

## Krok 2 Medicine

### 1. Терапевтичний профіль

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 peculiarities. 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 cross-country race. Family anamnesis has no data about hemophilia and bleeding sickness. Objectively: body temperature is 37,5°C. The knee is painful, hot to the touch, edematic with local tissue tension over it. Blood count: Hb- 123 g/L, leukocytes -  $5,6 \cdot 10^9/L$ , thrombocytes -  $354 \cdot 10^9/L$ , 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 frequency of ventricular contractions at the rate of 110/min, pathological Q wave and S-T segment raising in the right chest leads. The patient refused from thrombolysis. What is the most probable diagnosis?

- A** Acute pericarditis
- B** 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 history: moderate arterial hypertension, the patient was taking hydrochlorothiazide. Three days ago he consulted a therapist about intense headache that was suppressed by an analgetic. Objectively: consciousness is confused, left pupil is mydriatic. Evident photophobia and tension of neck muscles. Left-side hemiparesis with increased muscle tonus and reflexes. Body temperature is low, rash is absent. AP- 230/130 mm Hg, Ps- 50 bpm, BR- 12/min. What is your preliminary diagnosis?

- A** Acute subdural hematoma
- B** Myasthenia
- C** Disseminated sclerosis
- D** Migraine
- E** Acute bacterial meningitis

5

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

- A** Ensuring that the airway is open and the patient is oxygenating
- B** Inserting a tongue blade
- C** Administering an intravenous bolus of 50% dextrose
- D** Injecting 5 mg of diazepam followed by a loading dose of phenytoin
- E** Inducing pentobarbital coma

6

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

- A** Esophagus achalasia
- B** Myasthenia
- C** Cancer of esophagus
- D** Esophagus candidosis
- E** Gastroesophageal reflux

7

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

- A** Irritable bowels syndrome
- B** Celiac disease
- C** Crohn's disease
- D** Pseudomembranous colitis
- E** Dispancreatism

8

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

- A** Pregnant women
- B** Patients after 60
- C** All children
- D** Patients after operation
- E** Workers of industrial enterprises

9

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

- A** Coronarography
- B** Stress-echocardiogram
- C** Test with dosed physical exercises
- D** Esophageal electrocardiac stimulator
- E** Myocardial scintigraphy

10

The 28 y.o. woman applied to doctor because of limited loss of the hair. In the anamnesis - she had frequent headache indisposition, arthromyalgia, fever, irregular casual sexual life, drug

user. RW is negative. What examination must be done first?

- A** Examination for HIV
- B** Examination for neuropathology
- C** Examination for gonorrhoea
- D** Examination for fungi
- E** Examination for trichomoniasis

11

A 35 y.o. woman was admitted to thoracic surgery department with fever up to  $40^{\circ}\text{C}$ , 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

12

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

- A** Paroxysmal ventricular tachycardia
- B** Sinus tachycardia
- C** Atrial flutter
- D** Ventricular extrasystole
- E** Atrial tachycardia

13

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

- A** Adenoma of hypophysis
- B** Encephalitis of truncus
- C** Optico - hiasmatic arachnoiditis
- D** Adrenal gland tumor
- E** Tumor of pondo-cerebellar corner

14

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

- A** Gangrene of lung
- B** Tuberculosis
- C** Bronchiectatic illness
- D** Pneumonia complicated by an abscess
- E** Lobar pneumonia

15

A 24 y.o. patient complains of nausea, vomiting, headache, shortness of breath. He had an acute nephritis being 10 y.o. Proteinuria was found out in urine. Objectively: a skin is grey-pale, the edema is not present. Accent of II tone above aorta. BP 140/100-180/100 mm Hg. Blood level of residual  $\text{N}_2$ - 6,6 mmol/L, creatinine- 406 mmol/L. Day's diuresis- 2300 ml, nocturia.

Specific density of urine is 1009, albumin- 0,9 g/L, WBC- 0-2 in f/vis. RBC.- single in f/vis., hyaline casts single in specimen. Your diagnosis?

- A** Chronic nephritis with violation of kidney function
- B** Feochromocitoma
- C** Hypertensive illness of the II degree
- D** Nephrotic syndrome
- E** Stenosis of kidney artery

16

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

- A** Ulcer of stomach, complicated with bleeding
- B** Ulcer of duodenum, complicated with bleeding
- C** Erosive gastritis
- D** Acute pleurisy
- E** Acute myocardial infarction, abdominal form

17

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

- A** Liver cirrhosis
- B** Cancer of the liver
- C** Cancer of the head of pancreas
- D** Gallstones
- E** Viral hepatitis B

18

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

- A** Acute glomerulonephritis
- B** Acute pyelonephritis
- C** Cancer of the kidney
- D** Urolithiasis
- E** Chronic glomerulonephritis

19

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

- A** Phospholipase A2
- B** Arachidonic acid
- C** Lipoxygenase
- D** Cyclooxygenase – 1
- E** Cyclooxygenase – 2

20

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

- A** Carpal tunnel syndrome
- B** Atlanto-axial subluxation of cervical spine
- C** Sensory peripheral neuropathy
- D** Rheumatoid vasculitis
- E** Rheumatoid arthritis without complication

21

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

- A** All the above mentioned
- B** Supervision of a social worker
- C** Physical work under supervision
- D** Supervision of relatives (if any)
- E** None of the above mentioned

22

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

- A** Addisonic crisis
- B** Acute gastroenteritis
- C** Meningoencephalitis
- D** Scleroderma
- E** Pellagra

23

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

- A** Hypoglycemic coma
- B** Hyperglycemic coma
- C** Hyperosmolar coma
- D** Hyperlactacidotic coma
- E** Stroke

24

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

- A** Leptospirosis
- B** Yersiniosis
- C** Salmonellosis
- D** Brucellosis
- E** Trichinellosis

25

A 60-year-old woman, mother of 6 children, developed a sudden onset of upper abdominal pain radiating to the back, accompanied by nausea, vomiting, fever and chills. Subsequently, she noticed yellow discoloration of her sclera and skin. On physical examination the patient was found to be febrile with temp of 38,9°C, along with right upper quadrant tenderness. The most likely diagnosis is:

- A** Choledocholithiasis
- B** Benign biliary stricture
- C** Malignant biliary stricture

- D** Carcinoma of the head of the pancreas
- E** Choledochal cyst

26

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

- A** Euphylinum
- B** Izardin
- C** Corazolium
- D** Morphinum hydrochloride
- E** Strophanthin hydrochloride

27

4 days ago a 32-year-old patient caught a cold: he presented with sore throat, fatigue. The next morning he felt worse, developed dry cough, body temperature rose up to 38,2°C, there appeared muco-purulent expectoration. Percussion revealed vesicular resonance over lungs, vesicular breathing weakened below the angle of the right scapula, fine sonorous and sibilant wheezes. What is the most likely diagnosis?

- A** Focal right-sided pneumonia
- B** Bronchial asthma
- C** Acute bronchitis
- D** Pulmonary carcinoma
- E** Pulmonary gangrene

28

A 62-year-old patient complaining of enlargement of cervical, supraclavicular and axillary lymph nodes, subfebrile temperature for the last 3 months has been admitted to a hospital. In blood: WBCs –  $64 \times 10^9/l$ , lymphocytes - 72%. What method of study should be used to specify the diagnosis?

- A** Myelogram
- B** Lymphography
- C** Lymphoscintigraphy
- D** X-rays
- E** Thermography

29

A 38 y.o. woman complains of a purulent discharge from the left nostril. The body temperature is 37,5°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 turgescient. 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** -

30

A 40-year-old female patient has been hospitalized for attacks of asphyxia, cough with phlegm. She has a 4-year history of the disease. The first attack of asphyxia occurred during her stay in the countryside. Further attacks occurred while cleaning the room. After 3 days of inpatient treatment the patient's condition has significantly improved. What is the most likely etiological factor?

- A** Household allergens
- B** Pollen
- C** Infectious
- D** Chemicals
- E** Psychogenic

31

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

- A** Jaundice
- B** Empyema of the gall-bladder
- C** Emphysematous gall-bladder
- D** Gall-bladder perforation
- E** Cholangitis conditioned by the presence of stones in the bile tract

32

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

- A** Allergic dermatitis
- B** Dermatitis simplex
- C** Eczema
- D** Erysipelas
- E** Neurodermatitis

33

A schizophrenic patient considers himself to be "an outstanding scientist, a brilliant composer and an unrivalled artist". He complains that "family and friends are always jealous of him and want to poison him". Determine the psychopathological syndrome:

- A** Paranoiac
- B** Paranoid
- C** Manic
- D** Paratrophic
- E** Hebeephrenic

34

A 43-year-old alcohol abuser had not consumed alcohol for the last two days. In the evening he claimed to see rats and feel like they bite his feet. The patient is disoriented, agitated, all the time attempts to run somewhere. Specify the psychopathological syndrome:

- A** Delirious
- B** Amential
- C** Oneiroid
- D** Choreatic
- E** Ganser's syndrome

35

A 42-year-old patient complains of back pain, darkened urine, general weakness, dizziness that occurred after treating a cold with aspirin and ampicillin. Objectively: the patient is pale, with subicteric sclerae. HR - 98 bpm. Liver - +2 cm, spleen - +3 cm. In blood: RBCs -  $2,6 \times 10^{12}/l$ , Hb - 60 g/l, Cl - 0,9, WBCs -  $9,4 \times 10^9/l$ , basophils - 0,5%, eosinophils - 3%, stab neutrophils - 6% segmented neutrophils - 58%, lymphocytes - 25%, monocytes - 7%, ESR - 38 mm/hour, reticulocytes - 24%. Total bilirubin - 38 millimole/l. What complication occurred in the patient?

- A** Acquired hemolytic anemia
- B** Toxic hepatitis
- C** Cholelithiasis
- D** Agranulocytosis
- E** Paroxysmal nocturnal hemoglobinuria

36

A hospital has admitted a 52-year-old patient with disseminated pulmonary tuberculosis, complaints of acute pain in the right half of chest, that developed after going upstairs to the 3rd floor; cough, dyspnea at rest, marked cyanosis. What kind of complication should be suspected first of all?

- A** Spontaneous pneumothorax
- B** Cardiac failure
- C** Pulmonary failure
- D** Pleuritis
- E** Acute myocardial infarction

37

A 38-year-old male patient has been taking alcohol for 3 years. 3 days after a regular drinking period he felt anxiety and fear. It appeared to him that he was surrounded by spiders and worms, pursued by some "condemnatory voices". His behaviour became aggressive. The patient demonstrated correct self-awareness but impairment of temporal and spatial orientation.

What is the most likely diagnosis?

- A** Delirium alcoholicum
- B** Alcoholic paranoia
- C** Alcoholic hallucinosis
- D** Alcoholic encephalopathy
- E** Pathologic intoxication

38

A painter working at a motorcar plant has been diagnosed with moderately severe intoxication with amide compounds of benzene. The in-patient treatment resulted in a considerable health improvement. What expert decision should be made in this case?

- A** The patient should be issued a sick list for out-patient treatment
- B** The patient may get back to work providing he will keep to hygiene and sanitary regulations
- C** The patient should be referred to the medico-social expert commission for evaluation of percentage of work capacity loss
- D** The patient should be referred to the medico-social expert commission for attributing the disability group because of an occupational disease
- E** -

39

A 16-year-old patient who has a history of intense bleedings from minor cuts and sores needs to have the roots of teeth extracted. Examination reveals an increase in volume of the right knee joint, limitation of its mobility. There are no other changes. Blood analysis shows an inclination to anaemia (Hb- 120 g/l). Before the dental intervention it is required to prevent the bleeding by means of:

- A** Cryoprecipitate
- B** Epsilon-aminocaproic acid
- C** Fibrinogen
- D** Dried blood plasma
- E** Calcium chloride

40

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

- A** Concrement
- B** Malignant tumour of the urinary bladder
- C** Urinary bladder polyp
- D** Prostate adenoma
- E** Primary ureter tumour

41

A 7-year-old boy had complained of headache, nausea, fatigue for 3 weeks. His condition gradually deteriorated, headache and general weakness progressed. The boy had bronchitis at the age of 3. His father has a history of pulmonary tuberculosis. Objectively: body temperature 37,5°C, conscious, lies supine, with the hip and knee flexed to 90 degrees, nuchal rigidity +6 cm, partial ptosis of the right eyelid, the dilated right pupil. General hyperalgesia is present. Liquor: transparent, pressure - 400 mm of water column, protein - 1,5%, cytosis - 610/3 with predominant lymphocytes, sugar - 1,22 mmol/l, chlorides - 500 mmol/l. What is the most likely diagnosis?

- A** Tuberculous meningitis
- B** Secondary purulent meningitis
- C** Epidemic cerebrospinal meningitis
- D** Serous meningitis
- E** Pneumococcal meningitis

42

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

- A** Roentgenography of hands
- B** Complete blood count
- C** Rose-Waaler reaction
- D** Immunogram
- E** Proteinogram

43

A 69-year-old female patient complains of temperature rise up to 38,3°C, haematuria. ESR - 55 mm/h. Antibacterial therapy turned out to be ineffective. What diagnosis might be suspected?

- A** Renal cancer
- B** Polycystic renal disease
- C** Renal amyloidosis
- D** Urolithiasis
- E** Chronic glomerulonephritis

44

Examination of a 35-year-old patient with rheumatism revealed that the right heart border was 1 cm displaced outwards from the right parasternal line, the upper border was on the level with inferior margin of the 1st rib, the left border was 1 cm in from the left midclavicular line. Auscultation revealed atrial fibrillation, loud apical first sound, diastolic shock above the pulmonary artery. Echocardiocopy revealed abnormal pattern of the mitral valve motion. What heart disease is characterized by these symptoms?

