A.** HIV-infection
- **B.** Lymphogranulomatosis
- C. Tuberculosis
- D. Infectionous mononucleosis
- E. Chroniosepsis
- **139.** A 31 y.o. patient has been suffering from systemic scleroderma for 14 years. She has been treated in hospital many times. She complains of occasional dull pain in the heart region, palpitation, dyspnea, headache, eye-lid edemata, weight loss and deformation of extremities joints. What organ affection worsens the disease prognosis?
- A. Kidneys
- **B.** Heart
- **C.** Lungs
- **D.** Gastrointestinal tract
- E. Skin and joints
- **140.** A 2 month old child who was born with body weight 5100 g has jaundice, hoarse cry, umbilical hernia, developmental lag. His liver is +2 cm, spleen isn't enlarged. Stool and urine are of normal color. In anamnesis: delayed falling-away of umbilical rest. Blood count: Hb- 120 g/L, RBC- $4.5*10^{12}$ /L, ESR- 3 mm/h. General level of serum bilirubin 28 mcmol/L, unconjugated bilirubin 20 mcmol/L, conjugated bilirubin 8 mcmol/L. What disease would you think about first of all?
- **A.** Congenital thyreoid deficiency
- **B.** Congenital hepatitis
- C. Hemolitic anemia
- **D.** Conjugated jaundice
- **E.** Cytomegalovirus infection
- **141.** 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. Cardiac glycosides
- **B.** Nonsteroidal antiinflammatory drugs
- **C.** Potassium preparations
- **D.** β -adrenoceptor blockers
- E. Glucocorticoids
- **142.** 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 biseptol (960 mg twice a day). What consequences may be caused by such a combination of antibiotics?
- **A.** Acute renal insufficiency
- **B.** Glomerulosclerosis
- C. Chronic renal insufficiency
- **D.** Antibiotic combination is optimal and absolutely safe
- E. Acute suprarenal insufficiency
- 143. 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 hemi-hyperesthesia also on the left side. What medicines should be chosen for the differentiated treatment of the patient?
- **A.** Anticoagulants
- **B.** Hemostatics
- **C.** Hypotensive
- **D.** Diuretics
- **E.** Corticosteroids
- **144.** 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.** Veloergometry
- **B.** Echocardiography
- **C.** Lipoprotein test
- **D.** General blood count
- **E.** Transaminases of blood
- **145.** A 70 y.o. patient complains of weakness, dizziness, short periods of loss

of consciousness, pain in the region of heart. Objectively: HR- 40/min, sounds are rhytmic, the 1st sound is dull, occasionally very intensive. AP- 180/90 mm Hg. What is the most probable reason of hemodynamic disorders?

- **A.** III degree atrioventricular heart block
- **B.** I degree atrioventricular heart block
- **C.** Bradysystolic form of the atrial fibrillation
- **D.** Sinus bradycardia
- **E.** Complete block of the left branch of His bundle
- **146.** 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.** Pyopneumothorax
- **B.** Infarction-pneumonia
- C. Myocardial infarction
- **D.** Esophagus perforation
- **E.** Exudative pleurisy
- **147.** Fluorography of a 45 y.o. man revealed some foci of small intensity with nondistinct outlines on the top of his right lung. The patient doesn't feel worse. He has been smoking for many years. Objectively: vesicular resonance over lungs, respiration is vesicular, rales are absent. Blood count is not changed. What is the most probable diagnosis?
- **A.** Focal pulmonary tuberculosis
- **B.** Peripheral cancer of lung
- **C.** Eosinophilic pneumonia
- **D.** Bronchiolitis
- E. Disseminated pulmonary tuberculosis
- **148.** 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^0 - 38°C. Blood count: Hb- 98g/L, RBC- $2,9 * 10^{12}/L$, leukocytes - $32 * 10^{9}/L$, stab neutrophils - 0%, segmental leukocytes - 28%, monocytes - 2%, lymphocytes -39%, blasts - 31%, reticulocytes - 31%, thrombocytes - $120*10^9$ /L, ESR- 36 mm/h. What form of leukosis does the patient have?

