

№ п/п	Situational tasks	A	B	C	D	E	Correct answer
1	Parents with 30-month child appealed to the admitting office of the hospital in 6 hours since the beginning of the disease with complaints on an abdominal pain, vomiting, body temperature 37,6°C. A duty doctor did not find out obvious acute surgical pathology. What should the actions of the surgeon be?	to release the child home under the supervision of the family physician;	to release the child home;	to hospitalize and prolong the supervision	the next examination in 12 hours	the next examination in 24 hours	C
2	A 10 year-old child entered the hospital with sharp abdominal pain. The examination showed tenderness widespread all over abdomen, flatulence, signs of peritonism. The body temperature was 38°C. Leucocytes was $12,0 \times 10^9$ without the deviation of the differential count to the left. There were small hemorrhages on the oral mucosa, hemorrhagic exanthems on the symmetric areas of the body. Despite the intensive antibiotic treatment, the state of the patient keeps on worsening. An icterus joined. What disease do you think about in this case?	Henoch-Schonlein's purpura (mixed form)	acute gastroenteritis;	diffuse peritonitis	dysentery	measles	A

3	3 hours ago a 14 year-old girl has suddenly felt sharp pain in the lower abdomen with vomiting, that was accompanied by losing consciousness. The examination results are: the temperature was normal, tenderness in the right lower quadrant of abdomen, positive symptoms of rebound tenderness. Your diagnosis?	incarcerated inguinal right-side hernia	acute appendicitis	enterodynia	acute mesadenitis	rupture of right-side ovarian cyst	E
4	A 3 year-old child fell ill 16 hours ago, when suddenly the temperature rose to 39°C, there occurred pain in the umbilical region. There was frequent vomiting, diarrhea. The examination results are: grave condition of the patient; pulse 140 beats per minute. Muscular tension is available in the right lower quadrant of abdomen. What might be the diagnosis in this case?	acute gastritis	acute appendicitis	gastroduodenitis	gastroenterocolitis	local peritonitis	B
5	At what nontypical location of vermiform appendix there can be diarrhea at acute appendicitis in children. In which cases does diarrhea confirm inflammation in the appendix?	In junior children regardless of the location of the appendix	during the first day of the disease	at hyperthermia and typical location	pelvic location	retroperitoneal location	D
6	14 hours ago at a 12 year-old boy felt persistent pain in the right lower quadrant of	Empyema of vermiform appendix	Phlegmonous appendicitis	Catarrhal appendicitis	Perforating appendicitis	Gangrenous appendicitis	E

	abdomen. For the last 2 hours the pain remitted. Acute appendicitis was diagnosed. What morphological form of acute appendicitis would result in remitting of intensity of abdominal pain?						
7	A 8 year-old child complained on an abdominal pain, non-permanent vomiting, high body temperature. 18 hours have passed since he has fallen ill. What signs will most confirm the diagnosis of acute appendicitis?	muscular tension in an epigastrium	local pain in the right lower quadrant of abdomen (without muscular tension)	local pain and muscular tension in a mesogaster	tenderness in all parts of abdomen during deep palpation	local pain and muscular tension in the right lower quadrant of abdomen	E
8	A 3 year-old child was hospitalized with suspicion on acute appendicitis. Which of the symptoms given below will be the most informing in the process of examining the child?	symptom of comparative dosed percussion (palpation) due to the method of Rozdolsky	Shchotkin-Blumberg symptom	Sitkowsky's symptom	Rovsing's symptom	Pasternatsky's symptom	A
9	A 5 year-old girl applied to the admitting office of the hospital with complaints on an abdominal pain, vomiting. During the examination of the abdomen it was found out local pain and positive symptom of comparative dosed percussion due to the method of Rozdolsky. What is the most possible diagnosis?	mesenteric adenitis	acute appendicitis	ovarian cyst	acute gastroduodenitis	acute gastritis	B

10	For three days a 12 year-old boy suffered from abdominal pain, and high temperature of body. The examination resulted in suspicion on infiltrate of abdominal region. What is the most effective method of verification of the diagnosis?	plain X-ray of the abdomen	ultrasound diagnostic	gastroduodenoscopy	X-ray of the gastrointestinal tract with contrast substance	rectoromanoscopy	B
11	A 5 year-old girl fell ill 2 hours ago, she suffered from pains in the right lower quadrant of abdomen and lower abdomen, followed by the headache. There was brief loss of consciousness, frequent vomiting, non-permanent diarrhea. Body temperature was 38,2. The abdomen was tense and there was tenderness in the umbilical region, more intense in the lower regions. The symptoms of rebound tenderness were positive. There was mucopurulent discharge from genitalis. What is your initial diagnosis?	primary (diplococcus) peritonitis of girls	acute appendicitis	acute intestinal infection	acute mesenteric adenitis	enterovirus infection	A
12	In a 12 year-old girl on the 9-th day after operation for gangrenous appendicitis with the pelvic location despite the conducted treatment the Douglas abscess developed. The abdomen is soft, tender in the	laparotomy and opening of abscess (through abdomen)	warm small enema and suppository with antibiotics	presacral novocaine blockade	puncture of the Douglas abscess with the following opening and drainage	electrophoresis with antibiotics on the lower abdomen	D