- A** Mitral stenosis
- B** Mitral valve prolapse
- C** Mitral valve insufficiency
- D** Aortic stenosis
- E** Tricuspid valve insufficiency

45

A 54-year-old male patient works as an engineer. At the age of 35, he got infected with syphilis and treated it with "traditional remedies". About 5 years ago, he became forgetful, unable to cope with work, told cynical jokes, bought useless things, collected cigarette butts in the street. Objectively: the patient is indifferent, has slow speech, dysarthria, can make only primitive judgments, is unable to perform simple arithmetic operations or explain simple metaphors. The patient is untidy, takes no interest in anything, passive. Considers himself to be completely healthy. Qualify mental condition of the patient:

- A** Total dementia

- B** Lacunar (dysmnestic) dementia
- C** Somnolentia
- D** Korsakoff's (amnesic) syndrome
- E** Hysterical pseudodementia

46

A 47-year-old patient complains of insomnia, heaviness over his entire body, constantly depressed mood. He considers himself good-for-nothing, inadequate. Believes that he is a burden to his family, wants to die. The patient is depressed, inactive, has a hypomimic face with sorrowful expression. He speaks quietly and monotonely, gives short answers. What is the most likely diagnosis?

- A** Major depressive disorder
- B** Atherosclerotic depression
- C** Initial stage of Alzheimer's disease
- D** Late-onset schizophrenia
- E** Neurotic depression

47

A patient, aged 16, complains of headache, mainly in the frontal and temporal areas, superciliary arch, appearing of vomiting at the peak of headache, pain during the eyeballs movement, joint's pain. On examination: excited,  $t^{\circ}$ - 39°C, Ps- 110/min. Tonic and clonus cramps. Uncertain meningeal signs. What is the most likely diagnosis?

- A** Influenza with cerebral edema manifestations
- B** Influenza, typical disease duration
- C** Respiratory syncytial virus
- D** Parainfluenza
- E** Adenovirus infection

48

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

- A** Cardiogenic shock
- B** Cardiac asthma
- C** Pulmonary artery thromboembolia
- D** Disquamative aortic aneurizm
- E** Cardiac tamponade

49

A 64-year-old patient complains of severe pain in the right side of chest, dyspnea, dry cough which appeared suddenly on exertion. Objectively: the right side of the chest lags behind in the act of breathing. Percussion reveals tympanic sound. Auscultation reveals pronouncedly diminished breath sounds on the right. Ps- 100/min, weak, arrhythmic. AP- 100/50 mm Hg. Cardiac sounds are decreased. What disease can be suspected in this patient?

- A** Right-sided pneumothorax
- B** Right-sided hydrothorax
- C** Right-sided dry pleurisy
- D** Right-sided pleuropneumonia
- E** PATE

50

A 29-year-old female patient complains of dyspnea, heaviness and chest pain on the right, body temperature rise up to 37,2°C. The disease is associated with a chest trauma received 4 days ago. Objectively: skin is pale and moist. Ps- 90 bpm, regular. Palpation reveals a dull sound on the right, auscultation reveals significantly weakened vesicular breathing. In blood: RBCs -

2,8x10<sup>12</sup>/l, colour index - 0,9, Hb- 100 g/l, WBCs - 8,0x10<sup>9</sup>/l, ESR - 17 mm/h.

What results of diagnostic puncture of the pleural cavity can be expected?

- A** Haemorrhagic punctate
- B** Chylous liquid
- C** Exudate
- D** Transudate
- E** Purulent punctate

51

A 54-year-old drowned man was rescued from the water and delivered to the shore. Objectively: the man is unconscious, pale, breathing cannot be auscultated, pulse is thready. Resuscitation measures allowed to save the patient. What complications may develop in the near future?

- A** Pulmonary edema
- B** Respiratory arrest
- C** Encephalopathy
- D** Cardiac arrest
- E** Bronchospasm

52

An 18-year-old patient since childhood suffers from bleeding disorder after minor injuries. His younger brother also has bleeding disorders with occasional haemarthrosis. Which laboratory test will be informative for diagnosis verification?

- A** Clotting time
- B** Fibrinogen rate
- C** Blood clot retraction
- D** Thrombocyte count
- E** Determination of prothrombin time

53

A 28-year-old patient complains of periodic compressing heart pain. His brother died at the age of 34 from a cardiac disease with similar symptoms. Objectively: the patients skin is pale. Heart borders display no significant deviations. Heart sounds are loud, there is a systolic murmur above all the points with a peak above the aorta. Echocardiography reveals thickening of the interventricular septum in the basal parts, reduction of left ventricular cavity. What drug should be administered in order to prevent the disease progression?

- A** Metoprolol
- B** Digoxin
- C** Nitroglycerin
- D** Captopril
- E** Furosemide

54

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

- A** Ankylosing spondyloarthritis
- B** Tuberculous spondylitis
- C** Psoriatic spondyloarthropatia
- D** Spondyloarthropatia on the background of Reiter's disease
- E** Spread osteochondrosis of the vertebral column

55

A worker, aged 38, working in the slate production during 15 years, complains of expiratory exertional dyspnea, dry cough. On examination: deafening of the percutory sounds in interscapular region, rough breath sounds, dry disseminated rales. On fingers' skin - greyish

warts. Factory's sectorial doctor suspects asbestosis. Which method is the most informative for diagnosis verification?

- A** Thorax roentgenography
- B** Bronchoscopy
- C** Spirography
- D** Bronchoalveolar lavage
- E** Blood gases examination

56

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

- A** Echocardiography
- B** Phonocardiography
- C** Coronarography
- D** Sphygmography
- E** X-ray

57

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

- A** Outpatient treatment
- B** Repeated in-patient treatment
- C** Conducting arthroscopy
- D** Referral to MSEC
- E** Orthopedist consultation

58

A 36-year-old female has a 7-year history of pollen allergy. Over the last 2 years in August and September (during ragweed flowering), the patient has had 2-3 asthma attacks that could be treated with one dose of salbutamol. Objectively: body temperature - 36,5°C, respiratory rate - 18/min, Ps - 78/min, AP - 115/70 mm Hg. There is vesicular breathing above the lungs. Cardiac sounds are sonorous, of regular rhythm. What drug would be most effective to prevent asthma attacks during the critical season for the patient?

- A** Intalun inhalation
- B** Berotec inhalation
- C** Atrovent inhalation
- D** Suprastin administration
- E** Theopecum administration

59

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

- A** IHD: First established angina pectoris
- B** IHD: Variant angina pectoris (Prinzmetal's)
- C** IHD: Stable angina pectoris of effort I FC
- D** IHD: Stable angina pectoris of effort IV FC
- E** IHD: Progressive angina pectoris

60

Medical examination of a 19-year-old worker revealed generalized lymphadenopathy mainly affecting the posterior cervical, axillary and ulnar lymph nodes. There are multiple injection

marks on the elbow bend skin. The man denies taking drugs, the presence of injection marks ascribes to influenza treatment. Blood count: RBCs-  $3,2 \times 10^{12}/l$ , Hb- 100 g/l, WBCs-  $3,1 \times 10^9/l$ , moderate lymphopenia. What study is required in the first place?

- A** ELISA for HIV
- B** Immunogram
- C** Sternal puncture
- D** X-ray of lungs
- E** Lymph node biopsy

61

A 25-year-old female patient complains of marked weakness, sleepiness, blackouts, dizziness, taste disorder. The patient has a history of menorrhagia. Objectively: the patient has marked weakness, pale skin, cracks in the corners of mouth, peeling nails, systolic apical murmur. Blood test results: RBC -  $3,4 \times 10^{12}/l$ , Hb - 70 g/l, color index - 0,75, platelets –  $140 \times 10^9/l$ , WBC -  $6,2 \times 10^9/l$ .

What is the most likely diagnosis?

- A** Chronic posthemorrhagic anemia
- B** Acute leukemia
- C** Acute posthemorrhagic anemia
- D** B<sub>12</sub>-deficiency anemia
- E** Werlhof's disease

62

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

- A** Botulism
- B** Food toxicoinfection
- C** Acute gastritis
- D** Acute encephalitis
- E** Salmonellosis

63

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

What is the most probable reason for renal failure?

- A** Nephrotoxicity of gentamicin
- B** Acute glomerulonephritis
- C** Cortical necrosis of kidneys
- D** Unequal infusion of the liquid
- E** Hepatorenal syndrome

64

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

- A** Cholestatic
- B** Cytolytic
- C** Mesenchymal inflammatory
- D** Asthenic
- E** Liver-cells insufficiency

65

A 55-year-old male had been treated at the surgical department for acute lower-extremity

thrombophlebitis. On the 7th day of treatment he suddenly developed pain in the left part of chest, dyspnea and cough. Body temperature was 36,1°C, respiratory rate - 36/min. The patient was also found to have diminished breath sounds without wheezing. Ps- 140/min, thready. AP- 70/50 mm Hg. The ECG shows Q<sub>III</sub>-S<sub>1</sub> syndrome. What is the most likely diagnosis?

- A** Pulmonary embolism
- B** Myocardial infarction
- C** Cardiac asthma
- D** Bronchial asthma
- E** Pneumothorax

66

A 51-year-old female is a weaving factory worker with 15 years of service record. During a regular preventive examination she complained of frequent headaches, poor sleep, tingling in the heart, irritability, rapid fatigability, hearing impairment. For years, the noise level has exceeded the maximum allowable concentration by 10-15 dB. A year ago, the patient underwent a course of treatment for essential hypertension. Specify the most likely diagnosis:

- A** Noise disease
- B** Essential hypertension
- C** Neurasthenia
- D** Asthenic-vegetative syndrome
- E** Arteriosclerotic encephalopathy

67

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

- A** The south coast of the Crimea
- B** Not recommended
- C** Morshyn
- D** Myrhorod
- E** Truskavets

68

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

- A** Prednisolone
- B** Adrenalin
- C** Euphylin
- D** Lasix
- E** Seduxen

69

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

- A** Immunocomplex
- B** Hypersensitivity of immediate type
- C** Cytotoxic
- D** Hypersensitivity of delayed type
- E** -

70

2 weeks after recovering from angina a 29-year-old patient noticed face edemata, weakness, decreased work performance. There was gradual progress of dyspnea, edemata of the lower extremities, lumbar spine. Objectively: pale skin, weakening of the heart sounds, anasarca. AP- 160/100 mm Hg. In urine: the relative density - 1021, protein - 5 g/l, erythrocytes - 20-30 in the

field of vision, hyaline cylinders - 4-6 in the field of vision. What is the most likely diagnosis?

- A** Acute glomerulonephritis
- B** Essential hypertension
- C** Acute pyelonephritis
- D** Infectious allergic myocarditis
- E** Myxedema

71

A 56-year-old scientist experiences constricting retrosternal pain several times a day while walking for 100-150 m. The pain lasts for up to 10 minutes and can be relieved by nitroglycerine.

Objectively: the patient is overweight, heart borders exhibit no abnormalities, heart sounds are rhythmic, Ps- 78 bpm, AP- 130/80 mm Hg. ECG contains low amplitude of T wave in V<sub>4-5</sub>. What disease might be suspected?

- A** Stable FC III stenocardia
- B** Instable stenocardia
- C** Stable FC I stenocardia
- D** Stable FC II stenocardia
- E** Stable FC IV stenocardia

72

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

- A** Duodenal ulcer
- B** Chronic cholecystitis
- C** Diaphragmatic hernia
- D** Stomach ulcer
- E** Chronic pancreatitis

73

A 51 y.o. woman complains of dull pain in the right subcostal area and epigastric area, nausea, appetite decline during 6 months. There is a history of gastric peptic ulcer. On examination: weight loss, pulse is 70 bpm, AP is 120/70 mm Hg. Diffuse tenderness and resistance of muscles on palpation. There is a hard lymphatic node 1x1 cm in size over the left clavicle. What method of investigation will be the most useful?

- A** Esophagogastroduodenoscopy with biopsy
- B** Ultrasound examination of abdomen
- C** pH-metry
- D** Ureatic test
- E** Stomach X-ray

74

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

- A** Tick-borne encephalitis
- B** Influenza
- C** Omsk hemorrhagic fever
- D** Pseudotuberculosis
- E** Epidemic typhus

75

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

- A** Ultrasonic
- B** Roentgenological
- C** Radionuclid
- D** Magnetic-resonance
- E** Thermographic

76

A man, aged 68, complains of tiredness, sweating, enlargement of cervical, submaxillary and axillary lymph nodes. Blood test: WBC-  $35 \times 10^9/L$ , lymphocytes - 60%, Botkin and Gumprecht bodies, level of haemoglobin and quantity of thrombocytes is normal. Myelogram showed 40% of lymphocytes. What is the most probable diagnosis?

- A** Chronic lympholeucosis
- B** Chronic myeloleucosis
- C** Lymphogranulomatosis
- D** Acute leucosis
- E** Tuberculous lymphadenitis

77

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

- A** Muscular biopsy with histological investigation of the material
- B** Determination of antinuclear antibodies
- C** Electromyography
- D** Blood culture
- E** Determination of HLA antigens

78

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

- A** Ankylosing spondylitis
- B** Coxarthrosis
- C** Rheumatoid arthritis
- D** Reiter's disease
- E** Spondylosis

79

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

- A** Inhibitor of angiotensin converting enzyme
- B**  $\beta$ -blocker
- C** Calcium channel antagonist
- D** Thiazide diuretic
- E**  $\alpha$ -blocker

80

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

- A** To decrease thyroxine dosage
- B** To increase thyroxine dosage
- C** To administer betablockers
- D** To add mercasolil to the treatment
- E** To administer sedatives

81

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

- A** 12 months
- B** 1 month
- C** 3 months
- D** 6 months
- E** Permanently

82

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

- A** 6 mm papula, necrosis
- B** 20 mm papula
- C** 24 mm hyperemia
- D** 4 mm papula
- E** 12 mm hyperemia

83

A survey radiograph of a miner (24 years of service record, the dust concentration in the workplace is at the rate of 260-280 mg/m<sup>3</sup> with 15% of free silica) shows lung changes that are typical for pneumoconiosis. What type of pneumoconiosis is it?