- A. Acute lymphoblastic leukosis
- **B.** Acute myeloblastic leukosis
- C. Chronic İympholeukosis
- **D.** Chronic myeloleukosis
- **E.** Undifferentiated leukosis
- **149.** A mother of a 5 y.o. girl consulted a doctor about doughter's involuntary urination at night, nightmares, sleep disorders, slow gaining of body weight. Objectively: malnutrition, intellectual development is good, the girl can read and explains common situations quite adultly. Her skin is very pale, liver is enlarged in size. Her mother suffers from holetithiasis. What type of diathesis is the most probable in the child's case?
- **A.** Gouty diathesis
- **B.** Urine acid diathesis
- C. Exudative diathesis
- **D.** Allergic diathesis
- **E.** Lymphohypoplastic diathesis
- **150.** 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 cut the bandage that fastens the splint
- **B**. To prescribe analgetics and diuretics
- **C.** To remove the plaster
- **D.** It's a natural phenomena, the edema will dissipate in a day
- **E.** To repeat reposition
- **151.** A 35 y.o. male patient suffers from chronic glomerulonephritis and has been treated with hemodialysis for the last 3 years. He has got irregularities in the heart activity, hypotension, progressive weakness, dyspnea. On ECG: bradycardia, 1st degree atrioventricular block, high sharpened T-waves. Some time before he had seriously broken the water consumption and dietary pattern. What is the most likely cause of these changes?
- **A.** Hyperkaliemia
- **B.** Hyperhydratation
- **C.** Hypokaliemia
- **D.** Hypernatremia
- **E.** Hypocalcemia
- **152.** 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 defigured, 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.** Osteoarthritis
- **B.** Reiter's disease
- **C.** Bechterew's disease
- **D.** Rheumatic arthritis
- **E.** Psoriatic arthritis
- 153. 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 peritenium irritation, "splashing sounds"in epigastrium. Defection once in 3 days. What complication corresponds with the patient's state and described clinical presentations?
- **A.** Ulcerative pyloric stenosis
- **B.** Concealed ulcer perforation
- C. Stomach cancer
- **D.** Ulcer penetration
- **E.** Chronic pancreatitis
- **154.** 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- $3, 2*10^{12}\text{/L}$; C.I.- 0.95; thromb.- $20*10^{9}\text{/L}$. 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.** Idiopathic thrombocytopenic purpura
- **B.** Hemophilia
- **C.** Hemorrhagic diathesis
- **D.** Iron deficiency anemia
- E. Marchiafava-Micheli's disease
- **155.** A 46 y.o. patient complains of skin itch, sweating, especially at night, body temperature rise up to 38,6°C. 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.** Punction of an enlarged lymph node
- **B.** Common blood count
- **C.** Plan radiography of thorax
- **D.** Immunogram
- **E.** Whole protein and protein fractions

- **156.** A 32 y.o. patient lives in an endemic echinococcous 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.** Plan radiography of abdominal cavity
- **C.** Biochemical laboratory analysis
- **D.** Angiography
- **E.** Liver scanning
- **157.** A 30 y.o. primigravida woman has got intensive labor pains every 1-2 minutes that last 50 seconds. The disengagement has started. The perineum with the height of 4 cm has grown pale. What actions are necessary in this situation?
- **A.** Episiotomy
- **B.** Perineum protection
- **C.** Perineotomy
- **D.** Vacuum extraction of fetus
- E. Expectant management
- **158.** A 50 y.o. patient was admitted to the hospital with complaints of blood in urine. There was no pain or urination disorders, hematuria has lasted for 3 days. Objectively: kidneys are not palpable, suprapubic region has no pecularities, external genitals have no pathology. Rectal examination revealed: prevesical gland is not enlarged. Cytoscopy revealed no changes. What disease would you think about first of all?
- **A.** Cancer of kidney
- **B.** Tuberculosis of urinary bladder
- **C.** Varicocele
- **D.** Kidney dystopy
- **E.** Necrotic papillitis
- **159.** A patient complains of skin painfullness and reddness of the right gastrocnemius muscle. Objectively: body temperature is 38, 5°C, 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.** Anthrax, dermal form
- **C.** Herpetic infection
- **D.** Chickenpox
- **E.** Crus phlegmon

