

Final State Certification 2020

EMERGENCY TASKS

1

To relieve teeth ache a young woman took 2 tablets of analgesic orally. After a while edema of face, eyelids and ears started developing, difficult noisy respiration and hoarse voice appeared.

What is the likely condition?

What is the most appropriate course of management?

2

A 42- year-old patient was admitted to the hospital for emergency treatment. Hematemesis has arisen suddenly. The patient indicates that it has already happened for the 3-d time for 2 years. In the history obtained Botkin's disease is revealed. On examination, clearly defined venous network on abdomen wall in the form of « caput medusae» is revealed. A big spleen, dense edge of liver at a costal arch is palpated.

What is the likely diagnosis?

What is your plan of investigation?

What is the most appropriate course of management?

3

The patient of 45 years was admitted to the hospital by emergency help. Bloody vomiting has arisen suddenly. The patient marks, that within 2 years such bleeding begins in 3-rd time. In the anamnesis Botkin's disease. At survey the expressed venous network on abdomen wall in the form of « caput medusae ». The big spleen, dense margo of a liver at a costal arch is palpated.

What the urgent help to the patient will consist?

4

A man complains of bright blood after defecation.

What pathological condition does this patient have?

What are the treatment tactics of this ailment?

5

A victim was found in the street in an unconscious state and brought to the hospital. On examination, state of deep unconsciousness(GCS-11), OD = OS = 5 mm., smell of alcohol was revealed. Skin was cyanotic and cold. Dense edema of face and of palms, general muscular rigidity, superficial respiration, RR -12, bradycardia (40 beats per min), BP - 100/40 mm Hg, rectal temperature 30°C was found out.

What is the likely condition?

What's the most appropriate course of management?

6

A 39-year-old drunk man was found asleep in the street. He was brought to the hospital by the ambulance. On examination, state of coma (GCS-7), OD = OS = 5 mm., smell of alcohol was revealed. Skin was cyanotic and cold. Dense edema of face and of palms, general muscular rigidity, superficial arrhythmic respiration, RR -7, bradycardia (40 beats per min), BP - 70/40 mm Hg, rectal temperature 27°C was found out.

What is the likely condition?

What's the most appropriate course of management?

7

A 62-year-old patient was admitted to the hospital for emergency treatment. Hematemesis has arisen suddenly. The patient indicates that it has already happened for the 2-d time for 1 years. In the history obtained viral hepatitis is revealed. On examination, clearly defined venous network on abdomen wall in the form of «caput medusae» is revealed. A big spleen, dense edge of liver at a costal arch is palpated.

What is the likely diagnosis?

What is your plan of investigation?

What is the most appropriate course of management?

8

The patient came with fracture of forearm bones to the traumatologic center. After injection of 0.5% Novocaine solution for local anesthesia he felt acute weakness, dizziness. On examination, deep unconsciousness (GCS- 13), nettle rash on the skin of neck and chest, hypopnoe, RR-34, AP 40/00, heart rate-130 were revealed.

What is the likely condition?

What's the most appropriate course of management?

What medication is necessary to administer?

9

In a hot weather a 60-year-old male was admitted to sanatorium medical center after a long stay on the beach. He became pale, felt himself bad, repeatedly vomited, was excited, then for short-term lost consciousness. Examination showed deep unconsciousness (GCS- 12), disorientation, uncoordinated movements, hyper reflexion, hot, wet, hyperemic skin, body temperature 40,2 C, absence of meningeal symptoms. AP- 85/30 mmHg, heart rate-115, thread, arrhythmic pulse, RR- 28. ECG revealed sinus arrhythmia and presence of sporadic atrial extrasystoles.

What is the likely condition?

What is the most appropriate emergency medical aid management?

In a hot weather a 63-year-old male was admitted to sanatorium medical center after a “sun bath” on the beach. He became pale, felt himself bad, repeatedly vomited, was excited, then for short-term lost consciousness. Examination showed deep unconsciousness (GCS- 12), disorientation, uncoordinated movements, hyper reflexion, hot, wet, hyperemic skin, body temperature 40,2 C, absence of meningeal symptoms. AP- 85/30 mmHg, heart rate-115, thready, arrhythmic pulse, RR- 28. ECG revealed sinus arrhythmia and presence of sporadic atrial extrasystoles.

What is the likely condition?

What is the most appropriate emergency medical aidmanagement?

11

Suddenly at meals a 18- year-old man had attack of suffocating (uncontrollable) cough. A man held his neck with his hands. An increasing acrocyanosis and cramping breathing was revealed. On examination, pulse was 132 beat/min, BP- 130/80 mm/Hg, RR- 28 breaths/min with the extra muscles involved in respiration. On auscultation, bronchial respiration with wheezes was heard over the lungs.

1. What is the likely condition of the man?
2. What emergency medical treatment should be done firstly?

12

Suddenly at meals a visitor of canteen had attack of cough. He held his neck with his hands. An increasing acrocyanosis and cramping breathing was revealed. On examination, pulse was 132 beat/min, BP- 170/100 mm/Hg. RR was 28 beat/min with chest muscles involved in respiration. On auscultation, bronchial respiration with wheezes was heard over the lungs.

1. What is the likely condition?
2. What emergency medical treatment should be done firstly?

13

A factory worker had an incised wound in the internal surface of lower third of the right shoulder. On physical examination, BP - 80/40 mm /Hg, HR - 120 per min, low pulse, and clouding of consciousness. Pulsatory bleeding from the wound on the shoulder is revealed.

What is the likely pathological condition?

What is the best treatment course?

14

A factory worker had an incised wound in the internal surface of lower third of the right thigh. On physical examination, BP - 90/50 mm/ Hg, HR - 110 per min, low pulse, and clouding of consciousness. Pulsatory red blood flow from the wound on the thigh is revealed.

What is the likely pathological condition?

What is the best treatment course?

15

A 48 year- old patient C., a tractor driver and in the past being a miner (28 years of service as a coal face-worker in the mine) because of pneumoconiosis left mining and came to Crimea. At the physical exercise stress had intense pain in the left half of chest, feeling of suffocation, dizziness, and compressive pains in the heart. A patient was admitted to the reception department of regional hospital in the extremely severe condition: acrocyanosis, swollen face, neck veins are stagnant (pronounced), the right half of the chest does not participate in respiration, intercostal spaces are dilated. On percussion to the right it is a high tympanic sound, to right- lung sound. Apical heart beat is displaced to the anterior axillary line to the right; breathing on left side is not heard and is weak in the right side. Pulse is 120 beats per minute. PR is 36 per minute, Arterial pressure is 90/50.

What is your likely diagnosis?

What is your likely plan of examination and treatment?

16

A 65- year-old patient with diabetes mellitus, type II of moderate severity had a phlegmon developed on the thigh which was surgically excised. Nevertheless the patient's condition did not improve. She has hectic temperature, asthenia, dyspnea and persistent intoxication . General blood analysis reveals anemia, Hb-78g/l, leucocytosis- $18 \times 10^9/l$, erythrocyte sedimentation rate (ESR) -45 mm/h.

What complication of phlegmon is likely to happen?

What is the likely additional examination and treatment for this patient?

17

A 38-year- old woman is admitted to the regional hospital in an unconscious state. On exam, the patient demonstrates coma (Glasgow coma scale -8). Lack of purposeful movements on painful irritation is revealed. Corneal and knee reflexes are depressed. On exam, skin and visible mucous membranes are dry. Physical examination shows noisy frequent respiration, RR -28 breathes/min, low rhythmic pulse, PR – 126 bpm, BP-100/60 mm/Hg, "fruity" odor from the mouth. Lab testing demonstrates hematocrit (PCV) - 0.53, blood glucose - 28.5 mmol/l, acute positive ketone bodies in urine, plasma potassium - 2.65 mmol /l.

What is the likely condition?

What is the most appropriate course of management?

18

A 57-year-old woman is admitted to the hospital in an unconscious state. On exam, the patient demonstrates a state of unconsciousness (Glasgow coma scale -7). Lack of purposeful movements on painful irritation is revealed. Corneal and knee reflexes are depressed. On exam, skin and visible mucous membranes are dry. Examination shows noisy frequent respiration, RR -28 breathes/min, low rhythmic pulse, PR – 126 bpm, BP-110/60 mm/Hg, acetone odor from the mouth. Lab testing

demonstrates hematocrit (PCV) - 0.54, blood glucose - 31.5 mmol/l, acute positive ketone bodies in urine, plasma potassium - 2.6 mmol /l.

What is the likely condition?

What is the most appropriate course of management?

19

A patient suffered from acute pneumonia complicated with the right sided purulent pleuritis and was on indoor treatment. Suddenly his condition became worse. He was complaining of anxiety, shortage of air for breathing, dizziness. Examination showed wet and cyanotic skin, temperature- 39C, breathing with the help of extra muscles, RR-46, AP-155/100, heart rate-130.

What is the likely complication?

What is the further most appropriate course of management?

20

A victim was found by paramedics on the ground with an electric wire in the hands in the state of unconsciousness. On examination, sporadic arhythmic inspirations, both pupils' mydriasis were revealed. Carotid arteries pulsation, AP were absent.

What is the likely condition? What is the likely heart rate disorder?

What is the most appropriate course of management?

21

On a trolley-bus stop a 58-year-old male suddenly lost consciousness. Examination showed absence of spontaneous breathing, acute paleness of skin, dilation of pupils, and absence of carotid artery pulsation.

What pathological state is the patient in at this time?

What is the most appropriate course of management?

22

A 47-year-old woman suddenly lost consciousness. On physical exam, there is absence of spontaneous breathing and carotid artery pulsation, acute paleness of skin, dilation of pupils.

What pathological state is the patient in?

What is the most appropriate course of management?

№ 23

A young woman took 1 tablet of analgin for the relief of headache. After a while, there was appearance and progressive swelling of face and eyelids, noisy breathing with difficulty, hoarseness and bloating.

What condition can be suspected and what tactics can be used?

24

A general condition of in-patient with an acute lobar pneumonia history suddenly worsened. Examination revealed a state of anxiety, complaints on shortage of air breathing, dizziness, and increasing cyanosis. Skin was wet, body temperature - 39°C. RR was 47 breaths/min. Extra muscles were involved in respiration. On auscultation, a weak polymorphous crepitating breathing in the apex of the right lung was revealed.

AP was 175/110, heart rate - 120 beat/min.

What complication of pneumonia course is revealed in this patient?

What is the most appropriate course of management?

25

At the polyclinic a 68 –year-old man presents with complaints on the absence of urine for the last 24 hours. He suffers from adenoma of prostate gland.

Examination shows wet, pale pink skin and body temperature -38 C. Bronchial breathing can be normally heard. Respiration rate is 24, AP- 165/100, heart rate- 100. On palpation of abdomen a painful fusiform mass (18x9 cm) is elicited.

What is the likely cause of anuria?

What is the most appropriate course of management?

26

A 65-year-old man complains of a one-time vomit resembling coffee grounds, and a couple of times tarry stools.

What is the presumptive diagnosis? Tactics of further treatment.

27

A woman who had previously been operated on due to gallbladder disease developed cramping abdominal pain, vomiting and bloating. The patient's bowel movements are independent of the condition.

What condition can be assumed in the patient?

What should be the treatment strategy of this patient?

28

A male resident of Crimea is engaged in sheep breeding. Recently, he developed weakness, pain in the right hypochondrium and a feeling of heaviness that is not associated with eating. Temp. up to 37.1-37.5 C.

What is the presumptive diagnosis?

What are the methods of examination and tactics of further treatment?

29

A 56-year-old man has long been suffering from ulcers. The ulcer is localized in the angular notch of the stomach. Patient repeatedly underwent conservative

treatment. Over the past year, he had lost 15 kg, skin turgor reduced, and appetite was lost.

What is the presumptive diagnosis?

What are the methods of investigation? Tactics of patient management.

30

The patient came with fracture of forearm bones to the traumatologic center. After injection of 0.5% Novocaine solution for local anesthesia he felt acute weakness, dizziness. On examination, deep unconsciousness (GCS- 13), nettle rash on the skin of neck and chest, hypopnoea, RR-34, AP 40/00, heart rate-130 were revealed.

What is the likely condition?

What's the most appropriate course of management?

What medication is necessary to administer?

31

A 52-year-old man suddenly lost consciousness. On physical exam, there is absence of spontaneous breathing and carotid artery pulsation, acute paleness of skin, dilation of pupils.

1. What pathological state is the patient in?
2. What is the most appropriate course of management?

32

A 38-year-old woman complains of sudden pain in the upper abdomen after a heavy meal. Vomiting does not relieve pain.

What is the presumptive diagnosis?

What are the tactics of patient management?

33

A worker of construction gang after working hard felt himself breathless and had severe constricting sternal pains. Paramedics performed an ECG exam and revealed signs of acute myocardial infarction. Physical examination showed loud breathing, crackles heard in the distance, He was coughing out pinkish froth. AP was 85/50, heart rate -128, RR -28 .

What is the likely condition?

What is the most appropriate emergency management?

34

A 34-year-old patient T. was admitted to the hospital with peptic ulcer complicated by perforation. Severe pain in epigastrium region developed 2 hours

ago. At the time of operation a perforated ulcer with diameter of 0.3 cm at the anterior wall of the duodenum was found out. Signs of peritonitis were absent.

What complication occurred as a result of perforated ulcer of duodenum?

What operation is necessary to perform in this patient?

35

The patient came to draw a tooth to the dentist. After injection of 0.5% Novocaine solution he felt acute weakness, dizziness. On examination, nettle rash on the skin of neck and chest, hypopnoea, RR-36, AP 60/20, heart rate-128 were revealed.

What is the likely condition?

What's the most appropriate course of management?

What medication is necessary to administer?

36

All of a sudden a young woman has got strong pains in the right lower part of abdomen. Her general condition is satisfactory, temperature -37.8 C, pulse -100 beat/min. A tongue is wet. The abdomen is not swollen and is not participating in the act of breath, in the right iliac part of abdomen, the bottom departments and mesogastric areas it is strained with sharp pain. There is a positive Blumberg sign in the lower half of abdomen, right and left iliac areas, mesogastric area. Rovsing, Sitkovsky signs are positive. Leukocytosis is 12.3×10^9 in 1l.

What is the likely diagnosis?

What is the necessary additional investigation?

What is the most appropriate course of management?

37

Ambulance brought a 35- year-old lady to the reception department with complaints on severe pain in the oral cavity and esophagus. It happened after consumption of a little quantity of unknown liquid with strong acidic taste. The woman mistook it for the water. Examination revealed the state of excitement. The mucous membrane of oral cavity was hyperemic with patches of desquamation, edematous and bleeding. BP was 140/90, heart rate - 90.

What is the likely condition?

What is the most appropriate emergency treatment?

38

A patient, who has long suffered from the ailment of gastric ulcer, notes frequent exacerbations. She had been regularly treated conservatively. She was hospitalized due to pain in the upper abdomen which irradiates to the back. Analgesics were ineffective.

What is the presumptive diagnosis?

What are methods of investigation?

What is the tactic of further treatment?

39

A day before a young woman all of a sudden had got a severe pain in the right iliac region. The patient's general condition was satisfactory, temperature- 37.8⁰C, pulse 100 beat / min, a wet tongue; abdomen was not swollen, participated in respiration, in the right iliac region overstrained, severely painful with positive symptom of rebound tenderness in the lower half of the abdomen. A Rousing, Sitkovsky signs were positive, leukocytosis in blood 12.3×10^9 l.

What is the likely diagnosis?

What is the likely surgical treatment?

40

A young woman who fell from a tree complains of pain in the chest and shortness of breath. On percussion, sound is dull on the right lower part of the chest, weak vesicular breathing. Pulse 100 bmp, BP 100/70 mmHg.

What is the presumptive diagnosis?

What are the patient's management tactics?

SITUATIONAL TASKS

1

The patient was operated for duodenal ulcer (Billroth-II type) 3 years ago. He complains of swelling pains in the epigastric area, feeling of weight after meal. Pain intensity is growing and soon after that follows plentiful biliary vomiting sometimes with food stuff. Localized pain in the gallbladder and pancreas projection is revealed. A dense -elastic of longitudinal form, painful lump is palpated in this place.

What is the likely diagnosis?

What is the most appropriate course of investigation and management?

2

The 45- year-old patient arrived at the hospital by ambulance with complaints on presence of very painful pineal mass in the region of anus, periodic discharges of scarlet blood with stool. On exam, painful at palpation lumps of cyanotic and blood red color at anal area on the clock mark “3, 7 and 11 hour” are revealed.

1. What is the likely diagnosis?

2. What is the most appropriate course of management?

3

A 42 –year-old patient complains of spasmodic pain in a stomach, nausea, vomiting, a delay of stool and gases. The patient had an operation on perforating stomach ulcer in the past. On physical examination, pulse is 94 beat/min, AP-90/60, tongue is dry. The abdomen is moderately tympanitic and dissymmetric, splash is determined. Peristaltic noise is periodically enhanced. On survey X-ray Kloyber cups of small intestine are revealed.

1. What is the likely diagnosis?

2. What is the most appropriate course of management?

4

The patient complains of pain in epigastrium and the right hypochondrium. He is sick within a week. At the beginning the pain was very sharp, then its intensity has decreased, and after that an icteric colouring of skin and sclera appeared. The stomach is strained and painful in the right hypochondrium. Orthner symptom is positive . At ultrasonic investigation shows stones in a gallbladder, a wall of gallbladder is 0.7 cm, choledochal diameter – 1.5 cm, structure of pancreas is nonuniform. Bilirubin - 86 $\mu\text{mol/l}$, direct bilirubin – 42 $\mu\text{mol/l}$.

1. What is the likely diagnosis?

2. What is the additional investigation in this case?

3. What is the most appropriate course of management?

5

A 33- year-old patient was urgently operated for duodenal perforated ulcer. The excision of ulcer was done with pyloroplastics by Jadd + truncal

(stem)vagotomy. Now he complains of dull pains, feeling of overfilling and swelling in epigastrium and the right hypochondrium after meal, biliary eructation, bitterness in the mouth, heartburns.

1. What is the likely diagnosis?
2. What is the most appropriate course of surgical treatment?

6

A 48-year-old patient C. has been ill on cholelithiasis for a long time. She refused a systemic surgical treatment; 5 days ago the condition worsened. Jaundice appeared after the pain syndrome in the right hypochondrium, last 2 days the hectic temperature is marked. On examination the abdomen is strained, painful in the right hypochondrium, positive Orthner's syndrome is manifested. On ultrasound stones in gallbladder and in choledoch are revealed, choledoch is dilated about 15 mm.

Enumerate complications of cholelithiasis manifested in the patient.
What is the additional investigation? Specify a character of surgery.

7

Yesterday at cooking a 30- year-old patient A. had got a vapor burn of the right hand. She treated herself with medications she had. Next morning a wide blister which was partially open was formed on the back of the right hand. Serous exudates was flowing from it. Morbidity and hyperemia were manifested.

1. What is the likely diagnosis?
2. What is the likely medical treatment?

8

At sowing campaign a 41- year-old patient had got trauma of the right thigh. A ground got into the wound. In the field conditions the wound had been cleaned, aseptic bandage applied. At night the temperature rose up to 39 C, the thigh increased in size, the edema rose to inguinal area. Intoxication appeared.

1. What is the likely diagnosis?
2. What is the most appropriate course of management?

9

A 35-year-old patient presents to the proctologist with complaints on periodic prolapsed piles from anus at defecation which then are retracted. Earlier bleedings were not plentiful in the form of blood streaks from the rectum.

1. What is the most likely diagnosis?
2. Which is the most likely next step?

10

A 47- year-old patient presents to the surgeon with complaints of existing fistula with poor purulent contents in perianal area. Earlier an operation was done (dissection of acute anal abscess). Later in a month, a fistula appeared next to the

anal orifice which was periodically discharging puss in small amounts.

1. What is the most likely diagnosis?
2. What is the most appropriate course of management?

11

The patient complains of sharp abnormality at the act of defecation, discharge of small amounts of blood with fecal masses, and also constipation because of morbidity of the defecation act. On digital investigation of anterior abdominal wall dilatation of sigmoid colon in a balloon-like form is revealed.

1. What is the likely diagnosis?
2. What are the additional methods of investigation?
3. What is the most appropriate course of management?

12

A 68-year-old patient presents with ischemic heart disease and hypertonic disease, stage II. The patient complains of periodic pain in abdomen, decrease of appetite and body weight. On physical examination, BP is 160/90 mm Hg, pulse-88 beats/min, rhythmic. An oval elastic pulsating lump is revealed in the left mesogastric region. It has a size of 10x8 cm, moderately painful when palpated. Systolic murmur can be heard over the same area. Other symptoms of the abdominal organs are not revealed.

1. What is the most likely disease ?
2. What is the plan of investigation and treatment?

13

A 32-year-old patient after delivery presents with the dilatation of varicose vein of the right lower extremity. The varicose nodes are located in the leg and in the lower 1/3 of thigh. Later pain and edema in the area of the leg appeared. Induration and hyperpigmentation of skin could be seen in its lower 1/3 of internal surface.

1. What investigation should be done to solve the problem of deep vein and perforated vein of extremity?
2. What is the most appropriate method of operative treatment?

14

A 42-year-old patient presents with rheumatic mitral heart disease resulted in constant form of ciliary tachyarrhythmia. Suddenly, acute ischemia of right lower extremity developed with pain, paleness of skin on the foot, limited movement of ankle-joint, as well as absence of arterial pulse of popliteal artery and foot artery.

1. What complication occurred in this patient?
2. What appropriate investigation must be done for the final diagnosis?
3. How would you treat this patient?
4. What kind of surgical treatment would you suggest?

15

A 53- year-old patient was admitted to the hospital with complaints on swelling pain in the right leg; edema of foot and leg, body temperature up to 38 C. On physical examination, Homans sign is positive. Arterial pulsation is normal.

- 1.What is the most likely disease?
- 2.What additional method of investigation should be done?

16

A 55-year-old patient has been suffering from intermittent claudication of the lower right extremity for the last 6 months. Distance of painless walking has been restricted up to 100 meters for the past few days. On exam, absence of the right popliteal arterial pulsation in the right lower extremity, positive ischemic symptoms are revealed.

- 1.What is the likely disease?
- 2.What extra method of investigation should be done?

17

A 30- year-old patient D. developed intermittent claudication 3 months ago after overcooling of lower extremities. The patient feels pain in the right foot; has trophic ulcer of distal phalangeal bone of the 1st toe . On exam, feet and lower 3rd of legs are marble in color. Distal parts of feet are of bluish-crimson color. Nails are dry and brittle. Arterial pulsation of feet is absent, but present on popliteal arteries .

- 1.What is the likely disease?
- 2.What extra method of investigation should be done?

18

Twelve days ago a 26-year-old patient P. had got knife injury in the lower 3rd of the right thigh. On exam, pulsating tumor, hematoma in the upper 3rd of the thigh is revealed. Auscultation of these zones gives systolic murmur. Pulsation of femoral and popliteal artery is present.

1. What is the likely diagnosis ?
2. How would you treat this patient?

19

Acute phlebothrombosis of varicose veins of the left lower extremity developed in a patient. A floating thromb in the orifice of large subcutaneous vein was revealed by ultra sound. The patient did not ask for any medical help at that time, as a result the condition of patient became worse suddenly. Arterial blood pressure lowered to 80/40 mm HG.Tachycardia developed, pulse rate became 120 beats /min. The patient became excited. The face, neck and upper half of the chest became cyanotic.

- 1.What complication developed in the patient?

2.How would you treat this patient?

20

A 53-year-old patient was admitted to the hospital with complaints on severe pain in the left shin; swelling pain in the left thigh, edema of foot, shin and thigh, spasmodic convulsions of gastrocnemius muscles, temperature up to 38,5⁰C. She's been ill for 3 days. Firstly, spasmodic convulsions of gastrocnemius muscles , followed by pain on the second day, and the day after edema developed. On exam, skin of left foot and shin was of bluish in color, tense and glossy (shiny).Circumference of left shin and left thigh is 5 cm more if compared to the right ones. Movement is possible but extremely painful. At palpation of extremity pain is present along the vascular bundle, especially in popliteal fossa. Pressing of gastrocnemius muscles gives sudden pain. Arterial pulsation on popliteal artery and on foot artery was not determined due to edema.

1.What is the most likely diagnosis for this patient?

2.How would you treat this patient?

21

After overcooling a 45-year-old patient had got pain in the right half of the chest, which was increasing at breathing. General weakness, chill, sweating, dry cough with temperature running up to 38-39⁰C was observed. Even after antibacterial therapy for 8 days there was no improvement. Big amounts of purulent sputum with bad smell and blood streaks appeared suddenly at expectoration during cough. By the next day a condition of patient became considerably better, temperature decreased up to subfebrile, appetite grew, chill stopped. During cough at expectoration purulent sputum was up to 100-150 ml, quantity of which was increasing in the left lying position.

1.What is the most likely diagnosis for this patient?

2.What is the most likely plan of examination (investigation) and treatment?

22

Two months ago a 36- year-old patient M. had a chemical burn (vinegar essence intake) of esophagus with formation of esophageal stricture and had medical bouginage. Manipulations were done under narcosis. It should be mentioned that two procedures were done without complications. At the third procedure in the evening a condition of the patient became worse. After the narcotic effect the patient suffered from intensive pain in the chest and interscapular region, odynophagia, palpitation and body temperature up to 38⁰C with chills.

1.What is your likely diagnosis?

2.What is the most likely plan of examination (investigation) and treatment?

23

A 42- year- old patient C., (Crimean Tatar) came from Uzbekistan 16 years ago. At fluorography in both lungs lower lobes rounded homogeneous shadows with

exact borders were found. A patient had no complaints. While staying in middle Asia she's been working in village locality and had sheep and dogs.

1. What is the most likely diagnosis?
2. What is the most likely plan of examination (investigation) and treatment?

24

Patient, 71 years old, was suffering with constipation from many years. 3 days back after taking laxatives started increasing pain in stomach, nausea, stool was absent. On examination skin is pale, grey, pulse 104 beats/min, arrhythmia, B.P 90/60 mm of hg, dry tongue. Abdomen is distended, tensed, painful on palpation in all parts. Peristalsis of intestine cannot be heard. In the left hypochondrium region, a non-movable tumorous infiltrate was palpable. Ampulla of the rectum is empty, atony of anal sphincter. On X-ray of abdominal organs-multiple levels of small and large intestine.

What is the most probable diagnosis? Give the plan of investigation.

25

A 42-year-old patient K. has consulted a surgeon concerning itch and burning in the area of the second finger of the left hand. A burning pain of pulsatory character has appeared. In the morning it began itching. A patient asked for help. At examination the ungual phalanx of the second finger of the left hand is thickened and has a cyanotic and purple colour. At palpation a patient experiences a sharp pain. Active movements of a finger are limited because of pain. The temperature is 37.8°C.

1. What is your likely diagnosis?
2. What is the most appropriate course of management?

26

A 35-year-old patient N. was admitted to the reception department 30 minutes after a road accident. In the course of accident the patient had got injury on the sternum by the steering wheel. At the time of admission a patient's condition was moderately severe, he suffered and complained of pain in the injured region which was increasing at movement and respiration. Skin was pale with acrocyanosis. Pulse was 96/min, rhythmic, A.P-100/60. Respiration was equally weakened on both sides. R.R. was 22/min. Borders of heart dullness were not expanded, heart sounds were dimmed. At palpation of presternum and mesosternum region symptomatic extended pain is manifested and swelling with deformation of sternum in a step-like form and pathological movement occurred.

1. What is your likely diagnosis?
2. What is your likely (examination) investigation in this situation?

27

A 46-year-old patient O. came to the reception department of the republican hospital himself twenty 20 minutes after chest trauma (wounding), which was caused by barbecue skewer in intrascapular space by one of drinking companions.

The distance between bar and hospital was 500 m. After admission a patient was in a satisfactory condition, lightly drunk, he had complaints on the mild pain in the wound region, an unpleasant feeling of heart palpitating, dizziness. A bleeding from the wound stopped independently, a wound was 6x3 mm filled with blood clots. A shirt was blooded in the place of wound. Neck veins were stagnant. Borders of cardiac dullness were slightly enlarged. Apex beat was not found, heart tones weakened, A.P-80/60, pulse 104beats/min, rhythmic and soft.

- 1.What is your likely diagnosis?
- 2.What is your likely plan of investigation and treatment?

28

A 46- year-old patient O. came to the reception department of the republican hospital himself twenty 20 minutes after chest trauma (wounding), which was caused by barbecue skewer in intrascapular space by one of drinking companions. The distance between bar and hospital was 500 m. After admission a patient was in a satisfactory condition, lightly drunk, he had complaints on the mild pain in the wound region, an unpleasant feeling of heart palpitating, dizziness. The bleeding stopped as the wound was 6 * 3 mm filled with blood clots, the shirt was covered with blood in the place of wound, neck veins were stagnant, borders of cardiac dullness were enlarged slightly, apex beat was not found, heart sounds, BP was 80/60 mm/Hg. Pulse -104 beats per minute, rhythmic and soft. To confirm the diagnosis an x-ray of chest in two projections was performed and the patient had to stay with laboratory assistant in the x-ray lab. When the laboratory assistant returned with the x-ray results, the patient was found dead.

1. What diagnostic and medical mistakes were done by the doctor on duty?
2. What symptoms have already indicated on the trauma of heart (Beck triad),
3. What should the doctor on duty immediately have done?

29

The patient arrived at the hospital by ambulance with complaints on presence of very painful pineal mass in the region of anus, periodic discharges of scarlet blood with stool. On exam, painful at palpation lumps of cyanotic and blood red color at anal area on the clock mark “3, 7 and 11 hour” are revealed.

1. What is the likely diagnosis?
2. What is the most appropriate course of management?

30

A 68-year-old patient was treated in the proctology department. At the time of defecation a painful bulging of mucous membrane from anal orifice was observed, while in horizontal position it disappeared. A patient didn't have any painful feeling. Sometimes gas incontinence was observed.

1. What is your likely diagnosis?
2. What is your likely plan of treatment?

31

A 32-year-old patient after stress has got dysphagia, a problem in swallowing of solid foods. The patient didn't get medical help in proper time. In the course of time the above stated symptoms were progressing. On the contrast x-ray of esophagus it was observed a constriction of lower one-third of esophagus in the form of a "mouse tail", dilatation of esophagus above constriction up to 3-4 cm.

1. What is the likely diagnosis?
2. What is the likely surgical treatment?

32

A young patient having an ulcer anamnesis for a long time had got melena for several times a day, decrease of arterial pressure 100/60 mm/Hg, pulse -110 beats per minute, general weakness, dizziness.

1. How would you confirm the complication of peptic ulcer in the patient?
2. What is the likely plan of investigation and method of surgical treatment?

33

The patient who has carried 2 years ago a resection $\frac{2}{3}$ of a stomach on Hoffmeister-Finsterer in occasion of a stomach ulcer, has complaints to sharp weakness, attacks of palpitation, inflow of heat to the face and dizzinesses at the use of sweet and dairy food. Deficiency of weight of a body – 15 kg. On X-ray – losted part of stomach small sizes with continuous evacuation of barium in the expanded allocating loop, is available small reflux in resulting loop. Specify the diagnosis, additional methods of inspection.

What operative intervention is necessary for the patient?

34

A 34-year-old patient T. was admitted to the hospital with peptic ulcer complicated by perforation. Severe pain in epigastrium region developed 2 hours ago. At the time of operation a perforated ulcer with diameter of 0.3 cm at the anterior wall of the duodenum was found out. Signs of peritonitis were absent.

1. What complication occurred as a result of perforated ulcer of duodenum?
2. What operation is necessary to perform in this patient?

35

The patient of 46 years was admitted to surgical hospital with complaints to strong pains in the upper half of abdomen, squeezing character, vomiting. 5 years ago has carried resection of a stomach. Soon after operation the specified complaints, especially after reception fat and a spicy food began to appear. Recently these pains became more frequent. A abdomen soft, moderately painful in epigastric area. A positive symptom of Mayo-Robson. Is it possible to think of what disease?

36

A 38-year-old patient D. has been receiving treatment for duodenal ulcer for a long time. During the last month symptoms of overfilling at epigastric region after taking meal, periodic vomiting with undigested food, decrease of weight for 9 kg for a month, periodic convulsions of muscles of extremities developed.

1. What is the likely diagnosis?
2. What is the surgical treatment in this case?

37

A patient was operated for strangulated inguinal hernia with necrosis of loop of the small intestine and phlegmon of hernial sac. A laparotomy, resection of small intestine, sewing up of small intestine by anastomosis" side to side" was done. The wound was cleaned with antiseptic solution. Operation was finished with plastic surgery on the inguinal canal by one of the methods. Enteroparesis, symptoms of irritated peritoneum and clinical picture of peritonitis developed in the early post-operative period.

1. What complication is likely to occur in this case?
2. What surgical treatment is necessary in this case?

38

A 28 -year- old patient J. was admitted to the surgical department after the road accident. On examination a skin paleness, pulse-110 beat/min, BP-90/60 mm /Hg were revealed. Abdomen was overstrained and painful in the left hypochondrium and in the meso- and epigastrium region; positive "Blumberg sign", dullness in the flat area of abdomen appeared.

1. What is the character of intra-abdominal damage?
2. What is the likely additional method of investigation?
3. What is the likely surgical treatment in this case?

39

A 48-year- old patient C. suffered from acute destructive pancreatitis 6 months ago. She was again rehospitalized in the surgical department with the complaints of pain in the epigastric region. On examination elastic mass (8 x 6 cm) in the epigastric region is palpated. Symptom of abdominal irritation is absent. Symptoms of pancreatitis are hardly revealed.

1. What kind of pancreas pathology is revealed?
2. What plan of investigation and method of operation would you suggest?

40

A 22-year-old patient woman B. a month after delivery has got pain in the right mammary gland with body temperature up to 38⁰C. On examination of mammary gland infiltration in the upper external quadrant, hyperemia of mammary gland, severe pain and symptoms of fluctuation were observed.

1. What is the likely diagnosis?

2. What is the likely surgical treatment?

Question № 1

What is «Obliterating atherosclerosis of the lower limbs»? Describe its etiology, pathogenesis, clinical manifestations, diagnosis, and treatment.

Question № 2

What is a sliding hiatal hernia? Describe its classification, clinical features, diagnosis, conservative and surgical treatment.

Question № 3

What is Crohn's disease? Describe its etiology, pathogenesis, clinical manifestations, diagnosis, and treatment.

Question № 4

What are the indications for surgical treatment of arteriosclerosis obliterans of the main arteries of the lower extremities? What surgical methods do we have at our disposal to treat this disease?

Question № 5

Acute pancreatitis. Pathogenesis. Clinical picture. Tactics of patient management.

Question № 6

What is a diaphragmatic hernia? Describe the clinical features, diagnosis and treatment.

Question № 7

What is liver cirrhosis? Describe the clinical features, diagnosis and indications for surgical intervention.

Question № 8

Stomach ulcers complicated by stenosis. Clinical picture. Diagnosis. Tactics of patient management.

Question № 9

What is an esophageal diverticulum? Describe its etiology, classification, pathogenesis, clinical manifestations, diagnosis and treatment.

Question № 10

What is a pleural empyema? Describe its etiology, classification, pathogenesis, clinical manifestations, diagnosis, conservative and surgical treatment.

Question № 11

What is thyroiditis? What is acute suppurative thyroiditis? Describe their etiologies, classification, pathogenesis, clinical manifestations, diagnosis and treatment.

Question № 12

What is superior vena cava syndrome? Describe its etiology, pathogenesis and diagnosis.

Question № 13

What is ulcerative colitis? Describe the classification, clinical features, diagnosis and treatment.

Question № 14

Rectal injuries. Diagnostics. Patient management.

Question № 15

What are the complications of ulcerative colitis? What are the clinical manifestations, diagnosis and how do we treat this condition?

Question № 16

Echinococcosis of the liver. Life cycle of parasite. Modes of transmission. Diagnosis. Treatment.

Question № 17

What is mechanical jaundice? Describe its etiology, pathogenesis, clinical manifestations, diagnosis and treatment.

Question № 18

What is meant by «post-thrombotic syndrome»? Describe the pathogenesis along with its classification.

Question № 19

What is the diagnostic program (algorithm), surgical tactics and types of surgical interventions for injuries of the spleen?

Question № 40

What are varicose veins? Please describe its classification along with what you see clinically on the patient. Additionally, how would you carry out a clinical diagnosis of varicose veins?

Question № 21

What is meant by the term «diabetic angiopathy of the lower extremities»? Describe its etiology, pathogenesis, clinical manifestations, diagnosis, and treatment.

Question № 22

What is a diaphragmatic hernia? Describe its classification. Describe the malformations of the diaphragm.

Question № 23

What is a Zenker's diverticulum? Describe the clinical presentation, diagnostics and treatment.

Question № 24

What is meant by the term «post-burn esophageal strictures»? Describe the clinical presentation, diagnostics and treatment.

Question № 25

What is Mallory-Weiss syndrome? Describe the clinical presentation, diagnostics and treatment.

Question № 26

Describe the injuries of the heart? Describe the clinical presentation, diagnostics and treatment.

Question № 27

Describe the causes, clinical presentation, diagnosis and treatment of anastomotic ulcers which result from post-complications of surgery.

Question № 28

What is a pulmonary embolism? Describe its etiology, pathogenesis, clinical manifestations, diagnosis, treatment and prevention.

Question № 29

What are pancreatic cysts? Describe its etiology, classification and pathogenesis.

Question № 30

Clinical picture of acute appendicitis. Symptoms. Tactics of patient management.

Question № 31

What is dysphagia? What are the modern methods of diagnosis?

Question № 32

What are the modern principles of treatment of patients with acute liver abscesses?

Question № 33

Inguinal Hernia. Strangulation. Symptoms. Patient management tactics.

Question № 34

What is cardiospasm (esophageal achalasia)? Describe the etiology, pathogenesis, clinical manifestations, diagnosis and treatment.

Question № 35

What are the indications for surgical treatment of cholelithiasis (gall stones)? When is endoscopic cholecystectomy recommended? Describe its indications and contraindications.

Question № 36

Appendicular infiltration and its variants. Patient management tactics.

Question № 37

How can we conservatively treat (using drugs) varicose bleeding of the esophagus? Secondly, how can we treat it surgically?

Question № 38

What is Leriche syndrome? Describe the clinical features, diagnosis and treatment.

Question № 39

Nodular Goiter. Diagnostic methods. Tactics of patient management.

Question № 40

What is a pneumothorax? Definition, classification, emergency first aid in spontaneous tension pneumothorax.