	lower abdomen; during rectal examinations its front wall overhangs, infiltrate with softening of tissue and immobile mucosa inside was diagnosed. What must be subsequent tactics of a surgeon?						
13	Having had carrot puree a 5-month-infant became uneasy; there was a paroxysmal abdominal pain and frequent vomiting. During examination in 8 hours since he has fallen ill: state of moderate severity, the abdomen is not distended, soft. The rectal research showed the absence of excrements, though there was mucus with the admixture of blood. What disease do you think it is in this case?	dyspepsia	intestinal infection	intestinal intussusception	gastroenteric bleeding	intestinal polyposis	C
14	A 12 year-old boy was hospitalized with complaints on pain and swelling of the right half of scrotum, the body temperature was 37,9 °C. The day before there was an insignificant trauma. The right testis is dense, acutely tender; it is fixed in the region of the scrotum root in the external inguinal ring. The left testis is palpable on the bottom of	orchiepididymitis	acute hydrocele of right testis	torsion right testis	posttraumatic orchitis	torsion of the hydatid of Morgagni	C

	scrotum, non-tender. What do you diagnose?						
15	The closed trauma of abdomen with the damage of hollow organ is characterized by:	Blunted sound in sloping parts	Positive symptoms of rebound tenderness	Symptom «van'ka-vstan'ka» (doll with weight attached to base causing it always recover its standing position)	Availability of free air in an abdominal cavity on the plain film	Unavailability of peristalses	D
16	The closed trauma of spleen is characterized by the following symptoms:	Phrenic sign	Intense girdle pain	Blunted sound in the left half of abdomen during percussion	Shchotkin-Blumberg symptom is poorly positive	Decreased arterial pressure	C
17	For diagnosing traumatic damage of spleen the following methods are used:	Angiography	Laparoscopy	Ultrasound diagnostic	Plain X-ray of the abdomen	Pneumoperitoneum	C
18	The closed trauma of liver is characterized by the following symptoms:	Posttraumatic shock phenomena	Phrenic sign	Blunted sound in the right side channel during percussion	Tenderness and poorly positive Shchotkin-Blumberg symptom in the right under the ribs	Pasternatsky's symptom is positive	B
19	A red painful spot appeared near the anus of the 1-month-old infant. A subcutaneous fat tissue is infiltrated under it. The body temperature is 38,9 °C. What disease do you think it is in this case?	carbuncle;	hemangioma	furuncle	acute paraproctitis	haematoma	D

20	A 21 day-old infant's umbilicus is edematic, hyperemia spreads on the umbilical fossula, purulent discharge from umbilicus is being visualized. What disease can be diagnosed?	phlegmonous omphalitis	umbilical fistula	furuncle	carbuncle	necrotizing phlegmon of newborn ones	A
21	An 8 year-old child has fallen down at the lesson of physical education. In the evening he felt week, sluggish, the temperature was 39,9. His right leg is adducted to the abdomen. Palpation of the top third of his thigh, and motions in the coxofemoral joint are acutely painful. Hemorrhagic exanthems on the skin of the trunk and limbs are visualized. The proposed diagnosis is acute gematogenic osteoyelitis of femoral neck. What treatment is recommended in the first place?	hormonotherapy	detoxication therapy	antibacterial therapy	osteoperforation of femoral neck	diagnostic spinal puncture	D
22	A hospitalized child complains about a permanent intensive pain in the top third of his shin which is edematic, malfunction of the limb, increase of temperature to 38C for 5 days. The proposed diagnosis is acute gematogenic osteoyelitis of top third of the tibia, local form. It is known that earlier a paediatrician	the breach of pus in subperiosteal space with the decline of intraosseous pressure	distribution of phlegmon on to the fascial space	destruction of cortical layer of bone with the decline of intraosseous pressure	the use of nonsteroid drugs	any of the mentioned above	A

	prescribed ibuprofen, suprastin, analgin, and compresses for the treatment of acute arthritis of knee-joint. In 12 hours the pain remitted. What caused the abatement?						
23	A 4 year-old boy in grave condition has been hospitalized in the surgical department. He raves sometimes. The day before the temperature rose to 39C, there was the fever, weakness, vomiting. The examination showed: the child was pale, his eyes were hollow, lips of cyanotic, the skin was dry. The pulse was 110 beats per minute, the arterial pressure was 80/60 mm Hg., the breathing was frequent, superficial. The tongue was dry. The top third of the right tibia is painful, painfulness increases at percussion. Leucocytes was $20 \times 10^9/l$ . What disease is diagnosed?	flu	pneumonia	toxic dyspepsia	acute hematogenic osteomyelitis of right tibia, toxic form	sepsis	D
24	A 7 year-old girl has been hospitalized in the clinic with complaints about the pain in her right lower limb, high temperature (40°), headache, nausea, vomiting. Week ago she fell ill with a virus infection. The proposed diagnosis is acute	bone puncture with measuring of the intraosseous pressure	X-ray of the right thigh	USD of the right thigh	contact thermometry	liquid-crystal thermography	A