- **160.** A 1,5 y.o. child fell seriously ill: chill, body temperature rise up to 40, 1°C, then rapid dropping to 36, 2°C, skin is covered with voluminous hemorrhagic rash and purple cyanotic spots. Extremities are cold, face features are sharpened. Diagnosis: meningococcosis, fulminant form, infection-toxic shock. What antibiotic must be used at the pre-admission stage?
- **A.** Soluble Levomycetine succinate
- B. Penicillin
- C. Lincomycin
- **D.** Gentamycin
- E. Sulfamonometoxin
- 161. 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 patient's 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 auscultaion on the right. S_2 sound is accentuated above pulmonary artery. What is the main urgent measure on the prehospital stage?
- **A.** Air aspiration from the pleural cavity
- **B.** Epinephrine introduction
- **C.** Euphilline introduction
- **D.** Call for cardiologic team
- **E.** Oxygen inhalation
- **162.** 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 catecholamine and vanilylmandelic acid excretion with urine
- **B.** Estimation of insulin and C-peptide content in blood
- **C.** Estimation of glomerular filtration rate **D.** Estimation of thyroxin and thyrotropic hormon in blood
- E. Estimation of renin content in blood
- **163.** 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, $1*10^{12}$ /L, Hb- 136 g/L, C.I.- 0,9, leukocytes - 13, $0*10^{9}$ /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.** Reticulocytosis
- C. Leukocytosis
- **D.** Anemia
- E. Thrombocytopenia
- **164.** A 74 y.o. female patient complains of pain, abdominal distension, nausea. She suffers from heart ichemia, post-infarction and atherosclerotic cardiosclerosis. On examination: grave condition, distended abdomen, abdominal wall fails to take active part in breathing. On laparoscopy: some cloudy effusion in abdominal cavity, one of the bowel loops is dark-blue. What is the most probable diagnosis?
- A. Mesenterial vessels thrombosis
- **B.** Volvulus
- **C.** Acute intestinal obstruction
- **D.** Ichemic abdominal syndrome
- E. Erysipelas
- 165. A 30 y.o. woman is in her second labor that has been lasting for 14 hours. Fetal heartbeats are muffled, arrhythmic, 100/min. Vaginal examination results: cervical dilatation is complete, fetal head is close to the exit of small pelvis. Sagittal suture has the direct diameter, small crown is close to the pubis. What is the further tactics of labor management?
- **A.** Use of obstetrical forceps
- **B.** Labor stimulation by means of oxitocine
- **C.** Cesarean section
- **D.** Craniodermal forceps
- **E.** Use of cavity forceps
- **166.** 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.** Admission to the neurological department
- **C.** Out-patient treatment
- **D.** Psychotherapeutic conversation
- **E.** Strict supervision at home
- **167.** A 63 y.o. woman complains of moti-

veless 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. Cytologic
- **B.** Radiography
- **C.** Endoscopy
- **D.** Stomach content examination
- **E.** Coprology
- **168.** 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 serum ammonia
- **B.** Estimation of cholesterol esters
- **C.** Estimation of α -fetoprotein content
- **D.** Estimation of alanine aminotransferase and aspartate aminotransferase
- **E.** Estimation of alkaline phosphatase level
- 169. A mother of a newborn child suffers from chronic pyelonephritis. She had acute respiratory viral disease before the labor. Labor in time, with prolonged period without waters. A child had erythematous eruption on the 2 day, then there were seropurulent vesicles for about 1cm large. Nikolsky's symptom is positive. Erosions have occured after vesicle rupture. The child is flabby. The temperature is subfebrile. What is the most probable diagnosis?
- **A.** Newborn pemphigus
- **B.** Vesiculopustulosis
- **C.** Pseudofurunculosis
- **D.** Sepsis
- E. Rifter's dermatitis
- **170.** A 41 y.o. woman has suffered from nonspecific ulcerative colitis for 5 years. On rectoromanoscopy: evident inflammatory process of lower intestinal parts, pseudopolyposive changes of mucous membrane. In blood: WBC-9,8*10⁹/L, RBC-3,0*10¹²/L, sedimentation rate 52 mm/hour. What medication provides pathogenetic treatment of this patient?

- A. Sulfasalasine
- **B.** Motilium
- **C.** Vikasolum
- **D.** Linex
- E. Kreon
- **171.** A 49 y.o. female patient was admitted to the hospital with acute attacks of headache accompanied by pulsation in temples, increasing AP up to 280/140 mm Hg. Pheochromocytoma is suspected. What mechanism of hypertensive atack does this patient have?
- **A.** Increasing of catecholamines concentration
- **B.** Increasing of aldosterone level in blood
- C. Increasing of plasma renin activity
- **D.** Increasing of vasopressin excretion
- **E.** Increasing of thyroxine excretion
- 172. A child was born with body weight 3250 g and body length 52 cm. At the age of 1,5 month the actual weight is sufficient (4350 g), psychophysical development corresponds with the age. The child is breast-fed, occasionally there are regurgitations. What is the cause of regurgitations?
- **A.** Aerophagia
- **B.** Pylorostenosis
- C. Pylorospasm
- **D.** Acute gastroenteritis
- E. Esophageal atresia
- 173. 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.** Chronic pyelonephritis
- **B.** Acute glomerulonephritis
- **C.** Chronic glomerulonephritis
- **D.** Acute pyelonephritis
- **E.** Urolithiasis
- 174. A 2 y.o. boy was admitted to the hospital with weight loss, unstable feces, anorexia, following the semolina's introduction (since 5 months). The child is adynamic, flabby, his skin is pale and dry, subcutaneous fat layer is emaciated. Distended and tensed abdomen, tympanitis on percussion of the upper part of abdomen, splashing sounds, feces are foamy, of light color, foul. On coprocytogram: a lot of neutral fat. What is the most probable cause of the disease?

- **A.** Celiakia (celiac disease)
- **B.** Mucoviscidosis (cystic fibrosis)
- C. Intestinal dysbacteriosis
- **D.** Chronic enteritis
- **E.** Disaccharidase insufficiency
- 175. A child with chronic cardialtis, cardial insufficiency IIA that is being treated with digoxin has got progressing bradycardia, nausea, vomiting. dizziness, sleep disorders. ECG results: extrasystole, PQ-0,18. What is the most probable cause of this condition?
- **A.** Cardiac glucosides overdose or intolerance
- **B.** Pulmonary edema
- C. Atrioventricular heart block of the I degree
- **D.** Acute enteric infection
- E. Hypokaliemia
- **176.** Examination of a hanged man's 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 $31,0^{0}$ C. What is the prescription of death coming?
- **A.** 6-7 hours
- **B.** 1-2 hours
- **C.** 16-24 hours
- **D.** 8-10 hours
- **E.** 10-18 hours
- **177.** 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.** Congenital oblique inguinal hernia
- **B.** Acquired oblique inguinal hernia
- C. Direct inguinal hernia
- **D.** Femoral hernia
- E. Obturator hernia
- 178. Vaginal inspection of a parturient woman revealed: cervix dilation is up to 2 cm, fetal bladder is intact. Sacral cavity is free, sacral promontory is reachable only with a bent finger, the inner surface of the sacrococcygeal joint is accessible for examination. The fetus has cephalic presentation. Sagittal suture occupies the transverse diameter of pelvic inlet, the small fontanel to the left, on the side. What labor stage is this?