- A** Anthracosilicosis
- B** Carboconiosis
- C** Silicatosi
- D** Anthracosilicatosi
- E** Silicosis

84

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

85

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

- A** Diabetes mellitus
- B** Disordered tolerance to glucose

- C** Diabetes mellitus risk group
- D** Norm
- E** Postoperative hyperinsulinemia

86

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

- A** Erythremia
- B** Essential hypertension
- C** Dermatomyositis
- D** Allergic dermatitis
- E** Systemic sclerodermia

87

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

- A** Uraemic coma
- B** Alcoholic coma
- C** Hyperglycemic coma
- D** Hypoglycemic coma
- E** Cerebral coma

88

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

- A** Echocardiography
- B** Veloergometria
- C** X-ray kymography
- D** ECG in the dynamics
- E** Coronarography

89

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

- A** Syndrome of fermentative dyspepsia
- B** Syndrome of decayed dyspepsia
- C** Syndrome of fatty dyspepsia
- D** Dyskinesia syndrome
- E** Malabsorption syndrome

90

A 54-year-old patient has an over 20-year history of femoral osteomyelitis. Over the last month she has developed progressing edemata of the lower extremities. Urine test reveals: proteinuria at the rate of 6,6 g/l; in blood: dysproteinemia in form of hypoalbuminemia, increase in  $\alpha_2$ - and  $\gamma$ -globulin rate, ESR - 50 mm/h. What is the most likely diagnosis?

- A** Secondary renal amyloidosis
- B** Acute glomerulonephritis
- C** Myelomatosis
- D** Chronic glomerulonephritis

**E** Systemic lupus erythematosus

91

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

- A** Immunization of the population
- B** Hospitalization of patients
- C** Detection of carriers
- D** Early diagnostics
- E** Disinfection in disease focus

92

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

- A** To release respiratory tract from water, to create drain position and to take on measures to restore respiration and blood circulation
- B** Not to waste time on the release of respiratory tract from water, to take on cardiopulmonary reanimation
- C** To transport the victim to the nearest hospital to carry out reanimation measures
- D** To transport the victim to the nearest warm room to carry out reanimation measures
- E** Not to carry out reanimation measures

93

An electro-gas welding operator working at a machine workshop performs welding and cutting of metal, which is accompanied by intense UV-radiation. His welding station is equipped with effective mechanical ventilation. What occupational disease is most likely to develop in an electro-gas welding operator?

- A** Photoelectric ophthalmia
- B** Heatstroke
- C** Vegetative-vascular dystonia
- D** Chronic overheating
- E** Pneumoconiosis

94

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

- A** Larynx diphtheria
- B** Infectious mononucleosis
- C** Vincent's angina
- D** Agranulocytosis
- E** Oropharyngeal candidosis

95

A 48-year-old male patient complains of constant pain in the upper abdomen, mostly on the left, that is getting worse after taking meals; diarrhea, weight loss. The patient is an alcohol abuser. 2 years ago he had acute pancreatitis. Blood amylase is 4 g/h\*l. Coprogram shows steatorrhea, creatorrhea. Blood glucose is 6,0 mmol/l. What treatment is indicated for this patient?

- A** Panzinorm forte
- B** Insulin
- C** Gastrozepin
- D** Contrycal
- E** No-spa

96

A 60-year-old female patient had been admitted to a hospital for acute transmural infarction. An hour later the patient's condition got worse. She developed progressing dyspnea, dry cough. Respiratory rate - 30/min, heart rate - 130/min, AP- 90/60 mm Hg. Heart sounds were muffled, there was also diastolic shock on the pulmonary artery. The patient presented with medium moist rales in the lower parts of lungs on the right and on the left. Body temperature -  $36,4^{\circ}\text{C}$ . What drug should be given in the first place?

- A** Promedol
- B** Aminophylline
- C** Dopamine
- D** Heparin
- E** Digoxin

97

A 62-year-old male has been hospitalized in the intensive care unit with a continuous attack of retrosternal pain that cannot be relieved by nitroglycerin. Objectively: AP- 80/60 mm Hg, heart rate - 106/min, breathing rate - 22/min. Heart sounds are muffled, a gallop rhythm is present. How would you explain the AP drop?

- A** Reduction in cardiac output
- B** Reduction in peripheral resistance
- C** Blood depositing in the abdominal cavity
- D** Adrenergic receptor block
- E** Internal haemorrhage

98

A 35-year-old female reports heart pain (aching and drilling) occurring mainly in the morning in autumn and spring and irradiating to the neck, back and abdomen; rapid heartbeat; low vitality. Occurrence of this condition is not associated with physical activity. In the evening, the patient's condition improves. Study of somatic and neurological status, and ECG reveal no pathology. What pathology is most likely to have caused these clinical presentations?

- A** Somatization depression
- B** Resting stenocardia
- C** Pseudoneurotic schizophrenia
- D** Neurocirculatory asthenia
- E** Hypochondriacal depression

99

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

- A** Antistreptolysine-0
- B** 1-antitrypsine
- C** Creatinkinase
- D** Rheumatic factor
- E** Seromuroid

100

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

- A** Examination of rash elements scrape
- B** Determination of dermographism
- C** Serologic blood examination

- D** Blood glucose
- E** Examination for helminths

101

A 50-year-old locksmith has a long-term record of work under the effect of mercury vapors with concentration exceeding MPC by 5-10 times. Clinical examination revealed the lability of vasomotors of skin, pulse and arterial pressure; total hyperhydrosis; asymmetric innervation of facial and lingual muscles, positive subcortical reflexes, intention tremor. Against the background of increased emotional excitability the patient presents with lack of self-confidence, shyness. A dentist found him to have parodontosis, chronic stomatitis. What disease can be suspected?

- A** Chronic mercury intoxication
- B** Residual effects of neuroinfection
- C** Parkinson's syndrome
- D** Acute mercury intoxication
- E** Vascular encephalopathy

102

4 hours after having meals a patient with signs of malnutrition and steatorrhea experiences stomach pain, especially above navel and to the left of it. Diarrheas take turns with constipation lasting up to 3-5 days. Palpation reveals moderate painfulness in the choledochopancreatic region. The amylase rate in blood is stable. X-ray reveals some calcifications located above navel. What is the most likely diagnosis?

- A** Chronic pancreatitis
- B** Chronic gastroduodenitis
- C** Duodenal ulcer
- D** Zollinger-Ellison syndrome
- E** Chronic calculous cholecystitis

103

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

- A** Chronic myeloleucosis
- B** Leukemoid reaction
- C** Lymphogranulomatosis
- D** Hepar cirrhosis
- E** Urolithiasis

104

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

- A** Propranolol
- B** Radioactive iodine
- C** Procaine hydrochloride
- D** Verapamil
- E** Corinfar

105

A 54-year-old patient complains of weakness, weight loss despite the unchanged appetite, frequent urination, skin itch for six months. Some time ago the patient underwent treatment for furunculosis. She hasn't been examined recently. Objectively: malnutrition, dry skin with signs of scratching. Small lymph nodes can be palpated in the axillary regions. Changes in the internal organs are absenr. What testing must be administered in the first place?

- A** Blood sugar test on an empty stomach
- B** Complete blood count
- C** Endoscopy of stomach
- D** Lymph node biopsy
- E** Blood sterility testing

106

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

- A** Perforative ulcer
- B** Acute cholecystitis
- C** Acute bowel obstruction
- D** Acute appendicitis
- E** Right-sided renal colic

107

Several hours before, a 28-year-old patient suddenly developed acute headache and repeated vomiting, then lost consciousness. Objectively: focal neurological symptoms were not found. Pronounced meningeal symptoms were revealed. AP - 120/80 mm Hg. According to clinical and liquorological findings the patient was diagnosed with subarachnoid haemorrhage. After administration of dehydrants the patient's condition somewhat improved. What is the main component of further emergency care?

- A** Coagulants
- B** Anticoagulants
- C** Antiaggregants
- D** Fibrinolytics
- E** Corticosteroids

108

On the 5th day of a respiratory disease accompanied by fever a 24-year-old man developed progressing headaches, systemic dizziness, double vision, facial muscles paresis on the right, choking from swallowing. He was diagnosed with acute viral encephalitis. Identify the main tendency of the emergency treatment:

- A** Zovirax
- B** Glucocorticoids
- C** Ceftriaxone
- D** Lasix
- E** Haemodezum

109

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

- A** Zovirax
- B** Glucocorticoids
- C** Cephtriaxon
- D** Lasix
- E** Hemodesis

110

A 30-year-old patient was delivered to the admission ward of the infectious disease department. The disease had started acutely on the background of normal temperature with the appearance

of frequent, liquid, profuse stool without pathological impurities. Diarrhea was not accompanied by abdominal pain. 12 hours later there appeared recurrent profuse vomiting. The patient rapidly developed dehydration. What is the most likely diagnosis?

- A** Cholera
- B** Shigellosis
- C** Staphylococcal food toxicoinfection
- D** Salmonellosis
- E** Campylobacteriosis

111

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

- A** Tetanus
- B** Tetania
- C** Meningoencephalitis
- D** Hemorrhagic stroke
- E** Epilepsy

112

Gastric juice analysis of a 42-year-old male patient revealed absence of free hydrochloric acid at all stages. Endoscopy revealed pallor, thinning of gastric mucosa, smoothed folds. Microscopically the atrophy of glands with intestinal metaplasia was found. What disease is this situation typical for?

- A** Chronic type A gastritis
- B** Chronic type B gastritis
- C** Chronic type C gastritis
- D** Menetrier disease
- E** Stomach cancer

113

A 45-year-old female patient complains of frequent liquid stools with a lot of mucus, pus and blood; pain across the abdomen, loss of 7 kg within 6 months. She has a 1-year history of non-specific ulcerative colitis. What group of drugs should be preferred for this patient?

- A** Corticosteroids
- B** Antibacterial
- C** Sulfonamides
- D** Nitrofurans
- E** Polyenzymes

114

A 54-year-old male patient complains of aching pain in the lumbar region, that is getting worse after standing in an upright position, physical exercise, supercooling. The patient also reports of experiencing weakness in the afternoon. Pain in the lumbar region, said about 10 years old. Objectively: pale skin,  $t^{\circ}$ - 37,2°C, AP- 180/100 mm Hg, minor costovertebral angle tenderness (Pasternatsky symptom). In blood: RBCs -  $3,5 \times 10^{12}/l$ , WBCs -  $6,5 \times 10^9/l$ , ESR - 22 mm/h. In urine: the relative density - 1010, leukocytes - 12-15 in the field of vision, erythrocytes - 2-3 in the field of vision. Urine bacterial count - 100000 in 1 ml. What is the most likely diagnosis?

- A** Chronic pyelonephritis
- B** Nephrolithiasis
- C** Polycystic renal disease
- D** Chronic glomerulonephritis
- E** Amyloidosis

115

A 67-year-old male complains of dyspnea on exertion, attacks of retrosternal pain, dizziness.

He has no history of rheumatism. Objectively: pale skin, acrocyanosis. There are rales in the lower parts of lungs. There is systolic thrill in the II intercostal space on the right, coarse systolic murmur conducted to the vessels of neck. AP- 130/90 mm Hg, heart rate - 90/min, regular rhythm. The liver extends 5 cm under the edge of costal arch, shin edemata are present. Specify the assumed valvular defect:

- A** Aortic stenosis
- B** Pulmonary artery stenosis
- C** Mitral insufficiency
- D** Ventricular septal defect
- E** Tricuspid regurgitation

116

A 24-year-old female teacher complains of dizziness and heart pain irradiating to the left nipple. Pain is not associated with physical activity and cannot be relieved by nitroglycerin, it abates after taking Valocordin and lasts an hour or more. The patient has a nearly 2-year history of this disease. Objectively: Ps- 76 bpm. AP- 110/70 mm Hg. Heart borders are normal, heart sounds are clear. The ECG shows respiratory arrhythmia. Radiograph of the cervicothoracic spine shows no pathology. Lungs, abdomen are unremarkable. What changes in blood formula can be expected?

- A** No changes
- B** Leukocytosis
- C** Thrombocytopenia
- D** Leukemic hiatus
- E** Increased ESR

117

A 51-year-old female patient complains of frequent defecation and liquid blood-streaked stools with mucus admixtures, diffuse pain in the inferolateral abdomen, 6 kg weight loss over the previous month. Objectively: body temperature - 37,4°C, malnutrition, skin is pale and dry. Abdomen is soft, sigmoid is painful and spasmodic, makes a rumbling sound. Liver is dense, painful, extends 3 cm below the costal margin. What is the most likely diagnosis?

- A** Non-specific ulcerative colitis
- B** Bacillary dysentery
- C** Sprue
- D** Intestinal enzymopathy
- E** Helminthic invasion

118

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

- A** Cardiosurgeon consultation
- B** Dispensary observation
- C** Administration of therapeutic treatment
- D** Continuation of investigation
- E** Exemption from physical exercises

119

A 49-year-old male patient complains of dyspnea of combined nature, cough, shin edemata, abdomen enlargement due to ascites. He has a 20-year history of chronic bronchitis. For the last 3 years he has been disabled (group II) because of cardiac changes. Objectively: mixed cyanosis, edemata. Ps - 92/min, rhythmic, AP - 120/70 mm Hg, respiration rate - 24/min. There is accentuation of the second sound above the pulmonary artery. Auscultation reveals the box resonance above the lungs. There are also dry rales over the entire surface of lungs. What is the mechanism of heart changes development in this patient?