	gematogenic osteoyelitis of the right thigh. What additional method of early diagnostics is appropriate for verification of the diagnosis?						
25	The state of a 3 year-old child with the right-side acute pneumonia has worsened suddenly – dyspnea increased, cyanosys and anxiety developed. On the X-ray of thoracic organs on the right: a lung pattern is not traced, some level of liquid is visualised; mediastinum is acutely displaced to the left. Tense right-side pyopneumothorax is diagnosed. What subsequent medical tactics would you choose?	bronchoocclusion by Heras'kin	pleura puncture	therapeutic bronchoscopy	intensification of antibacterial therapy	drainage of pleura cavity with a passive aspiration by Biulau	E
26	A tumour in a sacrococcygeal area has been discovered in a 1-month-old infant. The general state of the child is satisfactory. The blood and urine test are in the norm. The size of the tumor is 11×6 cm, it is uneven, immobile, painless. The skin above the tumor is of natural color. The rectal examination found out the inside of this tumor between a coccygeal bone and rectum. What is your proposed diagnosis?	lipoma	cyst of coccyx	inflammatory infiltration	teratoma	paraproctitis	D

27	For the last three months a 3 year-old girl became inert, pale, her appetite went down, abdominal pains developed. At palpation of abdomen a dense tumor occupying almost all right half of abdomen was identified. In the blood test of ESR – 18 mm/hour, in the urinalysis –4-5 red cells. What is your proposed diagnosis?	tumor of the intestine	tumor of liver	Wilms tumor	rightsided hydronephrosis	rightsided ovarian cyst	C
28	Specify the basic sign of commissural ileus	Postoperative scar of any remoteness available on the abdominal wall	Paroxysmal abdominal pain	Nausea and vomiting	Retention of stools and gases	Asymmetry of abdomen or flatulence	A
29	An infant's right top limb moves badly, the child is inert, sleeps all the time, the body temperature is 37,6°C, there is an edema in the area of humeral joint. On the X-ray film one can see expansion of interarticular fissure. What disease can you diagnose?	acute hematogenous osteomyelitis	Erb's paralysis	Shoulder phlegmon	Shoulder dislocation	haematoma	A
30	A 10-month infant suddenly grew blue, and had a fit of coughing while playing. Some time later breathing frequency multiplied and the attacks of stuffiness occurred. The child was hospitalized to a somatic	Plain film	ECG	bronchoscopy	bronchography	USD	A

	department with suspicion on the right side pneumonia. What research is required to set the right diagnosis ?						
31	A child has been ill for a week with complaints about permanent pulsating pain in the left shin, the child cannot walk and sleep at night. The body temperature is 39°C, a shin is enlarged, edematic, of pink color, the symptom of fluctuation has been discovered in the middle area. The blood test showed leucocytes was $18,0 \times 10^9$ . What is in the first place?	puncture of the bone .	Incision of soft tissues	Incision of soft tissues	Compress on the shin	puncture of soft tissues	A
32	An 8-month-infant, which was treated from the right side focal pneumonia, the general state is slowly worsening, in the evenings the body temperature rises, stuffiness has occurred. gives increasing Sound shortening, dullness in the lower departments of the chest are identified during percussion, the left boundary of the heart is located on the front axillary line on the left. Breathing is sharply weakened during auscultation. What is your pervious diagnosis?	Pleurisy	Pneumothorax	Myocarditis	Pyopneumothorax	Pericarditis	A

33	A 2,5 year-old child, which is being treated in the children's department from the left-side focal confluent pneumonia the general state has suddenly worsened, stuffiness increased, the laboured breathing, cyanosis and tachycardia appeared. Percussion showed tympanic sound, dullness on the left below the corner of the shoulder-blade, auscultation showed breathing above the left lung is not heard. What research must be quickly executed?	Plain film of thoracic organs	thermography	USD thorax	gastroduodenoscopy	ECG	A
34	A 2,5 year-old child, which is being treated in the children's department from the left-side focal confluent pneumonia the general state has suddenly worsened, stuffiness increased, the laboured breathing, cyanosis and tachycardia appeared. Percussion showed tympanic sound, dullness on the left below the corner of the shoulder-blade, auscultation showed breathing above the left lung is not heard. Your previous diagnosis?	Left-side pneumothorax	exsudative pleurisy	Left-side pneumonia	Myocarditis	Pericarditis	A
35	A 5-month-infant has been hospitalized to the clinic in 36	plain film of organs of	USD of abdominal region	blood test	ECG	Rektoromanoskopy	A

	<p>hours since the beginning of the disease, the child is pale, with repeated vomiting. Last emptying was 34 hours ago, mucus with blood looking like «currant jelly ". It is known that, the child first got semolina porridge as weaning period food.. The abdomen is distended, bowel sounds are not heard, positive symptom of Schotkin and “hepatic dullness” is absent during the percussion of abdomen. What research must quickly be conducted?</p>	<p>thorax and abdominal region in vertical position</p>					
36	<p>The doctor paid attention to the 16-year-old boy who was operated concerning acute appendicitis the day before. The patient was uneasy, twirled from pain in the abdomen. Breathing was frequent, superficial. The tongue was dry, pulse - 120 beats per minute. The abdomen was tense, the bowel sounds were not heard. The body temperature was 39°C. Shchotkin-Blumberg symptom is acutely positive. Hepatic dullness is determined, there is no liquid in the free abdominal cavity. What is happening to the patient?</p>	<p>Peritonitis, insolvency of appendiceal stump</p>	<p>Continuing peritonitis</p>	<p>Acute ileus</p>	<p>Paresis of intestine, retention of gases</p>	<p>Perforative ulcer of the duodenum.</p>	<p>A</p>

37	The perforation of colon at necrotizing enterocolitis has been diagnosed in a new-born child. What is the right tactics?	Conservative treatment	Resection of the changed bowel, anastomosis	Laparotomy, suture is placed on the perforative ulcer and colostomy	suture is placed on the perforative ulcer without colostomy	Dynamic supervision	B
38	In a new-born child at necrotizing enterocolitis fecal vomiting and retention of stool and gases occurred. The abdomen is distended and tense, the bowel sounds were not heard, positive symptom of Schotkin and "hepatic dullness" are absent during percussion of abdomen. What is the reason of these symptoms?	Perforation of bowel	Sepsis	pneumothorax	pneumomediastinum	hepatic coma	A
39	In a new-born child at necrotizing enterocolitis fecal vomiting and retention of stool and gases occurred. The abdomen is distended and tense, the bowel sounds were not heard, positive symptom of Schotkin and "hepatic dullness" are absent during percussion of abdomen. What research must quickly be conducted?	plain film of organs of thorax and abdominal region in vertical position	USD abdominal cavity	Blood test	ECG	rectoromanoscopy	A
40	A three year-old girl fell ill 3 days ago: frequent vomiting, liquid emptying with mucus, high temperature over 38,5 °C.	Appendicular peritonitis	flu, toxic form	Acute dysentery, grave course	Intussusception of bowels	Acute pancreatitis	A

	<p>The abdominal pain increased on the 4th day of the disease, a disturbance appeared resulting from the change of body position. There are signs of intoxication: sharp features, dryness of mucous coat of the mouth. Pulse - 120 beats per minute. The abdomen was tense and there was tenderness in the umbilical region and in the lower departments. What acute pathology of abdominal cavity organs can be diagnosed?</p>						
41	<p>On the 4th day after recovering from a cold a patient was hospitalized with complaints of solitary spittings of mucoid sputum. On the 2nd day there was a single discharge of about 250 ml of purulent blood-streaked sputum. Objectively: the patient's condition is moderately severe. Respiratory rate - 28-30/min, Ps- 96 bpm, AP- 110/70 mm Hg. Respiration above the left lung is vesicular, weak above the right lung. There are moist rales of different types above the lower lobe and amphoric breath near the angle of scapula. What is the most likely diagnosis?</p>	Acute pulmonary abscess	Exudative pleuritis	Acute focal pneumonia	Pleural empyema	Pyopneumothorax	A

42	A patient complains of intense pressing pain in the pharynx, mainly to the right, impossibility to swallow even liquid food. The illness started 5 days ago. The patient's condition is grave. Body temperature - 38,9 °C, speech is difficult, voice is constrained, difficulties in opening the mouth. Submaxillary glands to the right are painful, enlarged. What is the most probable diagnosis?	Peritonsillar abscess	Diphtheria	Pharyngeal tumour	Vincent's disease	Phlegmonous tonsillitis	A
43	The patient complains of a painful swelling in the chin region, malaise, headache. Examination reveals an acutely inflamed cone-shaped dense node. The skin over it is tense, red. In the center of the node there is an ulcer with overhanging edges and a necrotic core of a dirty-green colour. Submandibular lymph nodes on the right are enlarged and painful. What is the most likely diagnosis?	Furuncle	Tuberculosis	Carbuncle	Tertiary syphilis (gummatous form)	Parasitic sycosis	A
44	On the 5th day after a surgery for colon injury a patient complains of bursting pain in the postoperative wound, weakness, drowsiness, headache, fever up to 40°C. Objectively: the skin	Anaerobic clostridial wound infection	Abscess	Postoperative wound infection	Erysipelas	Phlegmon	A



	around the wound is swollen, there is gas crepitation. The wound discharges are scarce foul-smelling, of dark-gray colorl. What is the most likely diagnosis?						
45	To replace the blood loss replacement 1000 ml of the same group of Rhesus-compatible donated blood was transfused to the patient. The blood was conserved by sodium citrate. At the end of hemotransfusion there appeared excitement, pale skin, tachycardia, muscles cramps in the patient. What complication should be suspected?	Citrate intoxication	Citrate shock	Allergic reaction	Anaphylactic shock	Pyrogenous reaction	A
46	A 15 y.o. patient was admitted with chest trauma. Clinical and X-ray examination have revealed tense pneumothorax on the left. What emergency treatment should be undertaken?	Pleural cavity drainage	Intravenous infusions	Oxygenotherapy	Intubation	Analgetics	A
47	A 16-year-old victim of a road accident complains of chest pain, dyspnea. Objectively: the patient is in a grave condition, Ps- 120/min, AP- 90/70 mm Hg. There is pathological mobility of fragments of III-V ribs on the right. Percussion reveals a box sound over the right lung, breathing sounds	X-ray of chest organs	Bronchoscopy	Pleural puncture	USI of chest organs	Thoracoscopy	A

