

TESTS
for examination in general surgery and semiology (2022-2023 yy)
Semester 2

1. CS. Central venous access is performed preferably by:
2. CM. Which of the following can be indications for central veins catheterization?
3. CM. Central venous access can be achieved through:
4. CM. Placing the patient in the Trendelenburg position during jugular vein catheterization:
5. CS. Which kind of catheter is used to measure pressure in the pulmonary artery?
6. CM. Which of the following condition can be an indication for installation of chest tube (thoracostomy)?
7. CM. Which of the given below refers to the complications of thoracentesis?
8. CM. In case of pneumothorax thoracentesis is performed more frequently:
9. CM. In case of hydrothorax thoracentesis is frequently performed:
10. CM. Choose the aims of installation of nasogastric tube:
11. CM. Which kind of tubes is used for esophagogastric hemostatic balloon tamponade in variceal upper digestive bleeding?
12. CM. Among the complications of esophagogastric balloon tamponade in variceal upper digestive bleeding may occur:
13. CM. In case of variceal upper digestive bleeding esophagogastric balloon tamponade is indicated in:
14. CS. In cases of upper digestive hemorrhage from varices with gastric localization hemostatic balloon tamponade is possible with:
15. CS. In case of upper digestive bleeding from esophageal varices prolonged hemostatic balloon tamponade can cause:
16. CS. To prevent esophageal mucosa necrosis following prolonged hemostatic balloon tamponade with Sengstaken-Blakemore tube it is recommended to:
17. CM. Pathological conditions that can be diagnosed by anoscopy are:
18. CS. Endoscopic examination with rigid sigmoidoscope allows the visualization of:
19. CS. Which of the following catheters is used for urethral catheterization?
20. CM. The complications of urethral catheterization are:
21. CM. Laparocentesis is indicated in the following conditions:
22. CM. Specify which of the listed conditions are related to surgical infection.
23. CM. What infectious processes are related to acute specific surgical infection?
24. CS. According to classification of surgical infection by clinical evolution, tuberculosis refers to:
25. CS. According to classification of surgical infection by clinical evolution, tetanus refers to:
26. CM. Specify the factors, which lead to the development of surgical infection.
27. CM. Which biological characteristics of microorganisms determine the evolution of surgical infection?
28. CM. Specify the possible sources of surgical infection.
29. CM. Specify the exogenous source of surgical infection.
30. CM. Specify the non-specific mechanisms of the human body response to infection.
31. CM. What is the role of mononuclear phagocytes in the inflammatory focus?

32. CS. Which leukocytes provide the humoral immune response to surgical infection?
33. CS. Specify the mechanism of skin hyperemia in purulent surgical infection of soft tissues.
34. CS. Specify the mechanism of skin hyperthermia in purulent surgical infection of soft tissues.
35. CS. Specify the mechanism of pain in purulent surgical infection of soft tissues.
36. CS. Specify the mechanism of edema in purulent surgical infection of soft tissues.
37. CS. Specify the cause of limb function disturbance in acute purulent surgical infection.
38. CS. In surgical soft tissue infection pulsating pain is characteristic of the:
39. CM. When the purulent cavity is formed, unlike infiltrative phase of inflammation, the following symptoms can be revealed:
40. CS. What does the symptom of fluctuations in surgical soft tissue infection suggest?
41. CM. Specify the typical changes in blood analysis during acute surgical infection.
42. CM. Specify the local complications of inflammatory processes, located on the soft tissues of extremities.
43. CM. What characterizes lymphangitis?
44. CM. Specify the paraclinical methods used for the diagnosis of acute surgical infection of soft tissues:
45. CM. Specify the areas of the body, on which furuncles are not formed.
46. CS. In case of furuncle purulent inflammation develops in:
47. CM. Specify the phases of furuncle evolution.
48. CS. Phase of healing and scarring in the evolution of furuncle occurs after:
49. CM. In which cases hospitalization of patients with furuncle is required?
50. CS. Which of the following symptoms is indicates reliably, that the furuncle in the phase of abscess formation?
51. CS. Cavernous sinus thrombosis is a rare but very serious (and often fatal) complication of a furuncle in its location on:
52. CM. Conservative treatment of the patient with furuncle, complicated by cavernous sinus thrombosis, have to include:
53. CS. Purulent inflammation of sweat glands is called:
54. CS. In case of hidradenitis suppurativa a purulent inflammation develops in:
55. CM. The typical localization of hidradenitis suppurativa is:
56. CM. Hidradenitis suppurativa is characterized by the following features:
57. CM. Which of the statements relating to abscess are correct?
58. CM. Which of the statements relating to phlegmon are correct?
59. CS. What differentiates the abscess from the phlegmon?
60. CM. What is included in the surgical treatment of purulent focus?
61. CS. What is the causative agent of furuncle and carbuncle?
62. CM. Carbuncle is characterized by the following features:
63. CM. Specify the rules of surgery for carbuncle.
64. CM. In cases of suspected abscess of soft tissues the direct indications for surgery are:
65. CS. Common causative microbial agent of erysipelas is:
66. CM. Specify the clinical forms of erysipelas.
67. CM. Specify the clinical symptoms characteristic of the erythematous form of erysipelas.
68. CS. In what area of the body the erysipelas is most common?
69. CM. What forms of erysipelas require surgical treatment?
70. CM. Specify the components of a complex treatment of surgical infection?
71. CM. What characterizes erysipeloid?
72. CS. Puerperal mastitis develops:
73. CM. The following forms of breast abscess are distinguished depending on the location:
74. CM. Specify the typical symptoms of acute mastitis.
75. CM. Which of the following statements are correct?

