

Tests for exam on General Surgery

- 1) What's optimum time for performance of a primary surgical treatment?
 - a) 6-8 hours; b) 12-18 hours; c) 18-24 hours; d) 24-48 hours; e) 48-72 hours.
- 2) Choose a physical factor of antiseptics:
 - a) antibiotics; b) hypertonic solution; c) chloramine B; d) primary surgical treatment; e) solution C-4
- 3) Choose the remedy used in treatment of a gas anaerobic infection:
 - a) chloramine B; b) chlorhexidin; c) hydrogen peroxide; d) ampicillin; e) fusidic acid.
- 4) Asepsis includes:
 - a) sterilization of surgical instruments; b) processing surgeon's hands; c) following special hygienic & organizational measures at the hospitals; d) all called points
- 5) What measure doesn't belong to struggle against air-drop infection?
 - a) correct ventilation & conditioning of operation theatres & dressing rooms; b) restriction of visiting operation unit; c) processing of surgeon's hands; d) wet cleansing of premises.
- 6) What temperature of sterilization in air-heat sterilizer?
 - a) 100°C; b) 120°C; c) 150°C; d) 180°C
- 7) What's correct direction of processing surgeon's hands?
 - a) from tips of fingers to shoulder joint; b) from tips of fingers to elbow; c) from tips of fingers to wrist; d) from the wrist to elbow
- 8) Call sources of infection from surgeon's hands:
 - a) surface of skin; b) hair follicle; c) sweat glands; d) sebaceous glands; e) all called
- 9) In what type of latent bleeding can one observe tarry (currant jelly) stool?
 - a) esophageal; b) uterine; c) renal; d) gastric.
- 10) What bleedings do they distinguish according to anatomical classification?
 - a) primary, secondary; b) internal, external; c) arterial, venous, capillary, parenchymatous; d) early, late.
- 11) Vascular suture is applied in injury of:
 - a) capillaries; b) arterioles; c) venules; d) main vessels.
- 12) Call the method of final hemostasis in injury of aorta:
 - a) ligation of the vessel in the wound; b) vascular suture; c) applying of hemostatic clamp; d) tamponade of the wound.
- 13) Call the remedies being used for chemical method of arrest of bleeding:
 - a) ergocalciferol, strophantidin; b) thrombin, fibrin; c) hemostatic sponge, fibrin film; d) calcium chloride, ascorbic acid.
- 14) What manipulation belongs to biological method of final arrest of bleeding?
 - a) tamponade of wound by own tissues; b) blood transfusion; c) hemostatic sponge; d) all called measures.
- 15) What totality of factors facilitate clotting?
 - a) slow blood flow, activation of fibrinolysis, injury of vascular wall; b) rapid blood flow, inhibition of fibrinolysis, injury of vascular wall; c) slow blood flow, inhibition of fibrinolysis, smooth vascular wall; d) slow blood flow, inhibition of fibrinolysis, injury of vascular wall.
- 16) What vitamin decreases vascular permeability?
 - a) A; b) C; c) D; d) E.
- 17) Call the method of final hemostasis in the rupture of spleen:
 - a) suturing the rupture; b) ligation of a. lienalis; c) splenectomy; d) draining abdominal cavity.
- 18) What persons are the "universal" donors?
 - a) with the I group of blood; b) with the II group of blood; c) with the III group of blood; d) with the IV group of blood.
- 19) How can we call the reaction "antigen-antibody" in the determination of Rh-factor?
 - a) pseudoagglutination; b) panagglutination; c) isoagglutination; d) heteroagglutination; e) homoagglutination.
- 20) What temperature regime is required for blood grouping (in C°)?
 - a) 5-8; b) 12-14; c) 15-25; d) 26-38; e) 46-48.

- 21) Call a stabilizer of blood:
a) glucicir; b) protamin-sulfate; c) isotonic solution; d) sodium acetate; e) sodium citrate.
- 22) Reaction of isohemagglutination is visible with anti-A and anti-B coliclones. What blood group is this?
a) I; b) II; c) III; d) IV; e) additional blood examination is necessary
- 23) What's the most effective preparations for arrest of continuing bleeding?
a) platelet mass; b) polyglucin; c) fresh frozen plasma; d) haemodes; e) RBC mass.
- 24) Call early symptoms caused by transfusion of incompatible blood:
a) hypothermy, apathy; b) anuria, hemoglobinuria; c) anisocoria, bradycardia; d) bradipnoe; e) fever, pains in lumbar region, abdomen, behind breast-bone.
- 25) What is mechanism of action of hemodynamic blood substitutes:
a) decrease BP; b) increase amount of proteins in blood; c) keep fluid in vessels; d) stimulate functions of liver; e) stimulate immunity.