- A** Euler-Liljestrand reflex
- B** Kitaev's reflex
- C** Bainbridge reflex
- D** Cardiovascular reflex
- E** Respiratory reflex

120

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

- A** Influenza
- B** Parainfluenza
- C** Respiratory mycoplasmosis
- D** Pneumonia
- E** Meningococcus infection

121

A 32-year-old female complains of dizziness, headache, palpitation, tremor. For the last several months she has been under outpatient observation for the increased arterial pressure. Since recently such attacks have become more frequent and severe. Objectively: skin is covered with clammy sweat, tremor of the extremities is present. HR- 110/min, AP- 220/140 mm Hg. Heart sounds are muffled. Blood test results: WBCs -  $9,8 \times 10^9/l$ , ESR - 22 mm/h. Blood glucose - 9,8 millimole/l. What disease is the most likely cause of this crisis?

- A** Pheochromocytoma
- B** Essential hypertension
- C** Preeclampsia
- D** Primary hyperaldosteronism
- E** Diabetic glomerulosclerosis

122

A 76-year-old male consulted a therapist about slow discharge of urine with a small jet. The patient reported no cardiac problems. Examination revealed atrial fibrillation with a heart rate of 72/min and without pulse deficit. There are no signs of heart failure. ECG confirms the presence of atrial fibrillation. From history we know that the arrhythmia was detected three years ago. What tactics for the treatment of atrial fibrillation in the patient should be chosen?

- A** Does not require treatment
- B** Digoxin
- C** Verapamil
- D** Obzidan
- E** Ajmaline

123

A 43-year-old female patient complains of unstable defecation with frequent constipations, abdominal swelling, headache, sleep disturbance. Body weight is unchanged. What disease are these clinical presentations typical for?

- A** Irritable colon syndrome
- B** Chronic enteritis
- C** Chronic pancreatitis
- D** Chronic atrophic gastritis
- E** Colorectal cancer

124

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

- A** Chronic tetraethyl lead intoxication
- B** Alcoholic delirium
- C** Chronic mercury intoxication
- D** Chronic manganese intoxication
- E** Chronic lead intoxication

125

A 35-year-old patient has been in the intensive care unit for acute renal failure due to crush for 4 days. Objectively: the patient is inadequate. Breathing rate - 32/min. Over the last 3 hours individual moist rales can be auscultated in lungs. ECG shows high T waves, right ventricular extrasystoles. CVP - 159 mm Hg. In blood: the residual nitrogen - 62 millimole/l,  $K^+$  - 7,1 millimole/l,  $Cl^-$  - 78 millimole/l,  $Na^+$  - 120 millimole/l, Ht - 0,32, Hb - 100 g/l, blood creatinine - 0,9 millimole/l. The most appropriate method of treatment would be:

- A** Hemodialysis
- B** Plasma sorption
- C** Hemosorption
- D** Plasma filtration
- E** Ultrafiltration

126

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

- A** Roentgenography
- B** Electrocardiography
- C** Bronchoscopy
- D** Esophagogastroscopy
- E** Ultrasound of the abdominal cavity

127

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

- A** Replacement of marrow elements with adipose tissue
- B** Replacement of marrow elements with fibrous tissue
- C** Prevalence of megaloblasts
- D** Presence of blast cells
- E** Absolute lymphocytosis

128

A 58-year-old female patient complains of spontaneous bruises, weakness, bleeding gums, dizziness. Objectively: the mucous membranes and skin are pale with numerous hemorrhages of various time of origin. Lymph nodes are not enlarged. Ps is 100/min, AP - 110/70 mm Hg. There are no changes of internal organs. Blood test results: RBC -  $3,0 \times 10^{12}/l$ , Hb - 92 g/l, colour index - 0,9, anisocytosis, poikilocytosis, WBC -  $10 \times 10^9/l$ , eosinophils - 2%, stab neutrophils - 12%, segmented neutrophils - 68%, lymphocytes - 11%, monocytes - 7%, ESR - 12 mm/h. What laboratory test is to be determined next for making a diagnosis?

- A** Platelets
- B** Reticulocytes
- C** Clotting time
- D** Osmotic resistance of erythrocytes
- E** Fibrinogen

129

A 47-year-old woman underwent a thyroid gland resection on account of nodular euthyroid goiter.

What preparations are most likely to prevent the disease recurrence?

- A** Thyroid hormones
- B** Mercazolil
- C** Thyrotropin
- D** Antistruminum (potassium iodide)
- E** Radioactive iodine

130

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

- A** Central cancer of lungs
- B** Tuberculosis of lungs
- C** Bronchiectasia
- D** Pulmonary infarction
- E** Pleuropneumonia

131

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

- A** Thromboembolia of pulmonary artery
- B** Hemorrhagia
- C** Hypostatic pneumonia
- D** Myocardial infarction
- E** Valvular pneumothorax

132

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

- A** Consultation of an expert in narcology
- B** Prescription of medications the patient asks for
- C** Additional consultation of surgeon
- D** Treatment with antibiotics
- E** Consultation of infectious diseases doctor

133

A patient has an over a year-old history of fast progressive rheumatoid arthritis. X-raying confirms presence of marginal erosions. What basic drug would be the most appropriate in this case?

- A** Methotrexate
- B** Chloroquine
- C** Prednisolone
- D** Diclofenac sodium
- E** Aspirin

134

A female rheumatic patient experiences diastolic thoracic wall tremor (diastolic thrill), accentuated S<sub>1</sub> at apex, there is diastolic murmur with presystolic intensification, opening snap, S<sub>2</sub> accent at pulmonary artery. What kind of heart disorder is observed?

- A** Mitral stenosis
- B** Aortic valve insufficiency
- C** Pulmonary artery stenosis
- D** Mitral valve insufficiency
- E** Opened arterial duct

135

A 23-year-old patient complains of a dull ache, sensation of heaviness and distention in the epigastrium immediately after meals, foul-smelling eructation; dry mouth, empty stomach nausea, diarrhea. Objectively: the skin is pale, the patient is of thin build. Abdomen is soft on palpation, there is epigastric pain. The liver does not extend beyond the costal arch. In blood: Hb - 110 g/l, RBCs -  $3,4 \times 10^{12}/l$ , WBC count is normal. ESR - 16 mm/h. What is the most informative study that will allow make a diagnosis?

- A** Esophageal gastroduodenoscopy
- B** X-ray of digestion organs
- C** Study of gastric juice
- D** pH-metry
- E** Duodenal probing

136

A 49-year-old patient complains of deglutition problems, especially with solid food, hiccups, voice hoarseness, nausea, regurgitation, significant weight loss (15 kg within 2,5 months). Objectively: body weight is reduced. Skin is pale and dry. In lungs: vesicular breathing, heart sounds are loud enough, heart activity is rhythmic. The abdomen is soft, painless on palpation. Liver is not enlarged. What study is required to make a diagnosis?

- A** Esophageal duodenoscopy along with biopsy
- B** Clinical blood test
- C** X-ray of digestive tract organs
- D** X-ray in Trendelenburg's position
- E** Study of gastric secretion

137

A 60-year-old patient has been admitted to a hospital with complaints of dyspnea, tightness in the right subcostal area, abdomen enlargement. These presentations have been progressing for a year. Heart auscultation reveals presystolic gallop rhythm. Objectively: swelling of the neck veins, ascites, palpable liver and spleen. What disease requires differential diagnostics?

- A** Constrictive pericarditis
- B** Hepatocirrhosis
- C** Lung cancer with invasion to the pleura
- D** Chronic pulmonary heart
- E** Pulmonary embolism

138

A 40-year-old patient, the forester, complains of severe headache, body temperature rise up to  $39,5^{\circ}\text{C}$ , trembling limbs. From the patient's history we know that he had seriously cut his hand during the dissection of a killed fox. Objectively: depressed mood. The patient asks not to turn on the light or open the door. Any noise causes apparent motor excitation. When he saw a carafe of water, he developed convulsive throat spasms. What tactics should an emergency doctor choose?

- A** Deliver the patient to the infectious disease hospital
- B** Deliver the patient to the resuscitation department
- C** Deliver the patient to the neurological department
- D** Deliver the patient to the psychiatric hospital
- E** Let him stay at home and consult a psychiatrist

139

A 28-year-old woman has a 12-year history of chronic glomerulonephritis with latent course.

Over the past six months she has developed general weakness, loss of appetite, low work performance, nausea. The patient complains of headache, pain in the joints. On examination: anemia, blood urea - 34,5 millimole/l, blood creatinine - 0,766 millimole/l, hyperkalemia. What complication has developed?

- A** Chronic renal insufficiency
- B** Acute renal insufficiency
- C** Nephrotic syndrome
- D** Renal amyloidosis
- E** Pyelonephritis

140

A 72-year-old male had had a moderate headache. Two days later, he developed the progressing speech disorders and weakness in the right extremities. The patient has a history of myocardial infarction, arrhythmia. Study of the neurologic status revealed elements of motor aphasia, central paresis of the VII I XII cranial nerves on the right, central hemiparesis on the same side and hyperaesthesia. What is the most likely diagnosis?

- A** Ischemic stroke
- B** Hemorrhagic stroke
- C** Transient ischemic attack
- D** Epidural hematoma
- E** Brain tumor

141

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

- A** Ischemic stroke
- B** Hemorrhagic stroke
- C** Transitory ischemic attack
- D** Epidural hematoma
- E** Cerebral tumor

142

After treating a field with pesticides a machine operator presents with great weakness, headache, nausea, vomiting, diarrhea, visual impairment, watery eyes. Objectively: the patient is excited, hypersalivation, hyperhidrosis, muscle fibrillation of tongue and eyelids are observed. Pupils are narrowed, there is tachycardia, lung auscultation reveals moist small and medium bubbling rales. In blood: changed level of cholinesterase activity. What is the most likely diagnosis?

- A** Intoxication with organophosphorous pesticides
- B** Intoxication with organochlorine pesticides
- C** Intoxication with organomercurial pesticides
- D** Intoxication with arsenic-containing pesticides
- E** Intoxication with carbamic acid derivatives

143

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

- A** Glucocorticoids, cytostatics
- B** Antibacterial medication
- C** Hepatoprotectors
- D** Antiviral medications
- E** Hemosorption, vitamin therapy

144

A farmer hurt his right foot during working in a field and came to the emergency station. He doesn't remember when he got last vaccination and he has never served in the army. Examination of his right foot revealed a contaminated wound up to 5-6 cm long with uneven edges. The further treatment tactics will be:

- A** To make an injection of tetanus anatoxin and antitetanus serum
- B** To make an injection of tetanus anatoxin
- C** To make an injection of antitetanus serum
- D** Surgical d-bridement only
- E** To administer an antibiotic

145

A 35-year-old patient has been admitted to a hospital for pain in the left sternoclavicular and knee joints, lumbar area. The disease has an acute character and is accompanied by fever up to 38°C. Objectively: the left sternoclavicular and knee joints are swollen and painful. In blood: WBCs -  $9,5 \times 10^9/l$ , ESR - 40 mm/h, CRP - 1,5 millimole/l, fibrinogen - 4,8 g/l, uric acid - 0,28 millimole/l. Examination of the urethra scrapings reveals chlamydia. What is the most likely diagnosis?

- A** Reiter's syndrome
- B** Rheumatic arthritis
- C** Gout
- D** Bechterew's disease
- E** Rheumatoid arthritis

146

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

- A** Bronchiectasia
- B** Pneumonia
- C** Chronic bronchitis
- D** Gangrene of lungs
- E** Tuberculosis

147

Topographic percussion of lungs in a patient who got a serious job-related barotrauma revealed that the lower lungs borders were located one rib below normal, there was a significant increase in both lungs height and Kronig's isthmus. What disease should be suspected in the first place?

- A** Pulmonary emphysema
- B** Exudative pleuritis
- C** Chronic bronchitis
- D** Bronchial asthma
- E** Pneumothorax

148

An 18 y.o. girl complains of weakness, dizziness, loss of appetite, menorrhagia. There are many-coloured petechiae on the skin of the upper extremities. Blood test: Hb- 105 g/l; RBC-  $3,2 \times 10^{12}/L$ ; C.I.- 0,95; thromb.-  $20 \times 10^9/L$ . The sedimentation time according to Lee White is 5'; hemorrhagia duration according to Duke is 8', "pinch and tourniquet" test is positive. What is the most probable diagnosis?

- A** Idiopathic thrombocytopenic purpura
- B** Hemophilia
- C** Hemorrhagic diathesis
- D** Iron deficiency anemia
- E** Marchiafava-Micheli's disease

149

A 28 y.o. male patient was admitted to the hospital because of high temperature 39°C,

headache, generalized fatigue, constipation, sleep disorder for 9 days. There are sporadic roseolas on the abdomen, pulse- 78 bpm, liver is enlarged for 2 cm. What is the most probable diagnosis?

- A** Abdominal typhoid
- B** Typhus
- C** Sepsis
- D** Brucellosis
- E** Leptospirosis

150

A 50-year-old patient complains about having pain attacks in the right subcostal area for about a year. He pain arises mainly after taking fattening food. Over the last week the attacks occurred daily and became more painful. On the 3rd day of hospitalization the patient presented with icteritiousness of skin and scleras, light-colored feces and dark urine. In blood: neutrophilic leukocytosis -  $13,1 \times 10^9/l$ , ESR- 28 mm/h. What is the most likely diagnosis?

- A** Chronic calculous cholecystitis
- B** Chronic recurrent pancreatitis
- C** Fatty degeneration of liver
- D** Chronic cholangitis, exacerbation stage
- E** Hypertensive dyskinesia of gallbladder

151

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

- A** Moderate severity condition
- B** Mild condition
- C** Serious condition
- D** Asthmatic status
- E** Intermittent flow

152

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

- A** Essential arterial hypertension
- B** Chronic pyelonephritis
- C** Chronic glomerulonephritis
- D** Polycystic disease of the kidneys
- E** Cushing's disease

153

A 27-year-old patient has a severe headache, nausea and vomiting. Objectively: body temperature is  $38,9^{\circ}C$ , there is a haemorrhagic stellate rash on the legs. The patient takes meningeal pose in bed. Meningeal symptoms are strongly positive. Deep reflexes are brisk, uniform. Pathological reflexes are absent. It has been suspected that the patient has epidemic cerebrospinal meningitis. Which of additional tests should be performed in the first place to verify the diagnosis?