76. CS. Paraproctitis is:
77. CM. Specify the forms of paraproctitis.
78. CS. To development of pilonidal abscess contributes the accumulation in the cavity of pilonidal cyst of:
79. CM. What characterizes the pilonidal abscess?
80. CS. Definitive surgery for pilonidal abscess consists in:
81. CM. What characterizes the ingrowing toenail?
82. CM. What are the main causes of bedsore?
83. CS. At what minimum level does the pressure on the soft tissues exceed the capillary filling pressure, which leads to ischemia and tissue necrosis and appearance of pressure ulcer?
84. CM. Pressure ulcers are commonly localized to:
85. CS. A bedsore in which impairment of the skin of full thickness with extension in the subcutaneous tissue, but not through the muscular fascia observed, is classified as:
86. CM. Indicate the principles of conservative treatment of bedsores.
87. CM. Penetration of pathogenic organisms in the soft tissues of hands most often occurs:
88. CS. In most cases, purulent processes on fingers and hands are caused by:
89. CM. Specify the anatomical features of fingers and hand, which determine special manifestations of the inflammatory process.
90. CM. Tenosynovitis of which fingers can lead to the spread of infection into Pirogov- Parona's cellular space of forearm?
91. CM. Specify the reasons of particularly expressed pain in felon, which is not comparable with pains in purulent processes of other localization.
92. CS. In purulent tenosynovitis necrosis of the tendons is caused by:
93. CM. What location of abscess is defined as a felon?
94. CM. Specify the superficial forms of felon.
95. CS. Paronychia is defined as a localization of purulent process:
96. CM. Specify the deep forms of felon.
97. CM. What characterizes the cutaneous felon?
98. CS. What form of panaritium is most likely, if on the palmar surface of thumb is determined a small vesicle filled with a purulent content?
99. CS. Specify the optimal method of anesthesia for the treatment of cutaneous panaritium.
100. CM. What includes surgical treatment of cutaneous felon?
101. CM. What characterizes the subcutaneous felon?
102. CM. How to determine the most painful site and, therefore, location of purulent collection in case of subcutaneous felon?
103. CS. Specify the most common method of anesthesia used for surgical treatment of subcutaneous felon.
104. CM. How to drain the purulent focus in subcutaneous felon?
105. CM. What characterizes the paronychia?
106. CS. Clapp's incision (arcuate, parallel to the edge of the nail) is used for the treatment of:
107. CM. How to drain the purulent focus in paronychia?
108. CM. What characterizes the purulent tenosynovitis?
109. CM. Select the classic signs of Kanavel, described in pyogenic flexor tenosynovitis.
110. CS. What incision is recommended for purulent tenosynovitis?
111. CM. How to drain the purulent focus in purulent tenosynovitis?
112. CM. What characterizes the bone felon?
113. CM. Presence of bone sequestrs in inflammation of hand fingers is observed in:

114. CS. Radiographic changes at bone felon appear:
115. CM. Specify the compound components of bone felon treatment.
116. CS. Increasing of pain on percussion along the axis of finger is especially characteristic for:
117. CS. The term "pandactylitis" refers to:
118. CS. A forced amputation of the finger is most often necessary for:
119. CS. In surgical treatment of felon for wound drainage is most frequently being used:
120. CM. Specify the anatomical forms of deep palmar surface phlegmon.
121. CM. Specify the anatomical forms of phlegmon of the dorsal hand surface.
122. CM. Specify the correct statements regarding the "forbidden zone" of hand.
123. CS. Through drainage by small incisions on the palmar and dorsal surfaces of hand in the areas of interdigital folds is used for treatment of:
124. CM. In phlegmon of the palmar surface the edema of the dorsal surface of hand:
125. CS. What is sepsis?
126. CM. Which of the following clinical phenomena is characteristic for sepsis?
127. CS. What is bacteremia?
128. CS. What is septicemia?
129. CS. What is septicopyemia?
130. CM. Which of the following statements about sepsis is true?
131. CM. The following criteria are used to diagnose systemic inflammatory response syndrome (SIRS):
132. CM. Which of the following confirms the presence of systemic inflammatory response syndrome (SIRS)?
133. CS. What combination of patients' parameters is corresponding to presence of systemic inflammatory response syndrome (SIRS)?
134. CS. Choose the definition of "severe sepsis"?
135. CM. Specify the reasons of increasing incidence of sepsis at present.
136. CM. The increased risk of sepsis have:
137. CM. Specify the three cytokines of major importance in the pathogenesis of sepsis.
138. CM. Which of the following refers to generalized effects caused by cytokines in sepsis?
139. CM. What are the main mechanisms of multiple organ failure in sepsis?
140. CS. What is the mechanism of bacterial translocation phenomenon that leads to sepsis and multiple organ failure?
141. CM. What classifications of sepsis are used?
142. CS. Specify the microbial agent, which is least likely to cause sepsis.
143. CS. Which of the following types of sepsis is observed most commonly in clinical practice?
144. CM. The clinical diagnostics of severe sepsis is based on:
145. CM. The laboratory diagnosis of severe sepsis is based on:
146. CS. Which of the following results of investigations is crucial to confirm the diagnosis of sepsis?
147. CS. The positive blood culture in sepsis with isolation of *Bacteroides fragilis* suggests, that source of infection most likely is situated in:
148. CM. What characterizes the surgical treatment of primary purulent focus in sepsis of soft tissues?
149. CM. Specify the rules of antibiotic therapy administration in sepsis.
150. CM. Specify the terms – synonyms of soft tissue anaerobic clostridial infection.
151. CS. The most frequent causative bacterial agent of gas gangrene is:

152. CM. Which biologic effects are caused by alpha exotoxin of *Clostridium perfringens*?
153. CM. Forming of gas in the soft tissues is a classical characteristic of the following types of infection:
154. CM. Specify the wounds with high risk of anaerobic clostridial infection of soft tissues (gas gangrene) development.
155. CM. What pathophysiological mechanisms contribute to the development of ischemia and create anaerobic conditions in anaerobic clostridial infection of soft tissues (gas gangrene)?
156. CM. Anaerobic clostridial infection of soft tissues (gas gangrene) is classified in the following forms:
157. CS. Spontaneous anaerobic clostridial infection of soft tissues (gas gangrene) most commonly develops in patients:
158. CM. Specify the typical clinical signs of soft tissue anaerobic clostridial infection (gas gangrene).
159. CS. What is Melnikov's test in anaerobic clostridial infection of soft tissues (gas gangrene)?
160. CS. Crepitus defined on palpation in anaerobic clostridial infection of soft tissue is associated with:
161. CS. In anaerobic clostridial infection of soft tissues (gas gangrene) affected muscles:
162. CM. Which of the following imaging and laboratory studies are the most informative for the diagnosis of anaerobic clostridial infection of soft tissues (gas gangrene)?
163. CS. In anaerobic clostridial infection (gas gangrene) identification of gas layers in soft tissues during radiographic examination or CT scan is also called:
164. CM. What are histopathological findings in anaerobic clostridial infection of soft tissues (gas gangrene)?
165. CM. What is the aim of longitudinal incisions (fasciotomy) in anaerobic clostridial infection (gas gangrene) of extremity?
166. CS. Which of these additional methods is optimal for the treatment of anaerobic clostridial infection of soft tissues (gas gangrene)?
167. CM. Specify additional non-surgical treatment methods of anaerobic clostridial infection of soft tissues.
168. CM. Specify the microorganisms responsible for anaerobic non-clostridial infection of soft tissue.
169. CM. What are the typical clinical signs of anaerobic non-clostridial infection of soft tissue?
170. CM. Non-clostridial anaerobic infection can clinically manifest as phlegmon with extensive damage of the following tissues:
171. CM. Specify methods, which may be helpful for the diagnosis of anaerobic non-clostridial infection of soft tissue.
172. CM. The complex treatment of patients with anaerobic non-clostridial infection includes:
173. CS. What is the most common source of infection in tetanus?
174. CM. Which of the following statements are true characteristics of tetanus?
175. CS. Specify the correct classification of tetanus.
176. CS. What form of tetanus is less dangerous?
177. CM. Which symptoms are common for generalized tetanus?
178. CS. What is trismus, which occurs in tetanus?
179. CS. Local tetanus is characterized by:
180. CM. What characterizes the initial clinical manifestations of tetanus?

181. CS. Paraclinical diagnosis of tetanus is based on:
182. CM. Specify the appropriate curative measures in patients with tetanus.
183. CM. Specify measures for tetanus prevention.
184. CM. Specify some risk factors for breast cancer in women.
185. CM. Congenital anomalies of the breast are:
186. CM. Inflammatory diseases of the breast include:
187. CM. Dyshormonal diseases of the breast include:
188. CM. Which of the following diseases refers to anomalies of the breast?
189. CM. What is characterized polythelia correctly?
190. CM. Which of the following is characteristic of aberrant breast?
191. CM. Inspection of the breast is performed in following positions of patient:
192. CS. When is it better to perform prophylactic physical examination of the breast?
193. CS. On examination of the breast the correct sequence is the following:
194. CM. What is the purpose of breast examination, when woman press her hands against her hips?
195. CM. What signs can be noted during visual inspection of the breast?
196. CM. In which diseases during the inspection may be observed redness of the breast skin?
197. CM. On inspection of the breast that is affected by inflammatory process, is noted:
198. CM. Symptoms of contraction in case of the breast tumors include:
199. CS. Unilateral nipple retraction is usually a sign of:
200. CM. Adenocarcinoma of the breast is characterized by:
201. CS. What should be suspected if the areola and nipple are covered with erosions and crusts?
202. CM. Postpartum mastitis is also called:
203. CS. Palpation of the breast is done in lying position of a patient with her arm rested over her head with all fingers flat on the breast; compress the tissue gently in a rotary motion against the chest wall. This technique is called:
204. CM. Palpation of the breast by method of Velpeau is performed according to the following rules:
205. CM. The purposes of palpation of the breast are:
206. CS. What pathological symptom can be identified both on inspection and palpation of the breast?
207. CM. Specify the synonyms of the term "mastopathy".
208. CM. The clinical presentation of mastopathy includes the following symptoms:
209. CS. What occurs in case of mastopathy in the mammary gland?
210. CS. What is the symptom of mastopathy, when palpable mass is in upper right position disappears in repeated palpation in a lying position?
211. CS. How are called the sectors, into which the mammary gland is divided conventionally?
212. CM. Which characteristics are obligatory in the description of palpable breast mass?
213. CS. Breast tumor is attached to the ribs and intercostal muscles, if on palpation:
214. CS. Breast tumor is attached to the pectoral fascia, if on palpation:
215. CS. Sometimes palpation of the breast may detect a mass with its usual subareolar location, which is called:
216. CM. Nonpuerperal galactorrhea is characterized by the following features:
217. CM. With the presence of bloody discharge from the nipples should be suspected:

218. CS. In case of purulent discharge from the nipple should be suspected:
219. CS. Central axillary lymph nodes are located:
220. CM. Specify the optimal position of patient during palpation of central axillary lymph nodes.
221. CM. If there is a suspicious on the breast mass, and the central axillary lymph nodes felt large, hard, or tender, the following groups of lymph nodes should be detected:
222. CM. Malignant breast tumors metastasize to the:
223. CM. Rules of the breast self-examination are the following:
224. CM. Specify the imaging and instrumental methods in suspicious on breast diseases.
225. CS. What diagnostic test is used for screening for early detection of breast cancer?
226. CS. Pathological enlargement of the breast in men is called:
227. CS. What is gynecomastia?
228. CM. The main causes of gynecomastia are the following:
229. CS. The method of choice for treatment of idiopathic gynecomastia is:
230. CM. In men breast cancer:
231. CM. Symptoms of breast cancer in men are the following:
232. CS. What does the term "symptom" mean?
233. CM. Specify which of the following conditions refers to symptoms.
234. CS. What does the term "syndrome" mean?
235. CM. Specify the examples of pathological syndromes.
236. CM. What parts of a history of disease include subjective information?
237. CS. What parts of a history of disease include objective information?
238. CS. In surgical patients percussion can determine:
239. CM. In surgical patients auscultation can determine:
240. CM. Specify the data from a history of disease relating to the description of local status.
241. CM. Preliminary diagnosis is based on the following data:
242. CM. Clinical diagnosis is based on the following data:
243. CM. Final (definitive) diagnosis is made based on the following components:
244. CS. The term "acute abdomen" is:
245. CM. The diagnosis of "acute abdomen" is:
246. CM. Which of the following diseases, given rise to the symptoms of "acute abdomen" have an inflammatory nature?
247. CM. Which of the following diseases, causing the clinical picture of "acute abdomen", does not relate to inflammatory ones?
248. CM. Which of the following conditions are accompanied by perforation of a hollow organ into the peritoneal cavity?
249. CM. Which of these conditions does not refer to perforation of a hollow organ into the peritoneal cavity?
250. CM. Which of the diseases, causing the clinical picture of "acute abdomen", is related to the syndrome of "acute intestinal obstruction"?
251. CM. Which of the following diseases is accompanied by intraperitoneal hemorrhage?
252. CM. Which of the following diseases is not accompanied by intraperitoneal hemorrhage?
253. CM. Which of the following extraabdominal diseases can cause the clinical picture of "acute abdomen"?
254. CM. Specify the management options for patients, who presented with "acute abdomen".

255. CS. Which of the following diseases is typical for children?
256. CM. Which of the following diseases is not typical for pediatric patients?
257. CS. Which of the following diseases is typical for patients older than 60 years?
258. CS. Which of the following diseases is characteristic for middle-aged patients?
259. CS. In visceral pain irritation from the gastrointestinal organs is distributed by:
260. CS. In somatic pain irritation from the gastrointestinal organs is distributed by:
261. CM. What characterizes visceral pain in "acute abdomen"?
262. CM. What is the character of visceral pain in "acute abdomen"?
263. CM. What characterizes somatic pain in "acute abdomen"?
264. CM. What is the character of somatic pain in "acute abdomen"?
265. CM. In which of the following conditions abdominal pain has a visceral nature?
266. CS. For descriptive purposes the abdomen is divided into:
267. CM. The epigastric part of abdomen includes:
268. CM. The mezogastric part of abdomen includes:
269. CM. The hypogastric part of abdomen includes:
270. CM. In which abdominal disease patients may indicate the exact time of the onset up to a minute?
271. CM. Which of the following diseases are characterized by a gradual increase of abdominal pain intensity?
272. CS. Which of the following diseases usually starts after weightlifting or abrupt change of body position?
273. CM. What variants of pain are typical for acute abdominal surgical diseases?
274. CS. Which of the following diseases is accompanied by a "knife-like" pain in the abdomen?
275. CM. Where is abdominal pain caused by disorders of the small intestine initially localized?
276. CS. Shifting of pain from the epigastrium to the right iliac fossa suggests:
277. CS. Abdominal cramps are typical for:
278. CS. "Knife-like" pain in the abdomen is characteristic of:
279. CM. Radiation of pain in the inferior angle of the right scapula is characteristic in:
280. CM. For disease of what organs is characteristic radiation of pain back into sacral area?
281. CM. Radiation of pain to the top of the shoulder on the side of lesion occurs in:
282. CS. "Like a belt" radiation of abdominal pain is characteristic of:
283. CS. In which pathology pain intensity is so high that the patient does not find a place (restlessness)?
284. CM. In which diseases abdominal pain will be increased on deep inspiration?
285. CM. In patients with "acute abdomen" vomiting is caused by:
286. CS. What is the character of vomiting in acute appendicitis?
287. CM. In which acute abdominal surgical diseases vomiting is not characteristic?
288. CM. Which acute abdominal surgical diseases are accompanied by repeated vomiting?
289. CM. Frequent and bilious vomiting is typical for:
290. CS. In what illness does "feculent" vomit occur?
291. CS. The absence of passage of stool and gas is an early symptom of:
292. CS. In patients with "acute abdomen" thirst is a sign of:
293. CM. In what acute surgical diseases of the abdominal organs are especially characteristic thirst and xerostomia?
294. CM. "Hippocratic face" in a patient with advanced peritonitis is characterized by a combination of the following symptoms:
295. CS. Which of the following combinations of symptoms characterizes the