- 26) What's mechanism of action of detoxification blood substitutes:
a) increase BP; b) join with toxins in blood; c) keep fluid in vessels; d) stimulate functions of liver; e) stimulate hemopoiesis.
- 27) What test must be performed in blood substitutes infusion?
a) determination of donor's group; b) determination of patient's group; c) on individual compatibility; d) on Rh-compatibility; e) biological test.
- 28) What is anesthesiology?
a) a science about the protection from operative trauma; b) a science about resuscitation; c) a science about rules of management of anesthesia; d) a science about rules of first medical aid.
- 29) Which drug may be used for premedication?
a) thiopental-sodium; b) arduan; c) droperidol; d) promedol.
- 30) Call an inhalative anesthetic:
a) thiopental-sodium; b) propanidid; c) cyclopropane; d) cetalar.
- 31) What levels of the 3-d stage of narcosis is the most adequate for major surgical operations?
a) 1-2; b) 2-3; c) 3-4; d) 4-5.
- 32) What kind of respiratory outline is characterized with the following scheme "the patient inhales gaseous mixture from apparatus & exhales carbonic oxide partially into the atmosphere of an operative theatre, partially – into the apparatus"?
a) open; b) semi-open; c) semi-closed; d) closed.
- 33) Call the non-depolarizing muscle relaxants:
a) tubocurarine; b) flaxedil; c) prostigmin; d)thiopental-sodium.
- 34) Call the mechanism of action of depolarizing muscle relaxants:
a) blockade of n-cholin-receptors; b) stable activation of postsynaptic membrane; c) action on cerebral centers of motility; d) action on spinal cord.
- 35) Indication to muscle relaxants is:
a) hypertonic disease; b) bronchial asthma; c) liver insufficiency; d) tetanus.
- 36) What concentration of procaine will you choose for vagosympathetic blockade?
a) 0,25%; b) 0,1%; c) 0,5%; d) 1%; e) 5%.
- 37) Where will you introduce the needle for vagosympathetic block performing?
a) anterior border of sternocleidomastoid muscle (SCM) near collar bone; b) anterior border of SCM near mastoid process; c) posterior border of SCM near mastoid process; d) posterior border of SCM in place of cross with v. jugularis externa; e) anterior border of SCM in place of cross with v. jugularis interna.
- 38) Blockade by Oberst-Lukashevitch is performed on:
a) fingers; b) neck; c) retrosternal space; d) thigh; e) forearm.
- 39) What's mechanism of action of local anesthetic drugs?
a) an elevation of threshold of painful sensitivity due to the formation of stable epileptiform center in brain; b) a blockage of K-Na pump in nervous cells; c) an activation of own opiate system; d) dissociative anesthesia due to disorder of connections between cerebral cortex & subcortical nuclei; e) facilitate the production of mediators of cerebral inhibition.
- 40) What level is spinal anesthesia performed on?
a) D12-L1; b) L1-L2; c) L2-L4; d) L4-L5; e) L5-Cc1.

- 41) Which measure should be used for prophylaxis of hypotension at spinal block in postanesthesia period?
 a) injections of spasmolytics; b) elevation of upper part of the body; c) injections of analgetics; d) i/v infusion of colloid solutions.
- 42) What percentage of Novocain solution do they use for infiltration anesthesia?
 a) 0,25-0,5%; b) 2-3%; c) 10%; d) 20%.
- 43) What anatomical space the anesthetic must be injected in at peridural block?
 a) between spinal arachnoid and pia mater; between dura mater of spinal cord and pia mater; c) between spinal arachnoid and spinal cord; d) into spinal canal; e) between dura mater of spinal cord and periosteum of vertebral canal.
- 44) The area of both lower extremities is (according to the 'Rule of Nine'):
 a) 9%; b) 18%; c) 27%; d) 36%; e) 45%.
- 45) The area of a adult's palm is ...% of the total area of human body:
 a) 0,5-0,6; b) 1,0-1,1; c) 2,0-2,1; d) 3,0-3,1; e) 9,0-9,1.
- 46) Call local symptoms of burns of I degree:
 a) hypoesthesia; b) painfulness; c) charring; d) swelling; e) blisters.
- 47) Call local symptoms of burns of the II degree:
 a) hypoesthesia; b) painfulness; c) charring; d) necrosis of tendons; e) blisters.
- 48) First aid in burns includes everything except:
 a) the introduction of analgesics; b) application of a dry aseptic dressing; c) application of a dressing with antiseptic ointment; d) prophylaxis of asphyxia in burn of upper respiratory tract; e) delivery to the hospital.
- 49) In what cases isn't urgent prophylaxis of tetanus obligatory?
 a) burns of I degree; b) burns of II degree; c) burns of IIIa degree; d) burns of IIIb degree; e) burns of IV degree.