- A. Cervix dilatation stage
- **B.** Preliminary stage
- **C.** Prodromal stage
- **D.** Stage of fetus expulsion
- **E.** Placental stage
- 179. Ambulace brought to the hospital a patient with acute respiratory viral infection. The illness began suddenly with temperature rise up to 39,9°C. 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. Influenza
- **B.** Adenoviral infection
- C. Parainfluenza
- D. RS-infection
- E. Enterovirus infection
- **180.** 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 theopecym or aminophylline inravenously. Prescribe him the basic treatment after the exacerbation is suppressed:
- A. Atrovent
- **B.** Alupent
- C. Inhacort
- **D.** Tilade
- E. Aminophylline
- **181.** Plan 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.** Intestinal obstruction
- **B.** Perforative ulcer
- **C.** Meteorism
- **D.** Cancer of large intestine
- E. Price's disease
- **182.** 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 "aquaintances". After introduction of sedative drugs he fell asleep. In the morni-

- ng he remembered this condition. What psychopathologic syndrome is it?
- A. Delirium
- **B.** Oneiric syndrome
- **C.** Twilight disorder of consciousness
- **D.** Hallucinatory paranoid syndrome
- E. Maniacal syndrome
- **183.** A 19 y.o. boy was admitted to the hospital with closed abdominal trauma. In course of operation multiple ruptures of spleen and small intestine were revealed. AP is falling rapidly, it is necessary to perform hemotransfusion. Who can determine the patient's blood group and rhesus compatibility?
- A. A doctor of any speciality
- **B.** A laboratory physician
- C. A surgeon
- **D.** A traumatologist
- **E.** An anaesthesilogist
- **184.** A 20 y.o. patient complains of amenorrhea. Objectively: hirsutism, obesity with fat tissue prevailing on the face, neck, upper part of body. On the face there are *acne vulgaris*, on the skin striae cutis distense. Psychological and intellectual development is normal. Gynecological condition: external genitals are moderately hairy, acute vaginal and uterine hypoplasia. What diagnosis is the most probable?
- **A.** Itsenko-Cushing syndrome
- **B.** Turner's syndrome
- C. Stein-Levental's syndrome
- **D.** Shichan's syndrome
- **E.** Babinski-Froehlich syndrome
- **185.** A man, aged 30, complains of intense pain, reddening of skin, edema in the ankle-joint area, fever up to 39°C. There was 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 without definite borders and without infiltrative bank on the periphery. What is the most likely diagnosis?
- **A.** Gout
- **B.** Infectional arthritis
- **C.** Rheumatoid arthritis
- **D.** Erysipelatous inflammation
- E. Osteoarthritis
- **186.** 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. Psychogenic

B. Endogenic

C. Exogenously organic

D. Endogenically organic

E. Conditioned reflex

187. 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. Drainage of anterior mediastinum

B. Pleural cavity punction

C. Pleural cavity drainage

D. Toracoscopy

E. Toracotomy

188. An 8 y.o. boy was ill with B hepatitis one year ago. In the last 2 months he has complaints of undue fatiguability, sleep disorder, appetite loss, nausea, especially in the mornings. Skin isn't icterious, liver and spleen are 1 cm below the costal margins, painless. Alanine aminotransferase activity is 2,2 mcmol/L. How can this condition be estimated?

A. Development of chronic hepatitis

B. Recurrance of viral hepatitis type B

C. Biliary dyskinesia

D. Residual effects of old viral hepatitis type B

Ĕ. Development of liver cirrhosis

189. A 2,5 m.o. child has got muscle hypotony, sweating, occipital alopecia. Along with massage and therapeutic exercises the child was prescribed vitamin D. What dosage and frequency are correct?

A. 3000 IU every day

B. 500 IU every day

C. 1000 IU every day

D. 500 IU every other day

E. 1000 IU every other day

190. After delivery and revision of placenta there was found the defect of placental lobe. General condition of woman is normal, uterus is firm, there is moderate bloody discharge. Inspection of

birth canal with mirrors shows absence of lacerations and raptures. What action is nesessary?

A. Manual exploration of the uterine cavity

B. External massage of uterus

C. Use of uterine contracting agents

D. Urine drainage, cold on the lower abdomen

E. Use of hemostatic medications

191. A 25 y.o. patient complains of body temperature rise up to 37°C, pain at the bottom of her abdomen and vaginal discharges. Three days ago, when she was in her 11th week of pregnancy, she had an artificial abortion. Objectibely: cervix of uterus is clean, uterus is a little bit enlarged in size, painful. Appendages cannot be determined. Fornixes are deep, painless. Vaginal discharges are sanguinopurulent. What is the most probable diagnosis?

A. Postabortion endometritis

B. Hematometra

C. Pelvic peritonitis

D. Postabortion uterus perforation

E. Parametritis

192. A 67 y.o. patient complains of dyspnea, breast pain, common weakness. He has been ill for 5 months. Objectively: t^0 - 37, 3^0 C, Ps- 96/min. Vocal tremor over the right lung cannot be determined, percussion sound is dull, breathing cannot be auscultated. In sputum: blood diffusively mixed with mucus. What is the most probable diagnosis?

A. Cancer of lung

B. Macrofocal pneumonia

C. Bronchoectatic disease

D. Focal pulmonary tuberculosis

E. Exudative pleuritis

193. 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. Fruit and vegetebles

B. Bread

C. Milk

D. Meat

E. Macaroni

194. A 25 y.o. pregnant woman in her 34th week was taken to the maternity house in grave condition. She complains

of headache, visual impairment, nausea. Objectively: solid edemata, AP- 170/130 mm Hg. Suddenly there appeared fibrillary tremor of face muscles, tonic and clonic convulsions, breathing came to a stop. After 1,5 minute the breathing recovered, there appeared some bloody spume from her mouth. In urine: protein - 3,5 g/L. What is the most probable diagnosis?

A. Eclampsia

B. Epilepsy

C. Cerebral hemorrhage

D. Cerebral edema

E. Stomach ulcer

195. 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. Convection

B. Irradiation

C. Evaporation

D. Conduction

E. Radiation

196. A 51 y.o. patient complains of having intensive bloody discharges from vagina for 15 days after delay of menstruation for 2,5 months. In anamnesis: disorders of menstrual function during a year, at the same time she felt extreme irritability and had sleep disorders. US examination results: uterus corresponds with age norms, appendages have no pecularities, endometrium is 14 mm thick. What is the doctor's tactics?

A. Diagnostic curettage of uterine cavity

B. Conservative treatment of bleeding

C. Hysterectomy

D. Šupravaginal amputation of uterus without appendages

E. TORCH-infection test

197. An 18 y.o. patient complains of painfulness and swelling of mammary glands, headaches, irritability, edemata of lower extremities. These symptoms have been present since the begin of menarche, appear 3-4 days before regular menstruation. Gynecological examination revealed no pathology. What is the most

probable diagnosis?

A. Premenstrual syndrome

B. Neurasthenia

C. Renal disease

D. Mastopathy

E. Disease of cardiovascular system

198. A 15 y.o. patient has a developmental lag, occasionally he has skin yellowing. Objectively: spleen is 16x12x10 cm, cholecystolithiasis, skin ulcer of the lower third of left crus. Blood count: RBC- 3,0 * 10¹²/L, Hb- 90 g/L, C.I.-1,0; microspherocytosis, reticulocytosis. Total serum bilirubin is 56 mcmol/L, unconjugated - 38 mcmol/L. What therapy will be the most appropriate?

A. Splenectomy

B. Spleen transplantation

C. Portacaval shunt

D. Omentosplenopexy

E. Omentohepatopexy

199. In a city with population 400000 people 5600 fatal cases were recorded, including 3300 cases because of blood circulation diseases, 730 - because of tumors. What index will allow to characterize mortality from blood circulation diseases in this city?

A. Intensive index

B. Extensive index

C. Relative intensity index

D. Visuality index

E. Correlation index

200. During the medical examination a port crane operator complained of dizziness, nausea, sense of pressure against tympanic membranes, tremor, dyspnoea, cough. He works aloft, the work is connected with emotional stress. Workers are affected by vibration (general and local), noise, ultrasound, microclimate that warms in summer and cools in winter. What factor are the worker's complaints connected with?

A. Infrasound

B. Noise

C. Vibration

D. Intensity of work

E. Altitude work