- “Hippocratic face” in a patient with advanced peritonitis?
296. CS. Which of the given diseases is characterized by “tilting doll” symptom?
297. CS. When is the "tilting doll" symptom positive?
298. CM. In what acute abdominal diseases in patients is often seen jaundice?
299. CM. Symmetric distension of the abdomen usually occurs in:
300. CS. Asymmetric distension of the abdomen usually occurs in:
301. CS. In patients with tumors of the pancreatic head can be detected Courvoisier sign, which represents:
302. CM. Specify the correct position of patient during abdominal palpation.
303. CS. On abdominal palpation the patient's position should be:
304. CM. What is the purposes of superficial palpation of the abdomen?
305. CS. What can be revealed during superficial palpation of the abdomen?
306. CS. Palpation of the abdomen begins with:
307. CS. Superficial palpation of the abdomen should begin:
308. CS. In patients with “acute abdomen” muscular resistance develops due to:
309. CS. Muscular resistance of the anterior abdominal wall is not characteristic in patients with:
310. CS. In which pathology muscular tenderness of the anterior abdominal wall is so firm, continuous and extended, that it is defined as "board-like" abdomen?
311. CM. What extraabdominal diseases may be accompanied by muscular resistance of the abdominal wall?
312. CM. In which clinical situations muscular resistance may be very slight even in the presence of serious peritonitis?
313. CS. Positive Blumberg’s symptom in case of peritonitis is determined by:
314. CM. Choose two correct versions of the determination of psoas-symptom, which is revealed in retroperitoneal inflammation?
315. CM. In which of the following diseases of the abdominal cavity can be detected diffuse dullness on abdominal percussion?
316. CM. In which acute surgical diseases of abdominal organs disappearance of liver dullness can be detected?
317. CS. The presence of free fluid in the abdominal cavity is determined clinically by:
318. CM. “Splash sound” appears on auscultation and percussion of the abdomen as a result of:
319. CS. Peristalsis of the intestine should be heard:
320. CS. Aortic bruits in abdominal aortic aneurysm should be heard in:
321. CS. In which of the following conditions may loud borborygmi (peristalsis) be determined by auscultation?
322. CS. In which of the following diseases the intestinal peristalsis on auscultation is absent?
323. CM. What are the most likely causes of the disease in patient with the onset of pain in the abdomen accompanied by temperature of 40-41°C?
324. CS. On admission the temperature of patients with acute appendicitis is usually:
325. CM. In which of the following acute abdominal diseases body temperature of patient may be subnormal (to 35-36°C)?
326. CM. Specify the correct statements, relating to traumatic injuries.
327. CS. About half of all deaths occur within seconds or minutes of injury and are related to:
328. CS. In patients with severe trauma the “golden hour” is called:
329. CS. During the second mortality peak (first hours after injury) the percentage

of death, caused by trauma, is:

- 331. CM. During the first "golden hour" after severe injury by early treatment can be prevented many of deaths, related to:
- 332. CM. Which of the following factors are of main importance in biomechanics of blunt trauma?
- 333. CS. The term "katatrauma" means:
- 334. CS. The term iatrogenic injury means:
- 335. CM. In accordance to character of damage agent traumas are divided into:
- 336. CS. What type of trauma is classified as multiple?
- 337. CS. What type of trauma is classified as associated (polytrauma)?
- 338. CM. Which of the following injuries are related to isolated trauma?
- 339. CM. Which of the given injuries are related to associated trauma (polytrauma)?
- 340. CM. Which of the following injuries are related to multiple trauma?
- 341. CS. Which of the following injuries relates to multiple trauma?
- 342. CM. What periods are distinguished in traumatic disease?
- 343. CM. Which of the following statements characterizes the period of traumatic shock in traumatic disease?
- 344. CM. Which of the following statements characterizes the period of early manifestations in traumatic disease?
- 345. CS. In what period of traumatic disease the traumatized patient may develop an acute toxemia and septicopyemia?
- 346. CM. Which of the following statements characterizes the period of late disturbances in traumatic disease?
- 347. CS. The length of convalescence period in traumatic disease is:
- 348. CM. Mechanisms of primary brain injury after trauma include:
- 349. CM. Mechanisms of secondary brain injury after trauma include:
- 350. CM. What local symptoms may suggest severe head trauma (eg, fractures of the skull base)?
- 351. CM. Which of the following signs is related to general neurological symptoms after head trauma?
- 352. CM. Which of the following signs is related to focal neurological symptoms after head trauma?
- 353. CS. What is a unilateral hemiparesis in case of traumatic brain injury?
- 354. CS. What is a unilateral paralysis in case of traumatic brain injury?
- 355. CS. How is called the pupillary's diameter difference due to traumatic brain injury?
- 356. CS. Glasgow scale is used to determine:
- 357. CM. Which parameters in Glasgow scale are used to determine the level of consciousness in head trauma?
- 358. CM. Which of the following head injuries cause only general neurological symptoms?
- 359. CM. Which of the following head injuries cause both general and focal neurological symptoms?
- 360. CS. Specify the mildest form of brain injury.
- 361. CM. Which type of hematoma does not lead to cerebral compression in head injury?
- 362. CM. Skull fractures are divided into:
- 363. CS. Which of the given symptoms does not occur in brain concussion?
- 364. CM. Which of the following symptoms suggest cerebral compression by posttraumatic hematoma?
- 365. CM. What do neurological symptoms determine in intracranial hematomas?