- 50) What degree of burns is characterized with charring of tissues?
 a) I; b) II; c) IIIa; d) IIIb; e) IV
- 51) What is the most informative method of examination in rupture of liver?
 a) irrigoscopy; b) FGDS; c) X-ray film of the abdomen; d) laparoscopy; e) physical examination.
- 52) The symptom of "tilting doll" may be observed in injury of:
 a) stomach; b) liver; c) pancreas; d) kidneys; e) small bowel.
- 53) What is the most informative method of examination in rupture of urinary bladder?
 a) X-ray examination of the abdomen; b) laparoscopy; c) contrast cystography; d) irrigoscopy; e) urine test.
- 54) When is Kulencampf's symptom positive?
 a) valve pneumothorax; b) closed pneumothorax; c) contusion of the brain; d) intra-abdominal bleeding; e) peritonitis.
- 55) Intestinal murmurs disappear in:
 a) reactive phase of peritonitis; b) toxic phase of peritonitis; c) terminal phase of peritonitis.
- 56) What kind of operation is indicated in peritonitis?
 a) urgent; b) planned.
- 57) What laboratory shift is characteristic for peritonitis?
 a) eosinophilia; b) leucopenia; c) deviation of neutrophils formula to the right; d) monocytosis; e) deviation of the leukogram 'to the left'
- 58) What incision is performed for the most complete revision of abdominal cavity after trauma?
 a) pararectal; b) median laparotomy; c) MacBurney's oblique alternating; d) Kocher's incision; e) Pfannenstiel's
- 59) What is external valve pneumothorax characterized with?
 a) emphysema of smooth tissues about the wound; b) ballotement of mediastinum; c) compression of the opposite lung; d) displacement of mediastinum to collapsed lung; e) displacement of mediastinum to the opposite side.
- 60) What is external opened pneumothorax characterized with?
 a) collapse of lung on the side of the injury; b) collapse of lung on the opposite side; c) ballotement of mediastinum; d) displacement of mediastinum to injured side; e) displacement of mediastinum to the opposite side.

- 61) First aid in external opened pneumothorax:
 a) tubular draining the chest; b) putting occlusive bandage; c) putting occlusive bandage & active aspiration of air from the chest.
- 62) Penetrated traumas of thorax are always accompanied with injury of :
 a) skin; b) intercostals muscles; c) endothoracic fascia; d) parietal pleura; e) visceral pleura.
- 63) What's the most informative method of examination to reveal pneumothorax?
 a) X-ray examination; b) thoracoscopy; c) pleural puncture; d) puncture of mediastinum; e) selective angiogram of lungs.
- 64) What is a hemothorax?
 a) petechial hemorrhages in subcutaneous fatty tissue; b) accumulation of blood in a pleural cavity; c) accumulation of gas in mediastinum; d) accumulation of fluid in subcutaneous fatty tissue; e) accumulation of gas in subcutaneous fatty tissue.
- 65) Which kind draining by Bulau-Petrov belongs to?
 a) active; b) passive; c) flowing.
- 66) What diagnostic method is more suitable for differential diagnostic between femur dislocation and fracture of femur neck?
 a) blood test; b) X-ray examination; c) diagnostic puncture; d) palpation
- 67) Is transport immobilization necessary for dislocation?
 a) yes; b) no;
- 68) Too long immobilization may cause:
 a) contracture; b) pseudarthrosis (false joint); c) interposition of smooth tissues; d) hemarthrosis.
- 69) Clinical sign of soft tissue haematoma is:
 a) crepitation; b) sharply painful, hyperemic skin with clear border; c) swelling of traumatized area with positive symptom of fluctuation; d) epidermal blisters with hemorrhagic fluid.
- 70) Which is the most important measure of first aid in case of ruptures of ligaments and muscles:
 a) diagnostic puncture; b) dry heat; c) antiaggregant drugs; d) immobilization of affected area.
- 71) Which is the most effective treatment tactic in case of complete rupture of ligaments:
 a) long-term immobilization; b) early active motions; c) novocaine blocks; d) operative treatment.
- 72) Call the symptom of closed fracture of a bone:
 a) subcutaneous emphysema; b) pathologic mobility; c) springy resistance in the nearest joint; d) moist rales in a site of fracture;
- 73) Examination of a patient with pain in arm should be begun with:
 a) questioning; b) X-ray examination of the arm; c) the determination of hemoglobin in blood; d) revealing crepitations;
- 74) Call the indication for transport immobilization:
 a) acute osteomyelitis; b) fractures of bones; c) injuries of joints; d) all called cases.
- 75) How many joints should be immobilized in a fracture of humerus?
 a) one; b) two; c) three; d) four.