- A** Lumbar puncture
- B** Echoencephalography
- C** Rheoencephalography
- D** Electroencephalography
- E** Survey craniogram

154

After a serious nervous stress a 35-year-old patient has developed on the dorsal surface of

hands redness and swelling that were later replaced by small inflammatory nodules, vesicles and following erosion with a significant serous discharge. The process is accompanied by severe itching. What is the most likely diagnosis?

- A** True eczema
- B** Allergic dermatitis
- C** Microbial eczema
- D** Simple contact dermatitis
- E** Toxicoderma

155

A 36-year-old patient complains of skin rash that appeared a week ago and doesn't cause any subjective problems. Objectively: palm and sole skin is covered with multiple lenticular disseminated papules not raised above the skin level. The papules are reddish, dense on palpation and covered with keratinous squamae. What is the provisional diagnosis?

- A** Secondary syphilis
- B** Verrucosis
- C** Palmoplantar psoriasis
- D** Palmoplantar rubrophytosis
- E** Palm and sole callosity

156

In the morning a patient had nausea, abdominal discomfort, single vomiting, dry mouth. In the evening, the patient presented with the increasing general weakness, double vision, difficult swallowing of solid food. Objectively: ptosis, mydriasis, anisocoria, absence of gag and pharyngeal reflex, dry mucous membranes. The previous evening the patient had dinner with canned food and alcohol. What is the presumptive diagnosis?

- A** Botulism
- B** Food toxicoinfection
- C** Intoxication with unknown poison
- D** Acute ischemic stroke
- E** Poliomyelitis

157

A 30-year-old patient complains of paroxysmal abdominal pain, frequent liquid stools up to 10 times a day. Throughout the first 3 days he had a fever, since the 2nd day of disease there were scant liquid stools mixed with mucus. On palpation: tenderness of all colon segments. Sigmoid colon was found spastic. What is your provisional diagnosis?

- A** Acute dysentery
- B** Intestinal amebiasis
- C** Salmonellosis
- D** Cholera
- E** Balantidiasis

158

A 38-year-old woman experiences episodic increases in arterial pressure up to 240/120 mm Hg, which is accompanied by nausea, vomiting, tachycardia, increased sweating, hyperglycemia. The attack is usually followed by the excessive urination. Renal sonography reveals an additional formation adjacent to the upper pole of the right kidney and possibly belonging to the adrenal gland. What laboratory test will allow to clarify the diagnosis?

- A** Determination of urinary excretion of catecholamines and vanillylmandelic acid
- B** Blood test for insulin and C-peptide
- C** Estimation of glomerular filtration rate by measuring endogenous creatinine clearance
- D** Blood test for thyroxine and thyrotrophic hormone
- E** Blood test for renin level

159

A 32-year-old patient has a 3-year history of asthma attacks, that can be hardly stopped with

berotec. Over a few last months he has experienced pain in the joints and sensitivity disorder of legs and feet skin. Ps - 80/min, AP - 210/100 mm Hg. In blood: eosinophilia at the rate of 15%. What disease can be suspected in this case?

- A** Periarthritis nodosa
- B** Systemic lupus erythematosus
- C** Systemic scleroderma
- D** Dermatomyositis
- E** Wegener's disease

160

3 hours before, a 68-year-old male patient got a searing chest pain radiating to the neck and left forearm, escalating dyspnea. Nitroglycerin failed to relieve pain but somewhat reduced dyspnea. Objectively: there is crimson cyanosis of face. Respiratory rate is 28/min. The patient has vesicular breathing with isolated sibilant rales. Heart sounds are muffled, with a gallop rhythm. Ps - 100/min, AP - 100/65 mmHg. ECG shows negative T-wave in V2-V6 leads. What drug can reduce the heart's need for oxygen without aggravating the disease?

- A** Isosorbide dinitrate
- B** Corinfar
- C** Atenolol
- D** Streptokinase
- E** Aminophylline

161

A 46-year-old patient complains of sudden palpitation, which is accompanied by pulsation in the neck and head, fear, nausea. The palpitation lasts for 15-20 minutes and is over after straining when holding her breath. What kind of cardiac disorder may be suspected?

- A** An attack of supraventricular paroxysmal tachycardia
- B** An attack of ventricular paroxysmal tachycardia
- C** An attack of atrial flutter
- D** An attack of ciliary arrhythmia
- E** An attack of extrasystolic arrhythmia

162

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

- A** Scabies
- B** Dermatitis
- C** Ringworm of body
- D** Toxicoderma
- E** Eczema

163

A welder at work got the first-degree burns of the middle third of his right shin. 5 days later the skin around the burn became edematous and itchy. Objectively: on a background of a well-defined erythema there is polymorphic rash in form of papules, vesicles, pustules, erosions with serous discharge. What is the most likely diagnosis?

- A** Microbial eczema
- B** True eczema
- C** Toxicoderma
- D** Occupational eczema
- E** Streptococcal impetigo

164

A 58-year-old patient has a 3-year history diabetes mellitus type II. He has been keeping to a

diet and regularly taking glyburide. He has been delivered to a hospital on an emergency basis for acute abdomen. Objectively: the patient is of supernutrition type. The skin is dry. In the lungs vesicular breathing can be auscultated. Heart sounds are regular, 90/min. AP- 130/70 mm Hg. The symptom of "wooden belly" is visible. Blood sugar - 9,8 millimole/l. The patients has indication for laparotomy. What is the most appropriate way of further treatment of diabetes?

- A** To administer short insulin
- B** To continue taking glyburide
- C** To administer Semilong to be taken in the morning and insulin - in the evening
- D** To administer 1 tablet of Glurenorm three times a day
- E** To administer 1 tablet of Maninil three times a day

165

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

- A** Pancreatine
- B** Contrykal
- C** Aminocapron acid
- D** Levomicytine
- E** Imodium

166

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

- A** Erysipelas
- B** Microbial eczema
- C** Contact dermatitis
- D** Toxicoderma
- E** Haemorrhagic vasculitis

167

A 45-year-old patient complains of some painless nodular elements tending to peripheral growth and fusion. He has a 2-year history of this disease. Aggravation takes place mainly in spring. In anamnesis: the patient's father had similar skin lesions. Objectively: pathological elements look like guttate and nummular nodules, plaques covered with white scales. What is your provisional diagnosis?

- A** Psoriasis
- B** Lichen ruber planus
- C** Neurodermitis
- D** Pityriasis rosea
- E** Seborrheic eczema

168

A 47-year-old patient came to see a doctor on the 7th day of disease. The disease developed very fast: after the chill body temperature rose up to 40°C and lasted up to 7 hours, then it dropped abruptly, which caused profuse sweat. There were three such attacks occurring once in two days. Two days ago the patient arrived from Africa. Objectively: pale skin, subicteric sclera, significantly enlarged liver and spleen. What is the cause of fever attacks in this disease?

- A** Erythrocytic schizogony
- B** Tissue schizogony
- C** Exotoxin of a causative agent
- D** Endotoxin of a causative agent
- E** Gametocytes

169

On the 2nd day of disease a 27-year-old patient complains of unbearable headache, repeated vomiting. Objectively: the patient is in a grave condition. He is conscious but adynamic. Lies in a forced position with his head thrown back. There is no skin rash. Nuchal muscles are evidently rigid, there are Kernig's and Brudzinski's signs.  $t^{\circ}$  - 39,5°C, Ps -120/min, AP - 130/80 mm Hg. The leading syndrome of this disease is caused by:

- A** Liquor hypertension
- B** Liquor hypotension
- C** Affection of the cranial nerve nuclei
- D** Haemorrhages in the adrenal glands
- E** Hyperthermy

170

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- E** Hyperthermy

171

A 43 y.o. woman complains of shooting heart pain, dyspnea, irregularities in the heart activity, progressive fatigue during 3 weeks. She had acute respiratory disease a month ago. On examination: AP- 120/80 mm Hg, heart rate 98 bpm, heart borders +1,5 cm left side, sounds are muffled, soft systolic murmur at apex and Botkin's area; sporadic extrasystoles. Liver isn't palpated, there are no edema. Blood test: WBC-  $6,7 \times 10^9/L$ , sedimentation rate- 21 mm/hour. What is the most probable diagnosis?

- A** Acute myocarditis
- B** Climacteric myocardiodystrophia
- C** Ichemic heart disease, angina pectoris
- D** Rheumatism, mitral insufficiency
- E** Hypertrophic cardiomyopathy

172

A 63-year-old female complains of general weakness, a feeling of heaviness, compression in the epigastrium, postprandial fullness, nausea, belching after meals. These symptoms have been observed for about 15 years. Objectively: body temperature is 36,4°C, respiratory rate - 20/min, Ps - 88/min, blood pressure - 115/75 mm Hg. Skin and mucous membranes are pale. Blood test results: RBC -  $2,0 \times 10^{12}/l$ , Hb - 100 g/l. Tests revealed parietal-cell antibodies. What is the most likely reason for the development of anemia in this patient?

- A** Production of antibodies to intrinsic factor
- B** Disruption of hemoglobin synthesis
- C** Disruption of erythropoietin synthesis
- D** Impaired iron absorption
- E** Increased loss of iron

173

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

- A** Cromoglycat sodium

- B** Regular dose of salbutamol
- C** Inhalation corticosteroids
- D** Tableted corticosteroids
- E** Injection of corticosteroids

174

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

- A** Exudative pleuritis
- B** Spontaneous pneumothorax
- C** Atelectasis of lung
- D** Cirrhotic tuberculosis
- E** Infarction-pneumonia

175

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

- A** Intravenous injection of sodium solutions
- B** Fresh-frozen plasma transfusion
- C** To prescribe polyglucin
- D** Sympathomimetics
- E** Hemosorbition

176

A 42-year-old female patient suffers from micronodular cryptogenic cirrhosis. Over the last week her condition has deteriorated: she developed convulsions, mental confusion, progressing jaundice. What study may give reasons for such aggravation?

- A** Determination of serum ammonia
- B** Determination of cholesterol ethers
- C** Determination of alpha-phetoprotein
- D** Determination of ALAT and ASAT
- E** Determination of alkaline phosphatase

177

A patient has chronic heart failure of the II stage. He takes furosemide regularly three times a week. He had developed bronchopneumonia and had been administered combined pharmacotherapy. On the fifth day of therapy the patient complained of hearing impairment. What drug coadministered with furosemide might have caused the hearing loss?

- A** Gentamicin
- B** Linex
- C** Nystatin
- D** Tavegil
- E** Mucaltin

178

A 60-year-old female patient complains of recurrent pain in the proximal interphalangeal and wrist joints, their periodic swelling and reddening that have been observed for 4 years. X-ray picture represents changes in form of osteoporosis, joint space narrowing and single usuras. What is the most likely diagnosis?

- A** Rheumatoid arthritis
- B** Osteoarthritis
- C** Gout

- D** Pseudogout
- E** Multiple myeloma

179

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

- A** Ferrum
- B** Vitamin B<sub>6</sub>
- C** Vitamin B<sub>12</sub>
- D** Protein
- E** Folic acid

180

A 28-year-old patient has been hospitalized for the pain in the epigastric region. He has a 10-year history of duodenal ulcer (DU). Recently, the pain character has changed: it became permanent, persistent, irradiating to the back. There are general weakness, dizziness, fatigue. The patient has put off weight. Objectively: HR- 68/min, AP- 120/80 mm Hg. What is most likely cause of deterioration?

- A** Penetration
- B** Haemorrhage
- C** Perforation of duodenal wall
- D** Exacerbation of duodenal ulcer
- E** Stenosis development

181

A 57-year-old male patient complains of dyspnea on exertion, heaviness in the right hypochondrium and shin edemata towards evening. Objectively: temperature -  $38,1^{\circ}\text{C}$ , HR- 20/min, HR=Ps=92/min, AP- 140/90 mm Hg. There is apparent kyphoscoliosis. In the lungs single dry rales can be auscultated. Heart sounds are muffled, rhythmic. ECG:  $Rv1+Sv5=15$  mm. X-ray picture shows the bulging of pulmonary artery cone, right ventricle enlargement. What is the most likely cause of this condition?

- A** Pulmonary heart
- B** Atherosclerotic cardiosclerosis
- C** Dilatation cardiomyopathy
- D** Mitral stenosis
- E** Primary pulmonary hypertension

182

A 30-year-old female patient has been delivered to a hospital for sudden dyspnea progressing to asthma, sensation of having a "lump in the throat", hand tremor, fear of death. The attack has developed for the first time and is associated with a strong emotion. There is no previous history. Objectively: respiratory rate - 28/min, Ps - 104/min, rhythmic, AP - 150/85 mm Hg. The patient has rapid superficial vesicular breathing with extended expiration. Percussion findings: heart borders are not changed. Cardiac sounds are loud, rhythmic. What is the most likely diagnosis?

- A** Neurocirculatory asthenia
- B** Bronchial asthma
- C** Hypertensive crisis
- D** Cardiac asthma
- E** Thyrotoxic crisis

183

A 24-year-old emotionally-labile woman presents with irritation, depressed mood, palpitation, shooting pain in the heart area, generalized fatigue following the divorce. On examination: palm hyperhidrosis, pulse rate- 72-78 bpm, labile, heart without changes. ECG is normal. What is the most probable pathology in this case?

- A** Neurasthenia
- B** Ipochondric neurosis
- C** Compulsive neurosis
- D** Schizophrenia
- E** Depressive neurosis

184

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

- A** Haemodialysis
- B** Antibacterial therapy
- C** Enterosorption
- D** Haemosorption
- E** Blood transfusion

185

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

- A** Obesity
- B** Arterial hypertension
- C** Hyperglycemia
- D** Hypercholesterolemia
- E** Hyperuricemia

186

A 36-year-old female patient complains of bruises on the body, gingival haemorrhage, general weakness. A month ago she had a severe domestic poisoning with some pesticide (the patient can not remember the name). She has a 7-year record of working in contact with petroleum products, particularly benzene. In blood: RBCs -  $3,2 \times 10^{12}/l$ , WBCs -  $2,7 \times 10^9/l$ , thrombocytes -  $70 \times 10^9/l$ . What is the most likely pathology?

- A** Benzene intoxication
- B** Organophosphorus pesticide intoxication
- C** Organochlorine pesticide Intoxication
- D** Mercury-containing pesticide intoxication
- E** Chronic fatigue Syndrome

187

While staying in a stuffy room a 19-year-old emotionally labile girl developed severe weakness, dizziness, blackout, nausea and loss of consciousness without convulsions. Objectively: the patient is unconscious, the skin is pale, extremities are cold. AP- 90/60 mm Hg, Ps- 96/min, deficient, breathing is shallow. Pupillary and tendon reflexes are present. There are no pathological signs. What is the most likely diagnosis?

- A** Syncope
- B** Vegetovascular paroxysm
- C** Epileptic attack
- D** Hysterical neurosis
- E** Transient ischemic attack

188

A patient complains of frequent, bulky, frothy stools with greenish mucus, cramping pain in the umbilical region, abdominal murmur, body temperature at the rate of 39°C. The patient associates the disease with consumption of soft-boiled eggs. What is the most likely pathogen?

- A** Salmonella
- B** Yersinia
- C** Shigella
- D** Enteropathogenic E.Coli
- E** Vibrio cholerae El Tor

189

A 40-year-old female patient complains of headache, dizziness, muscle weakness, occasional cramps in the extremities. She has been taking antihypertensive medications for 10 years. AP-180/100 mm Hg. Blood potassium - 1,8 millimole/l, sodium - 4,8 millimole/l. In urine: alkaline reaction, the relative density - 1012, protein and sugar are not found, WBCs - 3-4 in the field of vision, RBCs - 1-2 in the field of vision. Conn's syndrome is suspected. Which drug should be chosen for the treatment of arterial hypertension?

- A** Spironolactone
- B** Propanolol
- C** Enalapril
- D** Hydrochlorothiazide
- E** Clonidine

190

An 18-year-old patient presents no problems. Percussion reveals that heart borders are displaced to the right and left by 1 cm, there is a coarse systolic murmur with its epicenter within the 4th intercostal space on the left. What is the most informative examination to confirm the clinical diagnosis?

- A** Ventriculography
- B** ECG
- C** PCG
- D** Echocardiography
- E** Polycardiography

191

A 56-year-old patient complains of having persistent chest pain on the right for the last 2 months. The pain is not associated with respiration. He also complains of cough with blood-streaked sputum, weakness, decreased performance, fatigue. Chest radiograph shows a globular shade of 4x6 cm connected to the root of the lung in the lower part of the right lung. What is the most likely diagnosis?

- A** Peripheral lung cancer
- B** Metastasis
- C** Lung abscess
- D** Pneumonia
- E** Tuberculoma

192

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

- A** Roentgenography of lungs
- B** Roentgenoscopy of lungs
- C** Angiopneumonography
- D** Bronchography
- E** Bronchoscopy

193

A 58-year-old patient was diagnosed basal-cell skin cancer, 1st stage. Tumor is up to 1 cm in

size and with up to 0,5 cm deep infiltration in tissues. Tumor is localized in the right nasolabial area. Choose the most optimal method of treatment.

- A** Short-distance roentgenotherapy
- B** Long-distance roentgenotherapy
- C** Long-distance gamma therapy
- D** Chemotherapy
- E** Surgical treatment

194

A 27-year-old patient complains of nasal haemorrhages, multiple bruises on the anterior surface of the trunk and extremities, sudden weakness. In blood: Hb- 74 g/l, reticulocytes - 16%, RBCs -  $2,5 \times 10^{12}/l$ , platelets –  $30 \times 10^9/l$ , ESR- 25 mm/h. What is the most effective measure for the treatment of thrombocytopenia?

- A** Splenectomy
- B** Iron preparations
- C** Hemotransfusion
- D** Cytostatics
- E** Vitamin B<sub>12</sub>

195

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

- A** Herpes zoster
- B** Pemphigus
- C** Herpes simplex
- D** Streptococcal impetigo
- E** Herpetiform Dühring's dermatosis

196

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

- A** Lumbar-sacral radiculitis
- B** Lumbalgia
- C** Hepatic colic
- D** Renal colic
- E** Neuritis of femoral nerve

197

After lifting a load a patient felt undurable pain in the loin. He was diagnosed with acute lumbosacral radiculitis. Which of the following is contraindicated for this patient?

- A** Warming procedures
- B** Dehydrating drugs
- C** Analgetics
- D** Vitamins of B group
- E** Intravenous injection of aminophylline

198

An unconscious 35-year-old patient has been delivered by an ambulance to the intensive care unit. Objectively: the patient is in semicomatose. Moderate mydriasis is present. The reaction of pupils to light is reduced. The reaction to verbal instructions is missing. AP is 150/100 mm Hg, there is tachycardia. Blood contains methanol. What antidote should be administered?

- A** Ethanol
- B** Unithiol

- C** Thiamine chloride
- D** Tavegil
- E** Naloxone

199

After lifting a load, a 36-year-old male patient has experienced a severe pain in the lumbar region, which spread to the right leg and was getting worse when he moved his foot or coughed. Objectively: the long back muscles on the right are strained. Achilles jerk is reduced on the right. There is a pronounced tenderness of paravertebral points in the lumbar region. The straight leg raise (Lasegue's sign) is positive on the right. What additional tests should be performed in the first place?

- A** Radiography of the spinal column
- B** Computed tomography
- C** Magnetic resonance tomography
- D** Electromyography
- E** Lumbar puncture

200

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

- A** Cocainism
- B** Morphinism
- C** Barbiturism
- D** Nicotinism
- E** Cannabism

201

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

- A** Senile dementia
- B** Atherosclerotic (lacunar) dementia
- C** Presenile melancholia
- D** Behaviour disorder
- E** Dissociated personality (psychopathy)

202

A 17-year-old male patient consulted a therapist about malaise, chills, runny nose, aching muscles and joints, nausea and diarrhea. The patient asks to prescribe him a lot of painkillers and sedatives (tramadol or solpadein that help the best, and diazepam). Pharyngeal mucosa is pale pink, clean. Auscultation reveals vesicular breathing. Tachycardia is present. The pupils are dilated, there is sluggish response to light. There are injection marks on the forearm skin. During examination, the patient's manner is vulgar, irritable, rude and untruthful. Make a diagnosis:

- A** Opioid addiction
- B** Painkillers addiction
- C** Sedative drug addiction
- D** Acute respiratory disease
- E** Food-borne toxic infection

203

While lifting a heavy load a 39-year-old patient suddenly felt a severe headache, pain in the interscapular region, and started vomiting. Objectively: the pulse is rhythmic, 60/min, AP-180/100 mm Hg. The patient is agitated. He presents with photophobia, hyperacusis. There are

positive Kernig's and Brudzinski's signs on both sides. In blood: WBCs –  $10 \times 10^9/l$ . CSF is bloody, cytosis is 240/3. What is the most likely diagnosis?

- A** Subarachnoid haemorrhage
- B** Sympathoadrenal crisis
- C** Acute hypertonic encephalopathy
- D** Meningococcal meningitis
- E** Ischemic stroke

204

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

- A** Acute pleuritis
- B** Intercostal neuralgia
- C** Subcutaneous emphysema
- D** Spontaneous pneumothorax
- E** Pericarditis sicca

205

A 45-year-old patient, a sailor, was hospitalized on the 2nd day of the disease. A week ago he returned from India. Complains of body temperature of  $41^{\circ}C$ , severe headache, dyspnea, cough with frothy rusty sputum. Objectively: the patient is pale, mucous membranes are cyanotic, breathing rate is 24/min, tachycardia is present. In lungs: diminished breath sounds, moist rales over both lungs, crepitation. What is the most likely diagnosis?

- A** Pneumonic plaque
- B** Miliary tuberculosis
- C** Influenza
- D** Ornithosis
- E** Sepsis

206

HIV displays the highest tropism towards the following blood cells:

- A** T-helpers
- B** T-suppressors
- C** T-killers
- D** Thrombocytes
- E** Erythrocytes

207

A 25-year-old patient complains of general weakness, dry cough, sweating, subfebrile temperature. Objectively: lung auscultation reveals vesicular respiration with no wheezing. Fluorogram shows focal shadows of high intensity in the 1-2 segments of the right lung. Mantoux test gave a reaction of 16 mm of induration. What clinical form of tuberculosis is most likely?

- A** Focal
- B** Infiltrative
- C** Disseminated
- D** Tuberculoma
- E** Miliary

208

A 22-year-old patient is a clerk. His working day runs in a conditioned room. In summer he was taken by an acute disease with the following symptoms: fever, dyspnea, dry cough, pleural pain, myalgia, arthralgia. Objectively: moist rales on the right, pleural friction rub. X-ray picture showed infiltration of the inferior lobe. In blood: WBC –  $11 \times 10^9/l$ , stab neutrophils - 6%, segmented

neutrophils - 70%, lymphocytes - 8%, ESR - 42 mm/h. What is the ethiological factor of pneumonia?

- A** Legionella
- B** Mycoplasma
- C** Streptococcus
- D** Staphylococcus
- E** Pneumococcus

209

A 43-year-old female patient complains of dyspnea, swelling of legs, abdomen enlargement, pricking heart pain. She has a history of tuberculous bronchadenitis, quinsies. The patient's condition deteriorated 6 months ago. Objectively: cyanosis, bulging neck veins, vesicular breathing. Heart borders are not displaced. Heart sounds are muffled, Ps is 106/min, liver is +4 cm, ascites is present. Low voltage on the ECG has been revealed. Radiograph shows a thin layer of calcium deposits along the left contour of heart. What treatment should be recommended to the patient?

- A** Treatment by a cardiac surgeon
- B** Digitalis preparations
- C** Anti-TB drugs
- D** Diuretics
- E** Vasodilators, nitrates

210

A 53-year-old female patient complains of cardiac pain and rhythm intermissions. She has experienced these presentations since childhood. The patient's father had a history of cardiac arrhythmias. Objectively: the patient is in grave condition, Ps- 220 bpm, AP- 80/60 mm Hg. ECG results: heart rate - 215/min, extension and deformation of QRS complex accompanied by atrioventricular dissociation; positive P wave. Some time later heart rate reduced down to 45/min, there was a complete dissociation of P wave and QRST complex. Which of the following will be the most effective treatment?

- A** Implantation of the artificial pacemaker
- B**  $\beta$ -adrenoreceptor blocking agents
- C** Cholinolytics
- D** Calcium antagonists
- E** Cardiac glycosides

211

A 26-year-old female patient has an 11-year history of rheumatism. Four years ago she suffered 2 rheumatic attacks. Over the last 6 months there have been paroxysms of atrial fibrillation every 2-3 months. What option of antiarrhythmic therapy or tactics should be proposed?

- A** Prophylactic administration of cordarone
- B** Immediate hospitalization
- C** Defibrillation
- D** Lidocaine administration
- E** Heparin administration

212

A 49-year-old patient complains of dyspnea, cough. There are no sputum discharges. He has repeatedly used salbutamol and intal but with no effect. Objectively: he is only able to sit while leaning on the table. Cyanosis of face, acrocyanosis are present. Breathing is shallow, laboured, in some parts it cannot be auscultated; there are diffuse rales, expiration is significantly prolonged. Heart sounds are muffled, tachycardia is present. Ps - 112/min, AP- 110/70 mm Hg. Liver is located near the costal arch. There are no peripheral edemata. What is your provisional diagnosis?

- A** Status asthmaticus
- B** Chronic obstructive bronchitis
- C** Bronchiale asthma, moderate gravity
- D** Foreign object aspiration
- E** Cardiac asthma

213

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

- A** Calcium mechanisms
- B** Electrolytoosmotic mechanisms
- C** Acidotic mechanisms
- D** Protein mechanisms
- E** Lipid mechanisms

214

On the second day of the disease a 22-year-old male patient complains of high-grade fever, headache in the region of forehead and superciliary arches, and during eye movement; aching muscles and joints. Objectively: body temperature is 39°C. Face is hyperemic, sclerae are injected. The mucous membrane of the soft palate and posterior pharyngeal wall is bright hyperemic and has petechial hemorrhages. What changes in the hemogram are typical for this disease?

- A** Leukopenia
- B** Leukocytosis
- C** Neutrocytosis
- D** Anemia
- E** Accelerated ESR

215

A female patient consulted a dermatologist about the rash on the trunk and extremities. Objectively: interdigital folds, flexor surfaces of wrists and navel region are affected with pairs of nodulo-cystic eruptions and crusts. The rash is accompanied by skin itch that is getting stronger at night. What external treatment should be administered?

- A** 20% benzyl benzoate emulsion
- B** 5% sulfuric ointment
- C** 2% sulfuric paste
- D** 5% naphthalan ointment
- E** 5% tetracycline ointment

216

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

- A** RI of mixed type with prevailing obstruction
- B** RI of restrictive type
- C** RI of obstructive type
- D** RI of mixed type with prevailing restriction
- E** There is no RI

217

An ambulance had been called to a 48-year-old man. According to his relatives, the patient had had three attacks of unconsciousness accompanied by convulsions within 24 hours. On examination the doctor witnessed the following attack: the patient lost consciousness and fell to the floor, developed tonic, then clonic convulsions of trunk and extremities. The attack lasted 1 minute and ended with involuntary urination. Specify the kind of attack:

- A** Epileptic seizure
- B** Syncope
- C** Vegetative crisis
- D** Coma
- E** Attack of hysteria

218

A patient is 60 years old, retired, worked as deputy director of a research institute. Behavioural changes appeared 2 years ago after the death of her husband: she stopped looking after herself and leaving the house; then she refused to clean the apartment and cook. Mental status: temporal disorientation. The patient does not understand many of the questions, is confused; does not know how to cook soup or fasten a button. Her speech is characterized by stumbling and logoclonia. She does not recognize doctors, fellow patients. She cries a lot but can not explain the reason for tears. What is the mechanism of this pathology?

- A** Atrophy of the cerebral cortex
- B** Atherosclerotic changes in cerebral vessels
- C** Serotonin deficiency
- D** Impaired conversion of dopamine to noradrenaline
- E** Disorder of melatonin metabolism

219

A 26-year-old patient has abused alcohol since the age of 16, needs a morning-after drink to cure hangover. He takes alcohol nearly every day, "a little at a time". Twice a week he gets severely drunk. The patient works as a motor mechanic, over the last 2 years work conflicts have become more frequent. What medical and tactical actions should be taken in this case?

- A** Voluntary consultation and treatment at an addiction clinic
- B** Compulsory treatment
- C** Referral to treatment at an activity therapy centre
- D** Referral to medical-social expert commission for assessment of his working ability
- E** Consultation with a psychologist

220

A 47-year-old female patient has an 8-year history of ulcerative colitis, has been treated with glucocorticoids. She complains of cramping pain in the umbilical region and left iliac region which has significantly increased during the past 2 weeks, diarrhea with mucus and blood 4-6 times a day, elevated body temperature up to 38-39°C, headache and pain in the knee joints. Objectively: the patient is in moderate condition, Ps - 108/min, AP - 90/60 mm Hg; heart and lungs are unremarkable; the tongue is moist; abdominal muscle tone is significantly decreased; peristaltic noises are absent. What complication developed in the patient?

- A** Toxic dilatation of the colon
- B** Perforation of the colon
- C** Enterorrhagia
- D** Stricture of the colon
- E** Colon carcinoma

221

A 26-year-old patient with left lower lobe pneumonia experiences an acute chest pain on the left during coughing. Objectively: diffuse cyanosis, extension of the left side of chest. Percussion reveals high tympanitis. Auscultation reveals no respiratory murmurs above the left side of chest. There is a deviation of the right cardiac border towards the midclavicular line. What examination will be the most informative?

- A** X-Ray
- B** Bronchoscopy
- C** Bronchography
- D** Pneumotachometry
- E** Spirography

222

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

- A** Corticosteroids
- B** Diuretics

- C** NSAID
- D** Calcium antagonists
- E** Antibiotics

223

After myocardial infarction, a 50-year-old patient had an attack of asthma. Objectively: bubbling breathing with frequency of 32/min, cough with a lot of pink frothy sputum, acrocyanosis, swelling of the neck veins. Ps- 108/min, AP- 150/100 mm Hg. Heart sounds are muffled. Mixed moist rales can be auscultated above the entire lung surface. What drug would be most effective in this situation?

- A** Nitroglycerin intravenously
- B** Pentamin intravenously
- C** Strophanthin intravenously
- D** Dopamine intravenously
- E** Aminophylline intravenously

224

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

- A** Increase of bleeding speed
- B** Developing of cardiac insufficiency
- C** Shunting
- D** Depositing of blood in venous channel
- E** Presence of hypervolemia

225

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

- A** Gastroesophageal reflux
- B** Chronic gastritis
- C** Gastric peptic ulcer
- D** Acute erosive gastritis
- E** Duodenal peptic ulcer

226

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

- A** Irritable bowel syndrome
- B** Spastic colitis
- C** Colitis with hypertonic type dyskinesia
- D** Chronic enterocolitis, exacerbation phase
- E** Atonic colitis

227

Against the background of angina a patient has developed pain in tubular bones. Examination revealed generalized enlargement of lymph nodes, hepatolienal syndrome, sternalgia. In blood: RBCs -  $3,6 \times 10^{12}/l$ , Hb- 87 g/l, thrombocytes -  $45 \times 10^9/l$ , WBCs -  $13 \times 10^9/l$ , blasts - 87%, stab neutrophils - 1%, segmented neutrophils - 7%, lymphocytes - 5%, ESR - 55 mm/h. What is the most likely diagnosis?

- A** Acute leukemia
- B** Erythremia
- C** Chronic lymphocytic leukemia
- D** Chronic myeloid leukemia
- E** Multiple myeloma

228

A 49-year-old female patient with schizophrenia is all the time listening to something, insists that "there is a phone in her head" as she hears the voice of her brother who tells her to go home. The patient is anxious, suspicious, looks around all the time. Specify the psychopathological syndrome:

- A** Hallucinatory
- B** Generalized anxiety disorder
- C** Paranoiac
- D** Paraphrenic
- E** Depressive

229

A 43-year-old male patient undergoing treatment for peptic ulcer complains of weakness, dizziness, coffee-ground vomiting, melena. After administration of haemostatics the patient's condition has not improved, fresh blood has shown up in the vomit, skin bruises of different sizes have appeared. In blood: thrombocytes –  $50 \times 10^9/l$ , Lee-White clotting time - 35 minutes, APTT - 80 seconds. In this case it is most rational to administer the following preparation:

- A** Fresh frozen plasma
- B** Heparin
- C** Fibrinogen
- D** Rheopolyglucinum
- E** Vikasol

230

A 38-year-old patient complains of inertness, subfebrile temperature, enlargement of lymph nodes, nasal haemorrhages, bone pain. Objectively: the patient's skin and mucous membranes are pale, palpation revealed enlarged painless lymph nodes; sternalgia; liver was enlarged by 2 cm, spleen - by 5 cm, painless. In blood: erythrocytes -  $2,7 \times 10^{12}/l$ , Hb- 84 g/l, leukocytes –  $58 \times 10^9/l$ , eosinophils - 1%, stab neutrophils - 2%, segmented neutrophils - 12%, lymphocytes - 83%, lymphoblasts - 2%, smudge cells; ESR- 57 mm/h. What is the most likely diagnosis?

- A** Chronic lymphatic leukemia
- B** Chronic myeloleukemia
- C** Acute lymphatic leukemia
- D** Acute myeloleukemia
- E** Lymphogranulomatosis

231

A 30-year-old male patient complains of inertness, low-grade fever, bleeding gums, frequent quinsies, aching bones. Objectively: the patient has pale skin and mucous membranes, sternalgia, +2 cm liver, +5 cm painless spleen. Blood test results: RBC -  $2,7 \times 10^{12}/l$ , Hb - 80 g/l, WBC –  $3 \times 10^9/l$ , eosinophils - 4%, basophils - 5%, blasts - 4%, stab neutrophils - 2%, segmented neutrophils - 17%, lymphocytes - 29%, myelocytes - 25%, promyelocytes - 12%, monocytes - 2%, platelets –  $80 \times 10^9/l$ , ESR - 57 mm/h. What test should be performed to verify the diagnosis?

- A** Sternal puncture
- B** Trepine biopsy
- C** Lymph node biopsy
- D** Lumbar puncture
- E** Chest X-ray

232

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

- A** Alimentary constitutional obesity of the I stage, abdominal type
- B** Hypothalamic Itsenko-Cushing obesity of the II stage, gynoid type
- C** Alimentary constitutional obesity of the III stage, gynoid type
- D** Alimentary constitutional obesity of the II stage, abdominal type
- E** Hypothalamic Itsenko-Cushing obesity of the I stage, abdominal type

233

A 47-year-old male patient has been lately complaining of compressing chest pain that occurs when he walks a distance of 700-800 m. Once a week, he drinks 2 liters of beer. Rise in arterial pressure has been observed for the last 7 years. Objectively: Ps - 74/min, AP - 120/80 mm Hg. The bicycle ergometry performed at workload of 75 watts shows 2 mm ST-segment depression in V4-V6 leads. What is the most likely diagnosis ?

- A** Exertional stenocardia, II functional class
- B** Exertional stenocardia, III functional class
- C** Exertional stenocardia, IV functional class
- D** Vegetative-vascular dystonia of hypertensive type
- E** Alcoholic cardiomyopathy

234

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

- A** Systemic scleroderma
- B** Dermatomyositis
- C** Rheumatoid arthritis
- D** Systemic lupus erythematosus
- E** Raynaud's disease

235

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

- A** Maniacal onset
- B** Panic disorder
- C** Agitated depression
- D** Schizo-affective disorder
- E** Catatonic excitation

236

A patient had four generalized convulsive seizures within a day. Between the seizures the patient did not come to waking consciousness (was in a coma or stupor). Specify his state:

- A** Status epilepticus
- B** Frequent generalized seizures
- C** Frequent jacksonian seizures
- D** Hysterical attacks
- E** Frequent complex partial seizures

237

A 35-year-old patient complains of heartburn, sour eructation, burning, compressing retrosternal pain and pain along the esophagus rising during forward bending of body. The patient hasn't been examined, takes Almagel on his own initiative, claims to feel better after its taking. Make a provisional diagnosis:

- A** Gastroesophageal reflux disease
- B** Functional dyspepsia
- C** Cardiospasm

- D** Gastric ulcer
- E** Duodenal ulcer

238

As a result of lifting a load a 62-year-old female felt acute pain in the lumbar region, in a buttock, posterolateral surface of her right thigh, external surface of the right shin and dorsal surface of foot. Objectively: weakness of the anterior tibial muscle, long extensor muscle of the right toes, short extensor muscle of the right toes. Low Achilles reflex on the right. Positive Lasegue's sign.

What examination method would be the most effective for specification of the diagnosis of discogenic compression of L<sub>5</sub> root?

- A** Magnetic resonance scan
- B** Spinal column X-ray
- C** Electromyography
- D** Angiography
- E** Lumbar puncture

239

A 45-year-old female patient complaining of general weakness, nausea and vomiting has been delivered to a hospital by the ambulance. Recently there has been a lack of appetite, weight loss. Objectively: hyperpigmentation of skin, blood pressure at the rate of 70/45 mm Hg, bradycardia. Additional studies revealed the reduced concentration of aldosterone and cortisol in blood, decreased excretion of 17-ketosteroids and 17-oxyketosteroids in the urine, hyponatremia, chloropenia, hypokalemia. What therapeutic measures are required?

- A** To administer glucocorticoids, mineralocorticoids, and a diet with a high content of cooking salt
- B** To prescribe a diet with a high content of cooking salt
- C** To administer prednisolone
- D** To administer aldosterone
- E** To administer insulin

240

A 23-year-old female patient has a mental disease since the age of 18, the course of disease has no remission periods. At a hospital the patient mostly presents with non-purposeful foolish excitation: she makes stereotypic grimaces, exposed, masturbating in front of a loud laugh, repeating the stereotypical abusive shouts. The patient should be assigned:

- A** Neuroleptics
- B** Antidepressants
- C** Tranquilizers
- D** Nootropics
- E** Mood stabilizers

241

A 40-year-old patient is registered in a narcological dispensary. Somatically: skin is dramatically hyperemic, sclera are injected, hyperhidrosis is present. AP- 140/100 mm Hg, heart rate - 100/min. Mental state: autopsychic orientation is intact, allopsychic orientation is distorted. The patient presents with motor anxiety. There is a look of fear on his face. He refuses to talk about his problems and asks to release him immediately, because he "may be killed." This state developed a day after a regular drinking bout. What is your provisional diagnosis?

- A** Delirium tremens
- B** Organic delirium
- C** Paranoia
- D** Alcoholic hallucinosis
- E** Alcoholic paranoid

242

During the preventive examination a 17-year-old young man reports no health problems. Objectively: the patient is undernourished, asthenic; blood pressure is 110/70 mm Hg, Ps - 80/min. Heart borders are within normal range. Auscultation reveals three apical heart sounds,

murmurs are absent. ECG shows no pathological changes, PCG registers the S3 occurring 0,15 seconds after the S2. How can you interpret these changes?

- A** Physiologic S3
- B** Fout-ta-ta-rou (three-component rhythm)
- C** Protodiastolic gallop rhythm
- D** Presystolic gallop rhythm
- E** Physiologic S4

243

A patient is being prepared for the operation on account of varix dilatation of lower extremities veins. Examination of the patient's soles revealed flour-like desquamation along the skin folds. All the toenails are greyish-yellow, thickened and partially decayed. What dermatosis should be suspected?

- A** Rubromycosis
- B** Pityriasis versicolor
- C** Candidosis
- D** Microsporia
- E** Microbial eczema

244

A 14-year-old patient with signs of internal haemorrhage has been taken to a hospital after a fight. He has had haemophilia A since childhood. He has been diagnosed with retroperitoneal hematoma. What should be administered in the first place?

- A** Cryoprecipitate
- B** Aminocaproic acid
- C** Dried plasma
- D** Platelet concentrate
- E** Fresh blood

245

A 58-year-old patient complains of a headache in the occipital region, nausea, choking, opplotentes. The presentations appeared after a physical exertion. Objectively: the patient is excited. Face is hyperemic. Skin is pale. Heart sounds are regular, the 2nd aortic sound is accentuated. AP- 240/120 mm Hg, HR- 92/min. Auscultation reveals some fine moist rales in the lower parts of the lungs. Liver is not enlarged. ECG shows signs of hypertrophy and left ventricular overload. What is the most likely diagnosis?

- A** Complicated hypertensive crisis, pulmonary edema
- B** Acute myocardial infarction, pulmonary edema
- C** Bronchial asthma exacerbation
- D** Uncomplicated hypertensive crisis
- E** Community-acquired pneumonia

246

A 37-year-old patient complains of pain in the lumbar spine that is getting stronger during walking; restricted mobility, edema of the right side of abdomen. He has a history of focal tuberculosis. X-ray picture shows the destruction of the adjacent surfaces of the 1-2 vertebral bodies of the lumbar spine, vertebral body height is decreased, intervertebral foramen is undetectable. Abdominal ultrasound reveals a 15x20 cm formation in the retroperitoneal space, there are echo signals of fluid presence. What is the most likely diagnosis?