- 366. CS. What is the main method of treatment for intracerebral hematomas?
- 367. CS. In case of the chest injury subcutaneous emphysema suggests:
- 368. CM. What symptoms are always determined in rib fractures?
- 369. CM. Which of the following signs allows to determine clinically rib fracture?
- 370. CM. What are the clinical manifestations of floating rib fractures (flail chest)?
- 371. CM. What characterizes the phenomenon of "paradoxical" breathing in case of flail chest (type of rib fracture)?
- 372. CM. What symptoms are characteristic of flail chest?
- 373. CM. Specify the correct statements, relating to sternal fractures.
- 374. CS. What does the tympanic sound on percussion of the chest suggest in case of injury?
- 375. CS. In case of trauma dullness on percussion of the chest suggests:
- 376. CM. Specify the symptoms of simple (closed) pneumothorax.
- 377. CS. What treatment is recommended, if simple pneumothorax is large enough to be seen on plain chest radiograph?
- 378. CS. "Valve" pneumothorax is also called:
- 379. CM. What is characteristic of tension pneumothorax?
- 380. CM. What symptoms are helpful to differentiate tension (valve) pneumothorax from a closed (simple) pneumothorax?
- 381. CS. What emergency curative measure is indicated in tension pneumothorax?
- 382. CM. Open pneumothorax is characterized by:
- 383. CM. Open pneumothorax is diagnosed based on the following signs:
- 384. CM. What clinical symptoms are similar in hemothorax and pneumothorax?
- 385. CM. Which of the following clinical signs of hemothorax does not occur in pneumothorax?
- 386. CM. Possible urgent surgical maneuvers in hemothorax include:
- 387. CM. Which of the following symptoms is characteristic of injuries of trachea and major bronchi?
- 388. CM. Characteristic features of the cardiac tamponade are:
- 389. CM. The symptoms that constitute the triad of Beck in cardiac tamponade are:
- 390. CS. Specify the triad of Beck in cardiac tamponade.
- 391. CM. Which three symptoms are combined into the triad of Beck in traumatic cardiac tamponade?
- 392. CM. Symptoms of traumatic aortic rupture include:
- 393. CS. Unilateral dullness on percussion with appearance of peristaltic sounds over the affected side of chest is revealed in case of:
- 394. CM. Which of the following causes of esophageal traumatic injuries are iatrogenic by origin?
- 395. CM. Esophageal injuries reveal the following symptoms:
- 396. CS. When is abdominal wound considered to be penetrating?
- 397. CS. What is the main purpose of examination of patients with abdominal trauma?
- 398. CM. Which clinical syndromes are distinguished in abdominal trauma with inner organs damage?
- 399. CS. According to what principle fractures are divided into open and closed ones?
- 400. CM. Depending on features of the fracture line, the bone fractures are classified into:
- 401. CM. Relative symptoms of bone fractures are:
- 402. CM. Absolute symptoms of bone fractures are:
- 403. CM. Pathological fracture may be caused by:
- 404. CS. Which type of fractures is characterized by highest probability of bacterial