- 76) What fracture demands transportation of a patient in a posture of a "frog position"?
 a) vertebral column; b) scapulas; c) pelvis; d) both tibias.
- 77) How many views of X-ray examination are necessary for the fracture diagnostics?
 a) 1; b) 2; c) 3; d) 4.
- 78) Choose a disease which provokes pathologic fracture:
 a) pneumonia; b) metastasis of a cancer to the bone; c) paraproctitis; d) peritonitis
- 79) What is extramedullary osteosynthesis?
 a) metallic constructions stabilize the bone on the inside; b) metallic constructions stabilize the bone on the outside.
- 80) What's the main reason of arterial hypotension in traumatic shock?
 a) decrease of venous return; b) left ventricle failure; c) right ventricle failure; d) decrease of basic metabolism; e) vascular spasm.
- 81) I period of crush-syndrome is manifested with:
 a) local shifts & endogenous intoxication; b) acute renal failure; c) infectious complications; d) normalization of renal function; e) septic shock.

- 82) II period of crush-syndrome manifests with:
 a) local shifts & endogenous intoxication; b) acute renal failure; c) infectious complications; d) normalization of renal function; e) septic shock.
- 83) What method isn't included in the first aid in crush-syndrome?
 a) immobilization of damaged extremity; b) application of a tourniquet; c) administration of analgesics; d) administration of sedatives; e) hemodialysis.
- 84) Call the indication for decompressive fasciotomy ("stripe incisions") in crush-syndrome:
 a) strong pain in extremities; b) fascial compartment syndrome with swelling and ischemia of tissues; c) traumatic shock; d) hypovolemic shock; e) septic shock.
- 85) Period of acute renal failure in traumatic shock isn't characterized with:
 a) increase of anemia; b) oliguria; c) hyperpotassemia, hypercreatinemia; d) hemodilution; e) hypokaliemia, polyuria.
- 86) What hormones are especially effective against traumatic shock?
 a) adrenal cortical; b) glucocorticoids; c) mineralocorticoids; d) sexual; e) thyroid.
- 87) The wound is divided according to presence of infection into:
 a) purulent, aseptical, poisoned; b) purulent, aseptical, cut; c) bit, cut, aseptical; d) purulent, aseptical, infected; e) purulent, poisoned.
- 88) In cases of healing by secondary intention they distinguish all main stages except:
 a) resolving of the died cells & clots of blood; b) primary sticking with fibrin; c) development of granulations; d) scarring & epithelization.
- 89) It's necessary for the stimulation of wound healing in the 2-d phase of wound process:
 a) frequent wound dressings; b) apply of enzymes; c) use of ointments; d) dressings with hypertonic solution.
- 90) What procedure is called surgical treatment?
 a) dissection of wound's borders & bed; b) opening the wound recesses, arrest of bleeding; c) washing the wound with antiseptic drug, removing the purulent exudate; d) dissection of wound's borders, walls & bed, arrest of bleeding; e) washing the wound with antiseptic drug, arrest of bleeding.
- 91) What determines wound gaping ?
 a) deepness of injury; b) injury of nerves; c) injury of fascias; d) injury of tendons & muscles; e) direction of injured elastic fibers.
- 92) Microbes get into the wound in primary infecting from:
 a) forceps in dressing; b) scalpel; c) surgeon's hands; d) patient's skin; e) suture material.
- 93) What wound heals more rapidly of all?
 a) cut wound; b) stabbed wound; c) bitten wound; d) chopped wound; e) crushed wound.
- 94) What doesn't characterize local signs of inflammation?
 a) swelling; b) cyanosis; c) hyperthermia; d) hyperemia; e) pains.
- 95) How many phases has any wound process?
 a) 1; b) 2; c) 3; d) 4; e) 5.
- 96) What part of neural system is activated in the I phase of wound process?
 a) sympathetic; b) parasympathetic; c) autonomic.
- 97) How many stages do they distinguish in syndrome of acute arterial insufficiency?
 a) 2; b) 3; c) 4; d) 5.
- 98) How many stages do they distinguish in syndrome of chronic arterial insufficiency?
 a) 2; b) 3; c) 4; d) 5.
- 99) What disease characterizes with intermittent claudication (ischemic lameness)?
 a) postthrombotic disease; b) Reynault's disease; c) Hirschprung's disease; d) obliterating atherosclerosis
- 100) What trophic disorder characterize chronic arterial insufficiency?
 a) hyperhidrosis; b) trophic ulcers of toes; c) impregnation of skin with hemosiderin; d) spontaneous extraction of teeth.
- 101) What method of examination is used before reconstructive surgery on arteries?
 a) rheovasography; b) cappilaroscopy; c) fluometry; d) x-ray arteriography.