	cannot be auscultated on the right. What examination should be administered in the first place?						
48	A hospital admitted a patient with coarse breathing (obstructed inspiration), skin cyanosis, tachycardia and arterial hypertension. He has a history of bronchial asthma. An hour ago he was having salbutamol inhalation and forgot to remove a cap that was aspired while taking a deep breath. What measures should the doctor take?	To perform the Heimlich manoeuvre	To perform conicotomy immediately	To send for an anesthesiologist and wait for him	To use an inhalation of beta 2-adrenoceptor agonist	To make a subcutaneous injection of dexamethasone	A
49	A patient with bilateral hydrothorax has repeatedly undergone pleural puncture on both sides. After a regular puncture the patient's condition has become worse: he presents with fever, chest pain. The next day, the attending physician performing pleural puncture revealed some pus on the right. What is the mechanism of acute right-sided empyema development?	Contact-and-aspiration	Lymphogenous	Hematogenous	Implantation	Aerial	A
50	An unconscious victim in severe condition is brought to clinic. It is known that the patient touched the bare wire with his hand and during 5 minutes was	Electroburn of the right foot and right hand	Electrotrauma, acute cardiovascular failure	Vascular collapse due to electric current lesion	High voltaged electroburn of the right foot and shank	Electroburn of the right foot and right hand	A

	under the influence of an alternating current with voltage of 220 V. Physical exam: skin is pale, cold by touch. Breath is weakened, BP - 90/50 mm Hg, Ps - 60 bpm, arrhythmical. There are fields of necrosis of the skin on the right hand and on the right foot. What is the preliminary diagnosis?						
51	A 16 year old boy was admitted to a hospital with closed abdominal trauma. In course of operation multiple ruptures of spleen and small intestine were revealed. AP is falling rapidly, it is necessary to perform hemotransfusion. Who can specify the patient's blood group and rhesus compatibility?	A doctor of any speciality	A laboratory physician	A surgeon	A traumatologist	An anaesthesiologist	A
52	After contusion of the right eye a patient complains of sudden loss of vision with remaining light perception. Objectively: the eye is not irritated. The cornea is transparent. Pupil reacts to light. The pupil area is black. The fundus reflex is absent. What is the most likely cause of vision loss?	Hemophthalmia	Retinal detachment	Traumatic cataract	Acute occlusion of retinal vessels	Optic nerve avulsion	A
53	Three weeks after acute angina the patient is still weak, inert,	Chronic tonsillitis	Chronic pharyngitis	Acute lacunar tonsillitis	Paratonsillitis	Tonsillar tumour	A

	subfebrile, his retromaxillary lymph nodes are enlarged. Tonsils are flabby, stick together with arches, there are purulent plugs in lacunae. What is the most probable diagnosis?						
54	Development of chronic venous insufficiency of lower extremities depends on the functional condition of so-called musculovenous pump. This term refers to the following group of muscles:	Shin muscles	Abdominal wall muscles	Buttock region muscles	Thigh muscles	Foot muscles	A
55	A patient with suspicion of pelvic bones fracture is under examination conducted by the doctor who presses alae ilii in medial direction with his both hands. What causes painful syndrome of the patient?	Disorder of continuity of the pelvic ring	Fracture of sciatic bones	Traumatic injury of the intrapelvic organs	Fracture of the sacrum	Retroperitoneal hematoma	A
56	A patient complains of an extremely intense pain in epigastrium. He has peptic ulcer disease of duodenum for 10 years. The patient is in the forced position being on the right side with legs abducted to stomach. Abdomen has acute tenderness in the epigastrium. Guarding contraction of the abdominal wall muscles is observed. What is the preliminary diagnosis?	Perforation of ulcer	Acute pancreatitis	Acute condition of peptic ulcer disease	Penetration of ulcer into pancreas	Thrombosis of mesenteric vessels	A

57	A patient suffers from suddenly arising crampy pain in the right loin area. 2 hours after the pain had started, hematuria took place. Loin X-ray: no pathological shadows. Ultrasound: pyelocaliectasis on the right, the left part is normal. What is the most probable diagnosis?	Stone of the right kidney, renal colic	Acute appendicitis	Intestine invagination	Twist of the right ovary cyst	Tumour of the right kidney pelvis	A
58	What develops most often after accidental intake of Hydrochloric acid?	Cardiac insufficiency	Cushing's syndrome	Kutling's syndrome	Deylads's syndrome	Acute pancreatitis	A
59	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?	Developing of cardiac insufficiency	Depositing of blood in venous channel	Shunting	Presence of hypervolemia	Increase of bleeding speed	A
60	A patient with acute purulent otitis media complicated by mastoiditis was admitted to a hospital. Roentgenogram of mastoid processes showed the shadiwing of the cellular system on the lesion, absence of bone septa was present. What are the necessary therapeutic actions at the second stage of mastoiditis?	Mastoidotomy	Paracentesis of the drum	Radical operation on the middle ear	Tympanoplasty	Cateterization of the Eustachian tube	A
61	A patient had disorder of nasal respiration, mucopurulent discharges from nose, headache	An X-ray of paranasal sinuses	CT of a skull	Bacteriology analysis of the nasal mucous	Punction of the maxillar sinus	General blood test	A

	for 3 weeks. At anterior rhinoscopy in middle nasal meatus the stria of pus, edema, hyperemia of the mucosa of the nose have been determined. What diagnostic method is necessary to administer first of all?						
62	For the persons who live in a hot area after an accident at a nuclear object, the greatest risk within the first decade is represented by cancer of:	Thyroid gland	Skin	Reproduction system organs	Breast	Lungs	A
63	During an operation for presumed appendicitis the appendix was found to be normal; however, the terminal ileum is evidently thickened and feels rubbery, its serosa is covered with grayish-white exudate, and several loops of apparently normal small intestine are adherent to it. The most likely diagnosis is:	Crohn's disease of the terminal ileum	Perforated Meckel's diverticulum	Ulcerative colitis	Ileocecal tuberculosis	Acute ileitis	A
64	A 4 month old child was admitted to a surgical department 8 hours after the first attack of anxiety. The attacks happen every 10 minutes and last for 2-3 minutes, there was also one-time vomiting. Objectively: the child's condition is grave. Abdomen is soft,	Pylorostenosis	Wilm's tumour	Ileocecal invagination	Helminthic invasion	Gastrointestinal haemorrhage	C

	palpation reveals a tumour-like formation in the right iliac area. After rectal examination the doctor's finger was stained with blood. What is the most probable diagnosis?						
65	A patient has been hospitalized with complaints about the sharp pain in the left half of thorax, dyspnea. It is known from the history that a day ago he fell down from the height of 2,5 meters. On the plain film of thoracic organs the fractures of 6, 7, 8 ribs, horizontal level of liquid reaches the 4th rib are visualized. The proposed diagnosis is a hemopneumothorax. What treatment is recommended in the first place?	pleura puncture in the 2 <sup>nd</sup> intercostal space on the middle clavicular line on the left	puncture of pleura cavity in the 7th intercostal space on a back axillary line	puncture of pleura cavity and thoracocentesis in the 2 <sup>nd</sup> intercostal space on the middle clavicular line on the left	puncture of pleura cavity and thoracocentesis in the 5th intercostal space on the middle axillary line on the left	puncture of pleura cavity and thoracocentesis in the 7th intercostal space on the back axillary line on the left	A
66	During the examination of the victim of a car accident there is cyanosis, laboured breathing. The general state of the child is grave, the right half of thorax falls behind in the act of breathing, rightside intercostal spaces are extended, percussion gives a wooden sound, during the auscultation breathing in the lung is not heard. What diagnosis have you made?	Open pneumothorax	pneumoperitoneum	Acute suppurative pleurisy	Tense pneumothorax	rightside total haemothorax	A
67	If a child has adherent fingers on	Syndactyly	Polydactyly	Macroductyly	Ectrodactyly	Ectromelia	A

	his right hand, then what will be your diagnosis?						
68	What preparations are used for prevention of fungal infection?	Fluconozol, Orungol, Nisoral	Rubomycin, Bleomycin, Mytomylin C	Cytosar, Cormyctin, Lomycitin	Captopril, Enalapril	Isoniazid, Ftibazid, Pyrazinamid	A
69	A patient has been hospitalized to the clinic in an hour after a car accident with complaints about pain in the right half of thorax, laboured breathing. During the examination it was found that there are scratches on the chest to the right. The palpation shows the fructures of the IVth and Vth ribs to the right. During the auscultation breathing in th right side is not heard. During the percussion in the low departments up to the Vth rib the soud is dull. AP 100/70 mm Hg, pulse 106 per minute What diagnosis have you made?	Fracture of ribs, pneumohaemot horax	Contusion of chest, fracture of ribs	Contusion of chest, injury of lungs	Contusion of chest, fracture of ribs, subcutaneous haematoma	Additional examination with the purpose of determination of exact diagnosis	
70	An hour ago a 12 year-old child was hit in his abdomen. The general state of the child is of moderate severity, the child occupied the forced position in bed. During the examination the child was pale; pulse was 122 beats per minute. Pressing on the left costal arch is somewhat painful. Weinert and Kulenkampf symptoms are positive. Urine is	Rupture of left kidney, retroperitoneal haematoma	Rupture of pancreas	Rupture of liver, intraabdominal bleeding	Rupture of spleen, intraabdominal bleeding	Rupture of hollow organ, peritonitis	D



	not changed macroscopically. What diagnosis have you made?						
71	A 8 year-old child has been hospitalized to the clinic an hour after the trauma of abdomen. The general state of the child is grave, the child is pale. The abdomen is symmetrically enlarged. During the percussion of the abdomen tympanic sound is heard, hepatic dullness is not identified. There is demonstrable muscular tension of the anterior abdominal wall. What diagnosis have you made?	Subcapsular haematoma of liver	Rupture of pancreas, peritonitis	Rupture of livers, intraabdominal bleeding	Extraperitoneal rupture of urinary bladder	Rupture of a hollow organ, peritonitis	E
72	The treatment of choice for duodenal obstruction caused by secondary duodenal hematoma that developed a few days after blunt abdominal injury is:	Nasogastric decompression and parenteral alimentation	Retrocolic gastrojejunostomy	Duodenojejunostomy	Immediate exploration	Tube duodenostomy	A
73	A patient was delivered to a surgical department after a road accident with a closed trauma of chest and right-sided rib fracture. The patient was diagnosed with right-sided pneumothorax, it is indicated to perform drainage of pleural cavity. Pleural puncture should be made in:	In the 2nd intercostal space along the middle clavicular line	In the 6th intercostal space along the posterior axillary line	In the 7th intercostal space along the scapular line	In the projection of pleural sinus	In the point of the greatest dullness on percussion	A
74	A 6-year-old girl drank some coloured fizzy drink which gave her a feeling of pressure in the	Corticosteroids	Sedative drugs	Tracheostomy	Antibacterial drugs	Conicotomy	A

	throat. 30 minutes later the child's lips got swollen, then edema gradually spread over the whole face, laryngeal breathing became difficult. The child is excited. Ps- 120/min, breathing rate - 28/min, breathing is noisy, indrawing of intercostal spaces is observed. What basic aid is most appropriate for the restoration of laryngeal breathing?						
75	While making a round, a doctor had noticed the edema of the right shoulder of a 26-day-old child with diagnosis of "umbilical sepsis". Active movements in the shoulder joint were absent, right hand was hanging down. Mother stated that her child's condition had worsened for the last 24 hours what resulted in child's refusal to be breast-fed, restlessness, weeping while swaddling, rise in body temperature up to 38,8 °C. What is the most probable preliminary diagnosis?	Fracture of the humerus	Epiphysial osteomyelitis of the humerus	Traumatic brachioplexitis	Phlegmon of the shoulder	Fracture of the clavicle	B
76	A 3-year-old male patient consulted a family doctor 2 months after he had been operated for an open fracture of brachial bone. Objectively: the	Posttraumatic osteomyelitis	Hematogenic osteomyelitis	Wound abscess	Posttraumatic phlegmon	Suture sinus	A

	<p>patient's condition is satisfactory, in the region of the operative wound there is a fistula with some purulent discharge, redness, fluctuation. X-ray picture shows brachial bone destruction with sequestra. What complication arose in the postoperative period?</p>						
77	<p>An 8-month-old baby has had problems with nasal breathing and muco-purulent discharge from the nose for a week. Examination reveals a rhinedema, muco-purulent discharges from the middle nasal meatus as well as on the back of pharynx. What disease are these symptoms most typical for?</p>	Ethmoiditis	Sphenoiditis	Maxillary sinusitis	Frontitis	Hemisinusitis	A
78	<p>A 17-year-old patient complains of pain in the area of the left knee joint. Soft tissues of thigh in the affected region are infiltrated, joint function is limited. X-ray picture of the distal metaepiphysis of the left femur shows a destruction focus with periosteum detachment and Codman's triangle found at the defect border in the bone cortex. X-ray of chest reveals multiple small focal metastases. What treatment is indicated?</p>	Palliative chemotherapy	Radioiodine therapy	Distance gamma-ray therapy	Disarticulation of the lower extremity	Amputation of the lower extremity	A

79	Indicate typical localization of phlegmone of newborn	Epigastric region	Anterior abdominal wall	Posterior body surface	Face	Hairy part of the head	C
80	Macrohematuria in children is a pathognomonic symptom of:	Verlhof's disease	Nodule periarteritis	Chronic glomerulonephritis	Polycystosis	Renal tumor	E
81	The treatment of choice for duodenal obstruction caused by secondary duodenal hematoma that developed a few days after blunt abdominal injury is:	Nasogastric decompression and parenteral alimentation	Retrocolic gastrojejunostomy	Duodenojejunostomy	Immediate exploration	Tube duodenostomy	A
82	A young man has painful indurations in the peripapillary regions of both mammary glands. The most reasonable action will be:	To leave these indurations untouched	To remove them	To cut and drain them	To take an aspirate for bacterial inoculation and cytology	To administer steroids locally	A
83	Which tumor of mediastinum not dealt with neuroblastoma?	Ganglioneuroblastoma	Sympatogonioma	Sympatoblastoma	Nevrinoma	Neurofibromatose nodules	D
84	A patient suddenly felt an acute chest pain irradiating to the left arm. Objectively: the patient is excited, with pale skin. Breathing rate - 38/min, AP - 180/110 mm Hg. Later the patient lost consciousness and fell down. Pulse on the great vessels was absent, the pupils were equally dilated. What is the most likely diagnosis?	Clinical death	Agonal state	Coma	Heart attack	Disorder of the cerebral circulation	A
85	A 10 y.o. boy was ill with angina 2 weeks ago, has complaints of joint pain and stiffness of his left knee and right elbow. There	Acute rheumatic fever	Systemic lupus erythematosus	Juvenile rheumatoid arthritis	Reiter's disease	Reactive arthritis	A

	was fever (38,5°C) and ankle disfunction, enlargement of cardiac dullness by 2 cm, tachycardia, weakness of the 1st sound, gallop rhythm, weak systolic murmur near apex. What diagnosis corresponds with such symptoms?						
86	Which tumor of mediastinum deals with neuroblastoma?	Ganglioneuroblastoma	Sympatogonioma	Sympatoblastoma	Nevrinoma	Neurofibromatose nodules	A
87	A 9 y.o. child with diagnosis "chronic tonsillitis" stands dispensarization control. Within 1 year of observation there was one exacerbation of disease. Physical condition is satisfactory. The general state is not nfringed. Define group of health:	III (a)	II-d	I-st	III (b)	III (c)	A
88	A 16 year old patient with complaints of frequent pain in the abdomen was diagnosed with melanoma, examination revealed also pigmentation of the mucosa and skin, polyp in the stomach and large intestine. It is know that the patient's mother has an analogous pigmentation and has been often treated for anemia. What disease is suspected?	Peytz-Egers's polyposis	Chron's disease	Tuberculosis of the intestine	Adolescent polyposis	Hirschprung's disease	A
89	A 4 y.o. child attends the	Helminthic	Lymphoprolipherati	Hypoplastic	Duodenal ulcer	Atrophic gastritis	A

	kindergarten. Complains of poor appetite, fatigue. Objective examination: skin and mucous membrane are pale, child is asthenic. In the hemogram: hypochromatic anemia 1st, leucomoid reaction of the eosinophile type. What pathology must be excluded first of all?	invasion	ve process	anemia			
90	A rounded well-defined shadow was found in the costo-vertebral angle on the chest roentgenogram of an otherwise healthy 9 year old girl. Make a preliminary diagnosis:	Ganglioneuroma	Sympatoblastoma	Ganglioneuroblastoma	Sympatogonioma	Sarcoma of the vertebra	A
91	A 14 y.o. patient suddenly fell ill when high fever, acute pain in the right shin. In two weeks X-ray showed translucent spaces (destructive focuses) with uneven contours in the middle third of tibia diaphysis. Along the bone edge there was a narrow line of shadow (periostitis) 1-2 mm from the surface. What is the most likely diagnosis?	Right shin osteomyelitis	Right shin tuberculosis	Right shin syphilis	Bone cyst of tibia	Right shin trauma	A
92	Parents of a 2-year-old boy applied to clinic complaining of right testicle absence in the scrotum of a boy. While examining the boy, hypoplasia	Right-sided cryptorchism, inguinal form	Retraction of the right testicle (pseudocryptorchism)	Left-sided monorchism	Right-sided cryptorchism, abdominal form	Ectopia of the right testicle, pubic form	A

	of the right half of the scrotum was revealed, absence of the testicle. Testicle is miniaturized, it palpates along the inguinal canal but it could not be moved down to scrotum. What is the most probable diagnosis?						
93	A children's surgical unit admitted a 1-month-old boy who had been prenatally diagnosed with the left-sided pyelectasis. Such studies as drip infusion urography, cystography and USI allowed to reveal initial hydronephrosis. There is no information confirming the secondary pyelonephritis. What tactics of this patient management is most advisable?	6-month surveillance	Urgent nephrostomy	Anderson-Hynes operation	There is no need in further surveillance and treatment	Antibacterial therapy	A
94	A child is being discharged from the surgical department after conservative treatment of invagination. What recommendations should doctor give to mother to prevent this disease recurrence?	Strict following of feeding regimen	Common cold prophylaxis	Feces observation	Gastro-intestinal disease prevention	Hardening of the child	A
95	A 9-year-old boy fell from a tree and hit the occipital region, there was a momentary loss of consciousness. Objectively: the child's condition is satisfactory, he complains of the headache and dizziness. The X-ray of skull	Surgical intervention	Anti-inflammatory therapy	Hemostatic therapy	Therapeutic lumbar punctures	Complex conservative treatment	A

	reveals a comminuted depressed fracture of occipital bone in the region of inion. What treatment is indicated for the patient?						
96	A 15 year old patient suffers from headache, nasal haemorrhages, sense of lower extremity coldness. Objectively: muscles of shoulder girdle are developed, lower extremities are hypotrophied. Pulsation on the pedal and femoral arteries is sharply dampened. AP is 150/90 mm Hg, 90/60 on the legs. Systolic murmur can be auscultated above carotid arteries. What is the most probable diagnosis?	Aorta coarctation	Aorta aneurism	Aortal stenosis	Aortal insufficiency	Coarctation of pulmonary artery	A
97	A 15 y.o. patient has developmental lag, periodical skin yellowing. Objectively: spleen is 16x12x10 cm large,olecistolithiasis, skin ulcer on the lower third of his left crus. Blood count: erythrocytes - $3,0 \times 10^{12}/l$ , Hb- 90 g/l, C.I.- 1,0, microspherocytosis, reticulocytosis. Blood bilirubin - 56 mmole/L, indirect bilirubin - 38 mmole/L. Choose the way of treatment:	Splenectomy	Spleen transplantation	Portocaval anastomosis	Omentosplenopexy	Omentohepatopexy	A
98	10 years ago a patient had a fracture in the middle one-third	Chronic osteomyelitis	Bone tuberculosis	Soft tissue phlegmon	False joint	Trophic ulcer	A



	of his left femoral bone, and during the last 7 years he has been having acute inflammation in the area of old fracture accompanied by formation of a fistula through which some pus with small fragments of bone tissue is discharged. After a time the fistula closes. What complication of the fracture is it?						
99	A patient has a stab wound on his right foot. On the fourth day after injury the patient's body temperature rose up to 38 °C, inguinal lymph nodes became enlarged and painful, skin over them reddened. What complication might be suspected?	Lymphadenitis	Lymphangitis	Phlegmon	Tetanus	Erysipelas	A
100	Forensic medical expertise of corpse of a newborn revealed: body weight 3500 g, body length 50 cm, the umbilical cord was smooth, moist, glossy, without any signs of drying. Hydrostatic tests were positive. The test results are the evidence of:	Live birth	Stillbirth	Primary atelectasis	Secondary atelectasis	Hyaline membrane disease	A