- contamination of the bone?
405. CM. Indicate the phases of fracture healing.
406. CS. The dislocation is considered to be acute in the first:
407. CM. Indicate the correct affirmations regarding the first aid in case of dislocation:
408. CM. Which of the following fractures are termed as „complicated“:
409. CM. Specify the types of immobilization used for holding of fracture until union.
410. CS. Specify the most common complication of open fractures.
411. CM. Specify the standard types of bone reduction in case of fracture.
412. CM. In fractures the first medical aid includes:
413. CM. Specify the splints used for first aid (transport immobilization) in fracture:
414. CS. The O'Hare / Diterihs traction splint is used for:
415. CM. In open fractures the first aid does not include:
416. CS. The term “limb ischemia” means:
417. CM. The syndrome of “limb ischemia” is classified in:
418. CM. Choose the possible causes of the development of acute limb ischemia.
419. CS. Peripheral arterial embolism is manifested with syndrome of:
420. CS. Specify the most frequent cause of the development of chronic limb ischemia.
421. CS. The term “arterial aneurysm” means:
422. CM. Arterial aneurysms are divided according to cause of development into:
423. CM. Patient suffered a knife wound at the region of femoral artery. Three months later the pulsatile mass was determined at the medial part of the thigh. Indicate the correct variants of diagnosis.
424. CM. Specify the typical complications of arterial aneurysms.
425. CM. Choose the diseases that are manifested by the syndrome of chronic venous insufficiency.
426. CM. Specify pathogenic mechanisms of chronic venous insufficiency of the lower limbs.
427. CS. Limb lymphedema is classified into:
428. CS. The patient complains of repeated leg pain that develops during walking some distance. The pain is severe enough to force the patient to stop walking and it disappears after a short rest. What symptom is described?
429. CS. The patient complains of repeated leg pain that develops during walking some distance. The pain is severe enough to force the patient to stop walking and disappear after a short rest. What syndrome should be suspected?
430. CM. The typical position of the patient with critical lower limb ischemia is:
431. CM. Choose the characteristics of rest pain caused by chronic lower limb ischemia:
432. CS. Sensorial disorders (paresthesia, hypo- or anesthesia) and motor deficit (paresis, paralysis) are characteristic of:
433. CS. The symptom of “heavy legs” which develops at the end of working day and disappears after night rest is characteristic of:
434. CM. What data from patient's history of life are important for the diagnosis of limb ischemia?
435. CM. What comorbidities (concomitant diseases) are typical for patients with acute limb ischemia caused by arterial embolism?
436. CM. What events from the history of patient's life are important for diagnosis of secondary lymphedema of extremities?
437. CS. On examination of lower limb varicose veins the correct position of the patient is:

- 438. CM. What is characteristic of edema caused by acute limb ischemia?
- 439. CM. What is characteristic of edema caused by proximal (iliofemoral) deep vein thrombosis of lower limb?
- 440. CM. What is characteristic of edema caused by chronic venous insufficiency of lower limb?
- 441. CM. Buerger-Ratschow symptom in case of chronic ischemia consists in:
- 442. CS. "Phlegmasia cerulea dolens" is:
- 443. CM. Specify clinical signs, which are characteristic of the final stage of acute limb ischemia:
- 444. CM. The following clinical signs are characteristic of damp gangrene of extremity:
- 445. CM. Thrombosis of superficial varicose veins of lower limbs (varicothrombophlebitis) is characterized by:
- 446. CM. Syndrome of chronic venous insufficiency of lower limbs is characterized by:
- 447. CM. What symptoms are not characteristic of the syndrome of chronic venous insufficiency of lower limb?
- 448. CM. Palpation of pulse on the brachial artery may be performed in the:
- 449. CS. Palpation of pulse on the femoral artery is performed in the:
- 450. CM. Palpation of pulse on the popliteal artery is performed:
- 451. CS. In approximately 10% of healthy persons the pulse cannot be palpated upon:
- 452. CS. The Branham symptom is considered positive if:
- 453. CS. The group of symptoms known as "6P" is characteristic of:
- 454. CM. Choose the typical symptoms of acute ischemia of lower limb.
- 455. CM. Choose the signs that do not refer to the "6P" group of symptoms.
- 456. CS. The main danger related to thrombosis of the great saphenous vein is:
- 457. CM. Specify the symptoms characteristic of deep vein thrombosis of lower limbs.
- 458. CM. What tests are used for clinical demonstration of venous reflux in the great saphenous vein in patients with varicose veins disease?
- 459. CS. What clinical test can be used for assessment of permeability of the deep veins of lower limb before varicose veins surgery?
- 460. CM. Systolic bruit above big arteries suggests:
- 461. CS. Systolic-diastolic permanent bruit ("engine sound") over the major artery is characteristic of:
- 462. CS. Systolic bruit in the popliteal fossa should raise the suspicion to:
- 463. CM. Auscultation of which of the following arteries is useless in case of chronic ischemia of lower limbs?
- 464. CM. Which of these factors cause directly tissue necrosis?
- 465. CM. Which of the following factors causes tissue necrosis indirectly?
- 466. CM. What are characteristic features of gangrene?
- 467. CM. Which of the following factors does not influence the development of "circulatory" necrosis?
- 468. CM. Specify the components of the Virchow's triad, which represent the pathogenic mechanism of vascular thrombosis.
- 469. CS. Specify the typical localization of trophic ulcers in the syndrome of chronic ischemia.
- 470. CM. Dry gangrene is characterized by the following features:
- 471. CM. Moist gangrene is characterized by the following features:
- 472. CS. Which of the following is necrosis?
- 473. CM. Specify the organs, in which gangrene can develop.