- 102) What operation is indicated in II degree of acute arterial ischemia?
 a) thoracic sympathectomy; b) lumbar sympathectomy; c) thrombintimectomy; d) epinephrectomy.

- 103) What tool is used for removal of thrombus from an artery?
 a) Farabef's retractor; b) "mosquito" forceps; c) Payer clamp; d) Fogerty's probe.
- 104) Choose direct antocoagulant:
 a) phenilin; b) penthoxyphillin; c) aspecard; d) heparin.
- 105) What type of medical knit-fabric will you recommend in CVI of the III degree?
 a) I class; b) II class; c) III class; d) IV class.
- 106) What operation is directed to correction of perforant veins incompetence?
 a) Coccet's operation; b) Babcock's operation; c) Narrat's operation; d) sclerosurgery.
- 107) What's Homans's sign?
 a) appearance (strengthening) of pain in the calf due to dorsal bending of the foot; b) strengthening of pain in the calf due to bilateral palpation; c) strengthening of pain in the calf due to anterior-superior palpation; d) appearance of pain in the calf after application of an elastic bandage.
- 108) In moist gangrene ... is absent:
 a) swelling; b) intoxication; c) pain; d) demarcation line.
- 109) What's the main factor of pathogenesis of endogenous neurotrophic bed-sores?
 a) durable compression of tissues; b) intensive short-term compression of tissues; c) immune suppression; d) diabetes mellitus.
- 110) Is immobilization necessary after surgery of diabetic phlegmon of a foot?
 a) no; b) yes; c) as a patient wish; d) as a doctor wish.
- 111) Melena – is a sign of :
 a) bleeding from the mouth cavity; b) bleeding from the stomach or duodenum; c) bleeding from the uterus; d) bleeding form the urinary bladder.
- 112) What disease is characterized by loss of body weight?
 a) acute appendicitis; b) myxedema; c) obesity; d) Graves disease.
- 113) What infectious disease is accompanied with a jaundice?
 a) dysentery; b) echinococcosis; c) flu; d) tuberculosis.
- 114) Which type of the primary jaundice occurs in choledocholithiasis?
 a) mechanical; b) hemolytic; c) parenchymatous.
- 115) How many quadrants are there in a breast?
 a) 2; b) 4; c) 6; d) 8.
- 116) Sign of "citric peel" presence in:
 a) cancer of breast; b) mastitis; c) fibroadenoma; d) galactocele.
- 117) At what disease the subcutaneous veins are visible on anterior abdominal wall?
 a) acute hepatitis; b) gallbladder stone disease; c) cirrhosis of liver; c) acute pancreatitis.
- 118) Are kidneys palpable in healthy persons?
 119) yes; b) no.
- 120) In what disease can we observe pulsation of veins?
 a) varicose veins; b) obliterating atherosclerosis; c) arterio-venous fistula; d) thrombosis of deep veins.
- 121) Where the posterior tibial artery is placed?
 a) between posterior-inferior edge of internal malleolus & Achilles tendon; b) between first & second tarseal bones; c) behind lateral malleolus; d) among muscles of the shin.
- 122) Which test reveals vertical reflux of blood in varicose veins?
 a) Troyanov's test' b) Pratt's test; c) Gackenbrookh's test; d) Delbet-Pertess test;
- 123) When does hepatic dullness disappear?
 a) acute pancreatitis; b) acute cholecystitis; c) acute appendicitis; d) perforated stomach ulcer;
- 124) When palpable pulsation of abdominal aorta is absent?
 a) acute pancreatitis; b) acute cholecystitis; c) acute appendicitis; d) perforated stomach ulcer;
- 125) Which disease manifests with Kloiber's "cups" symptom on abdominal radiograph?
 a) acute pancreatitis; b) acute cholecystitis; c) acute appendicitis; d) acute bowel obstruction.
- 126) What of called tumor is benign?
 a) melanoma; b) fibroadenoma; c) adenocarcinoma; d) limphosarcoma; e) fibrosarcoma.

- 127) Cancer develops from:
 a) immature connective tissue; b) glandular or covering epithelium; c) blood vessels; d) lymph nodes; e) smooth or striated muscles.
- 128) Call the symptom of benign tumor:
 a) round form & lobous construction; b) immobile & connected with surrounding tissues; c) enlarged lymph nodes are palpated; d) tumor is painful; e) fluctuation above tumor.
- 129) Antiblastics includes:
 a) covering a wound with spirit after removing a tumor; b) frequent change of instruments, gloves, napkins during an operation; c) repeated washing hands during an operation; d) removing a tumor en block, without cutting; e) operative access far from a tumor.
- 130) Antiblastics doesn't include:
 a) the introduction of antitumoral antibiotics; b) the use of hormonal drugs; c) the use of chemotherapeutical drugs; d) the use of irradiation; e) the use of physiotherapeutical procedures.
- 131) What patients can be considered as cured of cancer?
 a) with complete removing a tumor; b) with no metastases after treatment; c) 5 years passed after complex treatment; d) with no complaints after treatment; e) all called criteria.
- 132) Prophylaxis of postoperative thromboembolic complications includes:
 a) elastic bandage of lower extremities; b) spasmolytics; c) sedatives drugs; d) blood transfusion.
- 133) Call the measure of prophylaxis of postoperative pulmonary complications:
 a) administration of ferric drugs; b) inhalation of nitrous oxide; c) laving of a stomach; d) respiratory gymnastic.
- 134) Which diagnostic method helps to diagnose of a pulmonary embolism:
 a) biochemical blood test; b) rheovasography; c) urine test; d) X-ray examination of the chest.
- 135) Prophylaxis of suppuration of post-operative wound doesn't include:
 a) close-set sutures; b) catgut sutures; c) draining a wound; d) respiratory gymnastics.
- 136) Treatment of meteorism doesn't include:
 a) the introduction a colonic tube; b) the use of spasmolytics; c) the introduction of proserin; d) the introduction of 10 % calcium chloride solution intravenously
- 137) Prevention of bed-sores includes all the measures except:
 a) placement of a patient on a hard mattress; b) using rubber rings; c) skin massage; d) regular changing of a patient's bed linens.
- 138) Pulmonary complications include all the diseases except:
 a) pneumonia; b) gastritis; c) asphyxia; d) bronchitis;
- 139) Which is sign of clinical death?
 a) cadaveric rigidity; b) livores mortis; c) loss of consciousness; d) decreased body temperature $1C^0$ per hour.
- 140) What they must do before resuscitation at apnea and foreign bodies in a mouth cavity at first aid?
 a) begin closed massage at once; b) begin AVL with «mouth to mouth» method; c) intubate the trachea and perform indirect massage; d) remove the foreign bodies and begin «mouth to mouth» AVL.
- 141) In what area of a chest compression should be done at indirect cardiac massage?
 a) upper third of breastbone on median line; b) lower third of breastbone on median line; c) left clavicle; d) 3-4 ribs on left-side medioclavicle line.
- 142) Catheterization of subclavian vein is contraindicated at:
 a) hemorrhagic shock; b) acute renal insufficiency; c) Pedgett-Shretter syndrome; d) arterial pressure less then 60 mm.m.c.
- 143) Possible complication of catheterization of subclavian vein is:
 a) allergic shock; b) myocardium infarction; c) pneumothorax; d) lung edema.
- 144) Normal value of CVP is:
 a) 60-120 mm.w.c.; b) 130-140 mm.m.c.; c) 150-200 mm.m.c.; d) 20-40 mm.m.c.; e) 30-40 mm.w.c;
- 145) Increased CVP is characteristic for:
 a) hemorrhagic shock; b) pulmonary embolism; c) torpid phase of burn shock; d) brain swelling.
- 146) Decreased CVP is characteristic for?
 a) cardiac tamponade; b) pulmonary embolism; c) tension pneumothorax; d) septic shock.

- 147) Cells of what tissue will die at first in biological death?
a) brain and spinal cord; b) cornea; c) myocardium; d) stomach epithelium.
- 148) The diagnostic operation is:
a) appendectomy; b) herniotomy; c) resection of stomach; d) revision of urine bladder.
- 149) Urgent operation is indicated in:
a) varicose veins; b) acute appendicitis; c) trophic ulcer; d) cancer of liver.
- 150) Planned operation is indicated in:
a) cholelithiasis; b) bleeding; c) acute pancreatitis; d) strangulated hernia.
- 151) Example of radical operation is:
a) cholecystectomy; b) gastrostomy; c) biopsy of lymph nodes; d) nephrostomy.
- 152) Preoperative preparation before appendectomy doesn't include:
a) premeditation; b) cleansing enema; c) shaving a hair on an abdominal wall; d) catheterization of a urine bladder
- 153) What microbe causes a boil?
a) Clostridium tetani; b) Staphylococcus aureus; c) Neisseria gonorrhoeae; d) M. tuberculosis;
- 154) Hydradenitis is acute purulent inflammation of:
a) sebaceous gland; b) hair follicle; c) sweat gland; d) several sebaceous glands
- 155) What is phlegmon?
a) purulent inflammation of sweat glands; b) purulent inflammation of sebaceous glands; c) purulent diffuse inflammation of fatty tissue; d) purulent inflammation of a joint
- 156) Which stage is initial in local infection?
a) infiltration; b) induration; c) dilution; d) resorbtion
- 157) Which change in general blood test is typical in acute surgical infection?
a) erythrocytosis; b) leukopenia; c) lymphopenia; d) leukocytosis
- 158) Paraproctitis is inflammation of:
a) piles; b) anal sphincter; c) mucous of a rectum; d) fatty tissue around the rectum;
- 159) What is the most frequent agent of paraproctitis?
a) anaerobic microbes; b) Streptococcus; c) E. coli; d) Pneumococcus;
- 160) Paronychia is inflammation of:
a) all tissues of the finger; b) paraungual torus; c) nail bed; d) interphalangeal joint;
- 161) 14. Pandactylitis is a purulent inflammation of :
a) nail; b) subcutaneous fatty tissue; c) all tissues of the finger; d) paraungual torus
- 162) What 's the most frequent source of acute paraproctitis?
a) piles; b) scratching in perianal region; c) inflammation in buttocks; d) inflammation of anal glands
- 163) Which incision is used in retromammary abscess?
a) radial above the gland; b) circular around areola; c) semi-oval above the gland; d) semi-oval under the gland.
- 164) What kind of acute mastitis isn't a true one?
a) intramammary; b) subareolar; c) paramammary; d) subcutaneous.
- 165) Exclude wrong symptom of acute osteomyelitis:
a) pain in extremity; b) general weakness; c) fever; d) gangrene of the affected extremity.
- 166) What tissues can be used for sealing sequestral cavities after sequesrectomy?
a) connective tissue; b) cadaver's pia mater; c) muscle; d) cartilage.
- 167) When do the first X-ray symptoms appear in acute osteomyelitis?
a) in 5-6 days; b) in 1-2 days; c) in 13-15 days; d) in 7-8 days.
- 168) What operation is indicated in spreading a purulent process from a joint to a bone (phlegmon of bony marrow)?
a) arthrotomy only; b) resection of a joint; c) amputation; d) osteotomy and arthrotomy.
- 169) Is immobilization obligatory in acute purulent arthritis?
a) yes; b) no.
- 170) What's the most frequent agent of acute purulent arthritis?
a) gonococcus; b) B. typhosus; c) pneumococcus; d) staphylococcus.
- 171) Call the early symptom of acute hematogeneous osteomyelitis?
a) obliteration of bony channel; b) periostitis; c) osteosclerosis; d) sequestral box

- 172) What part of long bones are affected by chronic hematogeneous osteomyelitis more often?
 a) diaphysis; b) metaphysis; c) epiphysis; d) articular cartilages.
- 173) What's the morphological substrate of chronic osteomyelitis?
 a) intraossal abscess; b) subperiostal abscess; c) paraossal phlegmon; d) bony sequesters;
- 174) Call anti-tuberculous antibiotic:
 a) maxipim; b) kanamycin; c) clacid; d) oletetrin
- 175) What is X-ray symptom of bony tuberculosis?
 a) sign of "melting sugar"; b) periostal reaction; c) diffuse osteoporosis; d) compact sequestral box.
- 176) Alexandrov's symptom: skin crease on lateral surface of a thigh is thicker:
 a) on affected extremity; b) on a sound extremity.
- 177) Where does tuberculous process begin in bones?
 a) apophysis; b) epiphysis; c) diaphysis; d) metaphysic
- 178) What is the view of amebic abscess at USE?
 a) hypoechoic formation; b) hyperechoic formation; c) not visible.
- 179) What's the main sign of intestinal amebiasis?
 a) diarrhea; b) constipations; c) pains in abdomen; d) positive Schyotkin's sign.
- 180) Choose the most typical localization of fillariae in human body?
 a) nerves; b) veins; c) arteries; d) lymph vessels; e) urinary tract.
- 181) Call layers of an echinococcus cyst:
 a) mesotelial, peritoneal; b) piogenic, intermediary; c) germinative, chitinous; d) membranous, serous.
- 182) What can't be the source of sepsis?
 a) deep burn; b) closed fracture; c) wounds; d) carbuncle of face; e) peritonitis.
- 183) What measures can't be recommended in sepsis?
 a) opening purulent center; b) introducing antibiotics; c) limiting oral introducing fluids; d) blood transfusion; e) vitamins.
- 184) What facilitates the development of sepsis?
 a) long-term therapy with corticosteroids; b) hypertonic disease; c) diabetes; d) bronchial asthma; e) cardiosclerosis.
- 185) What is the most important measure in treatment of sepsis?
 a) bed regime; b) ventilation of patient's room; c) treatment of accompanied disease; d) opening of primary suppurative center; e) careful intravenous injections.
- 186) Call one of the most important component of treatment of sepsis:
 a) massage; b) antibiotics; c) treatment gymnastics; d) physical procedures; e) vitamins.
- 187) Blood for inoculation in sepsis is taken:
 a) in normal temperature of patient's body; b) in algor & highest temperature of patient's body; c) just after falling the temperature; d) in 6-12 hours after abolishing antibiotics; e) just after introduction of antibiotics.
- 188) Call the symptom of sepsis:
 a) jaundice; b) bradycardia; c) hypothermy; d) hyperproteinemia; e) polyuria.
- 189) Call the symptom of sepsis:
 a) in blood – deviation to the right; b) arterial hypertension; c) increased hematocrit; d) algor; e) polyphagia
- 190) Call the late complication of sepsis:
 a) pneumonia; b) bedsores; c) clotting pulmonary artery; d) cachexia; e) gastric bleeding.
- 191) What's most frequent agent of septic shock?
 a) pneumococcus; b) staphylococcus; c) gonococcus; d) E. coli;
- 192) What kind of sepsis is accompanied with mental disorders more often?
 a) gram-positive; b) gram-negative; c) mycotic.
- 193) Is the usage of inhibitors of proteases indicated in sepsis?
 a) yes; b) no.
- 194) Optimal conditions for development of gas gangrene appear in:
 a) closed fractures; b) infected wounds deprived with oxygen; c) deep burns; d) frostbites; e) bites of insects.

- 195) Local features of gas gangrene are:
 a) swelling, necrosis; b) swelling, lymphangitis; c) elephantiasis; d) bacteriemia, subfascial phlegmon.
- 196) What is the most frequent localization of gas gangrene?
 a) head, neck; b) extremities; c) back; d) perineum; e) abdominal cavity.
- 197) What changes appear in action of anaerobic microbes on patient's organism?
 a) abscesses; b) desquamation of epiderm with necrosis of fatty tissue; c) gas production with necrosis of muscles & connective tissue; d) shock; e) necrosis of skin, muscles & bones.
- 198) What are the symptoms of gas gangrene from the side of the wound?
 a) swelling, hyperemia, purulent exudate; b) swelling, red spots & strings on skin; c) fetid exudate, pale skin; d) subcutaneous emphysema, rapid spreading swelling; e) swelling, pains, convulsions.
- 199) Non-specific prophylaxis of gas gangrene includes:
 a) primary surgical treatment; b) strong antibiotics; c) antigangrenous serum; d) putting a rope below a wound; e) vitamins.
- 200) The most important component of gas gangrene treatment is:
 a) anti-shock therapy; b) treating doses of anti-tetanus serum; c) antibacterial therapy; d) opening infectious center with necrectomy; e) desensitization therapy.
- 201) What clinical forms of GAI are distinguished?
 a) acute & subacute; b) acute & chronic; c) chronic & relapsing; d) relapsing & fulminant; e) acute & fulminant.
- 202) What anatomic forms of GAI are distinguished?
 a) intra-articular & intra-bony; b) epifascial & subfascial; c) epidural & subdural; d) cutaneous & subcutaneous; e) subcutaneous & muscular.
- 203) What group of chemical antiseptics is used for local application in GAI?
 a) formalin; b) detergents; c) dye-stuffs; d) pure alcohol; e) oxidizers.
- 204) What exotoxin plays the most important role in pathogenesis of tetanus?
 a) tetanokinasin; b) tetanolysin; c) hyalase; d) leukicidin; e) tetanospasmin.
- 205) Early symptoms of tetanus are:
 a) rapid swelling; b) opisthotonos; c) bradycardia, dry skin; d) convulsions of muscles around the wound, hyperthermy; e) lost of consciousness, paralysis.
- 206) Indications for urgent prophylaxis of tetanus are:
 a) burns & frostbites of 1 degree; b) closed fracture; c) operations of large bowel; d) operations on bones.
- 207) Specific active-passive prophylaxis of tetanus includes:
 a) 1 ml of TA & antibiotics; b) 1 ml TS & myorelaxants; c) 3000 IU of ATS & antibiotics; d) 3000 IU of ATS & 1 ml of TA; e) 3000 IU of ATS & myorelaxants.
- 208) Non-specific prophylaxis of tetanus includes:
 a) suturing a wound; b) blood transfusion; c) primary surgical treatment with draining of the operation site; d) hyperbaric oxygenation; e) antibiotics.
- 209) What do the patient receive for the neutralization of tetanic toxins?
 a) hormonal drugs; b) antitetanic serum; c) blood; d) alkaline solutions; e) acid solutions.
- 210) The duration of incubation period of tetanus is (the most often):
 a) 1-3 days; b) 4-14 days; c) 15-20 days; d) 21-30 days; e) 31-40 days.
- 211) Obvious symptom of tetanus is:
 a) delirium; b) cardiac decompensation; c) anemia; d) sardonic smile;
- 212) What department is the patient with tetanus should be cured in?
 a) surgical; b) therapeutical; c) neurological; d) infection; e) intensive therapy & resuscitation.