- A** Tuberculous spondylitis of the lumbar spine
- B** Fracture of the 1-2 vertebral bodies of the lumbar spine
- C** Spinal metastases
- D** Spondylolisthesis of the lumbar spine
- E** Osteochondrosis

247

A 43-year-old female patient was delivered to the hospital in grave condition. She has a history

of Addison's disease. The patient had been regularly taking prednisolone but a week before she stopped taking this drug. Objectively: sopor, skin and visible mucous membranes are pigmented, skin and muscle turgor is decreased. Heart sounds are muffled, rapid. AP- 60/40 mm Hg, heart rate - 96/min. In blood: Na - 120 millimole/l, K - 5,8 millimole/l. Development of this complication is primarily caused by the deficit of the following hormone:

- A** Cortisol
- B** Corticotropin (ACTH)
- C** Adrenaline
- D** Noradrenaline
- E** Adrostendion

248

In a cold weather, the emergency room admitted a patient pulled out of the open water. There was no respiratory contact with the water. The patient is excited, pale, complains of pain, numbness of hands and feet, cold shiver. Respiratory rate is 22/min, AP - 120/90 mm Hg, Ps - 110/min, rectal temperature is 34,5°C. What kind of warming is indicated for this patient?

- A** Passive warming
- B** Infusion of 37°C solutions
- C** Hot compresses
- D** Warm bath
- E** Hemodialysis with blood warming

249

Survey radiograph of a 52-year-old worker of an agglomeration plant (28 years of experience, the concentration of metal dust is 22-37 mg/m<sup>3</sup>) shows mildly pronounced interstitial fibrosis with diffused contrast well-defined small nodular shadows. The patient has no complaints. Pulmonary function is not compromised. What is the provisional diagnosis?

- A** Siderosis
- B** Silicosis
- C** Anthraco-silicatosi
- D** Silicatosi
- E** Anthracosis

250

A 60-year-old patient complains of nearly permanent sensation of heaviness and fullness in the epigastrium, that increases after eating, foul-smelling eructation, occasional vomiting with food consumed 1-2 days ago, weight loss. 12 years ago he was found to have an ulcer of pyloric channel. The patient has taken ranitidine for periodic hunger pain. The patient's condition has been deteriorating over the last 3 months. Objectively: splashing sound in the epigastrium is present. What kind of complication is it?

- A** Pyloric stenosis
- B** Penetration of gastric ulcer
- C** Functional pyloric spasm
- D** Foreign body in the stomach (bezoar)
- E** Malignization of gastric ulcer

251

A 52-year-old patient works as a secretary and has 30 year record of service. She complains of spasms in her right hand during working and inability to type and write. Up to 80% of her work involves hand load. The patient has been presenting with these symptoms for 2 years. Objectively: the right hand is tense, there is an increase in muscle tone, attempts to write cause spasms. Examination revealed no pathological changes of CNS. What is the most likely diagnosis?

- A** Spastic form of coordination neurosis
- B** Neuralgic form of coordination neurosis
- C** Paretic form of coordination neurosis
- D** Hysteric neurosis
- E** Chronic manganese intoxication

252

Examination of an electric welder with 15 years of service record revealed dry rales in the lower lung fields. Radiograph shows diffuse nodules sized 3-4 mm in the middle and lower lung fields. What disease can be suspected?

- A** Heavy-metal coniosis
- B** Silicosis
- C** Silicatosi
- D** Carbon pneumo coniosis
- E** Bronchitis

253

A 22-year-old vegetarian patient with signs of malnutrition consulted a doctor about smell and taste distortion, angular stomatitis. Objectively: expressively blue sclerae. The patient was diagnosed with iron deficiency anemia. What is the dominating clinical syndrome?

- A** Sideropenic
- B** Anaemic
- C** Haemologic
- D** Haemolytic
- E** Myelodysplastic

254

A patient complains of retrosternal pain, difficult swallowing, over 10 kg weight loss within three months, general weakness. In blood: hypochromic anaemia, neutrophilic leukocytosis. In feces: weakly positive Gregersen's reaction. On esophagram a filling defect with ill-defined serrated edges shows up along a large portion of the esophagus. What is the most likely diagnosis?

- A** Esophageal carcinoma
- B** Benign tumour
- C** Esophageal achalasia
- D** Peptic ulcer
- E** Sideropenic dysphagia

255

A 12-year-old boy periodically has short episodes (10-15 seconds) of a brief loss of awareness with a dazed look and eyes stare in an upright position, blank expression of face, absence of motions and subsequent amnesia. Specify the described state:

- A** Absence seizure
- B** Obnubilation
- C** Trance
- D** Fugue
- E** Sperrung

256

A 19-year-old male patient complains of intense pain in the left knee joint. Objectively: the left knee joint is enlarged, the overlying skin is hyperemic, the joint is painful on palpation. Blood test results: RBC -  $3,8 \times 10^{12}/l$ , Hb - 122 g/l, lymphocytes -  $7,4 \times 10^9/l$ , platelets -  $183 \times 10^9/l$ . ESR - 10 mm/h. Duke bleeding time is 4 minutes, Lee-White clotting time - 24 minutes. A-PTT is 89 s. Rheumatoid factor is negative. What is the most likely diagnosis?

- A** Hemophilia, hemarthrosis
- B** Werlhof's disease
- C** Rheumatoid arthritis
- D** Thrombocytopathy
- E** Hemorrhagic vasculitis, articular form

257

Explosion of a tank with benzene at a chemical plant has killed and wounded a large number of people. There are over 50 victims with burns, mechanical injuries and intoxication. Specify the

main elements of medical care and evacuation of population in this situation:

- A** Sorting, medical assistance, evacuation
- B** Sorting, evacuation, treatment
- C** Medical assistance, evacuation, isolation
- D** Isolation, rescue activity, recovery
- E** Sorting, recovery, rescue activity

258

An emergency doctor has diagnosed a 32-year-old woman with generalized convulsive status epilepticus. The deterioration in the patient's condition is caused by a sudden gap in the epilepsy treatment. Specify the doctor's further tactics:

- A** Hospitalization in the intensive care unit
- B** Hospitalization in the department of neurology
- C** Hospitalization in the department of neurosurgery
- D** Outpatient monitoring by a neuropathologist
- E** Outpatient monitoring by a neurosurgeon

259

A 63-year-old male patient with persistent atrial fibrillation complains of moderate dyspnea. Objectively: peripheral edemata are absent, vesicular breathing is present, heart rate - 72/min, AP - 140/90 mm Hg. What combination of drugs will be most effective for the secondary prevention of heart failure?

- A** Beta-blockers, ACE inhibitors
- B** Beta-blockers, cardiac glycosides
- C** Cardiac glycosides, diuretics
- D** Cardiac glycosides, ACE inhibitors
- E** Diuretics, beta-blockers

260

A 57-year-old male patient had an attack of retrosternal pain that lasted more than 1,5 hours. Objectively: the patient is inert, adynamic, has pale skin, cold extremities, poor volume pulse, heart rate - 120/min, AP - 70/40 mm Hg. ECG shows ST elevation in II, III, aVF leads. What condition are these changes typical for?

- A** Cardiogenic shock
- B** Arrhythmogenic shock
- C** Perforated gastric ulcer
- D** Acute pericarditis
- E** Acute pancreatitis

261

A 42-year-old female lives in the basement, is unemployed, undernourished. She complains of having general weakness, hair loss, brittle nails for six months, likes to eat chalk. Objectively: the patient is emaciated, pale, has dry skin. Peripheral lymph nodes are not enlarged. Liver is +1,5 cm. In blood: RBCs -  $1,8 \times 10^{12}/l$ , Hb- 62 g/l, colour index - 0,78, reticulocytes - 0,5 ‰, ESR- 18 mm/h. Leukogram exhibits no pathology. What is a provisional diagnosis?

- A** Nutritional iron deficiency anaemia
- B** Chronic hepatitis
- C** B<sub>12</sub>-deficiency anaemia
- D** Acquired haemolytic anaemia
- E** Congenital haemolytic anaemia

262

A 20-year-old patient complains of breath shortness, continuous dull heart pain, irritability. Objectively: general condition is satisfactory, the pulse is labile, AP- 130/60 mm Hg. ECG shows repolarization disorder. The patient has been diagnosed with cardiac-type neurocirculatory dystonia. The patient should receive treatment under the following conditions:

- A** Outpatient treatment

- B** Inpatient treatment at the therapeutic department
- C** Inpatient treatment at the cardiology department
- D** Inpatient treatment at the cardiac surgery department
- E** Inpatient treatment at the psychiatric department

263

A 45-year-old male patient complains of acute pain in his right side irradiating to the right thigh and crotch. The patient claims also to have frequent urination with urine which resembles a meat slops. The patient has no previous history of this condition. There is costovertebral angle tenderness on the right (positive Pasternatsky's symptom). What is the most likely diagnosis?

- A** Urolithiasis
- B** Acute appendicitis
- C** Acute pyelonephritis
- D** Acute cholecystitis. Renal colic
- E** Acute pancreatitis

264

A 38-year-old male works within the range of ionizing radiation. At a routine medical examination he presents no problems. In blood: RBCs -  $4,5 \times 10^{12}/l$ , Hb- 80 g/l, WBCs -  $2,8 \times 10^9/l$ , thrombocytes –  $30 \times 10^9/l$ . Decide if this person can work with sources of ionizing radiation:

- A** Working with radioactive substances and other sources of ionizing radiation is contraindicated
- B** The patient is allowed to work with radioactive substances
- C** The patient can only work with radioactive substances of low activity
- D** The patient can be allowed to work after an extended medical examination
- E** The patient is allowed to work with radioactive substances for the limited period of time

265

A patient who undergoes treatment at a tuberculosis clinic has complained of having progressing headache for the last 3 weeks. Neurological examination reveals rigidity of occipital muscles, no focal symptoms. What is your provisional diagnosis?

- A** Tuberculous meningitis
- B** Chorea minor
- C** Brain tumour
- D** Myelitis
- E** Convexital arachnoiditis

266

A patient with chronic suppurative otitis has developed severe headache, vomiting, body temperature rise. The meningeal symptoms are present. There are no focal neurological symptoms. The further tactics of a doctor should be:

- A** Urgent hospitalization and diagnostic lumbar puncture
- B** Skull radiography
- C** Regular medical check-up
- D** Administration of anti-inflammatory drugs
- E** Referral for a consultation with otolaryngologist

267

A 28-year-old male patient complains of sour regurgitation, cough and heartburn that occurs every day after having meals, when bending forward or lying down. These problems have been observed for 4 years. Objective status and laboratory values are normal. FEGDS revealed endoesophagitis. What is the leading factor in the development of this disease?

- A** Failure of the lower esophageal sphincter
- B** Hypersecretion of hydrochloric acid
- C** Duodeno-gastric reflux
- D** Hypergastrinemia
- E** Helicobacter pylori infection

268

Routine examination of a 16-year-old boy revealed the presence of three heart sounds on auscultation. The third sound is low and occurs in early diastole, there is no additional murmur. In history: pneumonia six months ago. The patient presents no problems. Examination revealed hyposthenia, underdevelopment of muscles. Laboratory and instrumental studies revealed no peculiarities. What is the origin of the additional heart sound?

- A** Physiological III sound
- B** The sound of the mitral valve opening
- C** Protodiastolic gallop rhythm
- D** Pericardial diastolic sound
- E** The sound of the tricuspid valve opening

269

A patient's condition is getting worse towards evening: she becomes excited, complains of "internal anxiety", "a weight on her heart", foreboding of evil - "something evil will happen to me or my family". The patient is sad, melancholic, has poor appetite and sleep disorders. Specify the kind of mental disorder:

- A** Anxious depression
- B** Somatized depression
- C** Endogenous depression
- D** Hypochondriac depression
- E** Agitated depression

270

A 30-year-old male patient had been admitted to the TB hospital because of the following changes detected by fluorography: an ill-defined shadow of low intensity up to 1 cm in diameter in the S1 of the right lung. CT scan showed a destruction area in the center of the shadow. Sputum analysis revealed MTB. The patient was diagnosed with focal tuberculosis. What phases of tuberculosis are the identified changes typical for?

- A** Infiltration and disintegration
- B** Infiltration and dissemination
- C** Resorption and scarring
- D** Disintegration and dissemination
- E** Calcification and resorption

271

A 43-year-old female complains of significant weakness, sore throat, occurrence of multiple unexplained bruises on her skin. These symptoms have been present for a week, the disease is associated with quinsy which she had some time before. Objectively: body temperature - 38,9°C, respiratory rate - 24/min, Ps - 110/min, AP - 100/65 mm Hg. The patient has pale skin, petechial rash on the extremities, enlarged lymph nodes. Blood test results: Hb - 80 g/l, RBC -  $2,2 \times 10^{12}/l$ ; WBC -  $3,5 \times 10^9/l$ ; blasts - 52%; eosinophils - 2%; stab neutrophils - 3%; segmented neutrophils - 19%; lymphocytes - 13%; monocytes - 1%; platelets -  $35 \times 10^9/l$ . ESR - 47 mm/h. What test is required to specify the diagnosis?

- A** Immunophenotyping
- B** Protein electrophoresis
- C** Lymph node biopsy
- D** Determination of anti-platelet antibody titer
- E** Cytogenetic study

272

A 47-year-old male patient complains of compressive chest pain that occurs both at rest and during light physical activity; irregular heartbeat. These problems arose 3 months ago. The patient's brother died suddenly at the age of 30. Objectively: Ps - 84/min, arrhythmic, AP - 130/80 mm Hg. ECG confirms signs of left ventricular hypertrophy, abnormal Q-waves in V4-V6 leads. EchoCG reveals that interventricular septum is 1,7 cm, left ventricular wall thickness is 1,2 cm. What is the most likely diagnosis?

- A** Hypertrophic cardiomyopathy
- B** Neurocirculatory asthenia
- C** Exertional angina
- D** Myocarditis
- E** Pericarditis