474. CM. Specify the organs, in which the development of necrosis is called infarction.
475. CM. Specify the common causes of trophic ulcer development.
476. CS. Which of these fistulas are congenital?
477. CM. Which of these fistulas are acquired?
478. CM. Specify the external fistulas.
479. CM. The following types of fistulas are distinguished depending on the nature of tissue lining the fistulous tract:
480. CS. Surgically created artificial communication between two hollow organs is called:
481. CS. Artificially created communication between a hollow organ and the external environment is called:
482. CS. Pathological communication between two hollow organs is called:
483. CS. Pathological communication between a hollow organ and the external environment is called:
484. CM. Choose the correct statements about diabetes mellitus.
485. CM. Specify clinical conditions which correspond to diabetic foot syndrome definition provided by WHO.
486. CS. Foot ulcer develops in:
487. CM. Most frequently lower limb amputations are performed in:
488. CM. Pathogenetic classification of diabetic foot includes the following clinical forms of disease:
489. CS. Specify the most frequent form of diabetic foot.
490. CS. Specify the form of diabetic foot which most frequently results in major amputation.
491. CM. Somatic diabetic neuropathy is responsible for:
492. CM. Autonomic diabetic neuropathy is responsible for:
493. CM. Plantar callus formation results in:
494. CS. In diabetic foot syndrome critical pressure for ulcer development is equal to:
495. CM. Screening for diabetic foot syndrome includes the following tests:
496. CM. Choose the rules which describe the correct technique of Semmes-Weinstein test.
497. CM. Select the right descriptions of Semmes-Weinstein test technique.
498. CM. Neuropathic form of diabetic foot is characterized by:
499. CM. Ischemic form of diabetic foot is characterized by:
500. CM. For confirmation of circulatory disturb in ischemic form of diabetic foot the following methods are used:
501. CM. Specify the methods of vascular imaging used in diagnostic work-up of patients with ischemic form of diabetic foot:
502. CS. The method of choice for diagnostics of osteomyelitis in diabetic foot syndrome is:
503. CM. What effects have the elevated glucose blood level upon immune system of patient?
504. CS. What index reflects most exactly the grade of metabolic compensation in type II diabetes mellitus?
505. CS. If a probe reaches the bone during probing of plantar diabetic ulcer this suggests a high probability of:
506. CM. Superficial infection of diabetic foot involves:
507. CM. Deep infection of diabetic foot involves:
508. CS. Diabetic foot infection associated with SIRS is classified according to the international classification as:
509. CM. Specify the clinical symptoms characteristic for grade 4 diabetic foot infection according to the international classification.
510. CM. Specify the abnormal changes in the laboratory tests, characteristic for diabetic foot

infection.

511. CS. Superficial full-thickness diabetic ulcer (not extending through the subcutis) is classified according to Wagner classification as:
512. CS. Ulcer with exposed tendon or bone without osteomyelitis or abscess is classified according to Wagner classification as:
513. CS. Deep ulcer with osteomyelitis or abscess formation is classified according to Wagner classification as:
514. CS. Localized gangrene of toes or the forefoot is classified according to Wagner classification as:
515. CS. Foot with extensive gangrene is classified according to Wagner classification as:
516. CM. Grade 0 diabetic foot according to Wagner classification means:
517. CS. Grade 1 diabetic foot according to Wagner classification means:
518. CS. Grade 2 diabetic foot according to Wagner classification means:
519. CS. Grade 3 diabetic foot according to Wagner classification means:
520. CM. Grade 4 diabetic foot according to Wagner classification means:
521. CS. Grade 5 diabetic foot according to Wagner classification means:
522. CM. Choose the classifications of diabetic foot.
523. CM. Choose the drugs which are used for the treatment and prevention of vascular complications in patients with diabetic foot syndrome:
524. CM. The complex treatment of ischemic form of the diabetic foot Wagner grade IV should include:
525. CM. The complex treatment of neuropathic form of the diabetic foot Wagner grade III should include:
526. CM. The most important factors which influence selection of correct curative strategy in patients with diabetic foot are:
527. CM. Specify the methods effective for treatment of ischemia in diabetic foot syndrome.
528. CS. The duration of antibacterial treatment in case of diabetic foot with osteomyelitis usually is:
529. CM. Choose the correct statements regarding VAC-therapy (Vacuum Assisted Closure) in diabetic foot syndrome.
530. CS. A successful kidney transplant from a living donor for the first time was performed by:
531. CM. What fundamental discoveries formed the basis for the development of transplantation?
532. CM. What organs and tissues for transplantation can be extracted from a living donor?
533. CM. What organs and tissues for transplantation can be extracted only from a dead donor?
534. CM. Specify the clinical signs of brainstem death, which are evaluated for possible organ transplantation.
535. CS. After extraction of organs for transplantation, the longest time in conditions of cold ischemia outside the body can be maintained:
536. CS. The period of warm ischemia in organ transplantation begins:
537. CM. In what types of transplantation does not develop a reaction of rejection?
538. CS. Which of these types of transplantation is called orthotopic?
539. CS. Which of these types of transplantation is called heterotopic?
540. CS. Which of these options of organ transplantation refers to xenogeneic transplant?
541. CS. Which of these options of organ transplantation refers to syngeneic transplant?
542. CS. Which of these options of organ transplantation refers to allogeneic transplant?
543. CS. The use of non-organic or synthetic materials for replacement of tissues and organs is named:
544. CM. Specify the antigens of histocompatibility responsible for rejection of transplanted organs and tissues in humans?
545. CM. Specify the types of rejection reaction, occurring in transplantation.

- 546. CM. Specify the causes of hyperacute transplant rejection.
- 547. CS. Specify the cause of acute transplant rejection.
- 548. CS. Specify the cause of chronic transplant rejection.
- 549. CS. Prevention of transplant rejection in the postoperative period consists in: