**Сase studies examination in the discipline "Propaedeutics of Internal Diseases" for 3rd year students of the Faculty of General Medicine**

**(Экзаменационные задачи по дисциплине «Пропедевтика внутренних болезней» для студентов 3 курса лечебного факультета)**

№1

A 30-year-old man consulted the doctor with complaints of fatigue and shortness of breath during physical exertion. The patient has a history of rheumatic heart disease. Objectively: pronounced pallor of the skin. Pulse is fast, high. Blood pressure 180/50 mm Hg. Noticeable head concussion, synchronous with heart contractions, positive capillary Quincke's pulse, pulsation of the carotid arteries. The apex beat is shifted down and to the left, high diffuse. The left border of the heart is sharply expanded to the left. Chest x-ray reveals aortic configuration of the heart. Liver and spleen are not enlarged.

Questions:

1. Give a preliminary diagnosis.

2. What data will you receive during auscultation of the heart and blood vessels?

3. Will the boundaries of absolute heart dullness change?

4. Determine the stage of heart failure.

№2

A man was admitted to the hospital with pain behind the sternum accompanied by a feeling of lacking air and general weakness. The pain was not stopped by taking nitroglycerin. The patient's skin is pale, moist, there is cyanosis of the lips. The boundaries of the heart are enlarged to the left to the mid-clavicular line, the tones are deaf, arrhythmic. Pulse 100 bpm, shallow. Blood pressure 90/60 mmHg. ECG: an arc-wise rise of the ST segment in the II and III leads, ventricular extrasystoles.

Questions:

1. What disease can be presumed?

2. What is the localization of the heart lesion?

3. Specify the stage of the disease.

4. Tell me, what complication did this patient have?

№3

A man complains of pain in the heart area, which increases with physical exertion. On examination: pale skin. The boundaries of the heart are shifted to the left and down. I tone at the apex and II tone at the aorta are weakened. Systolic noise on the aorta. ECG showed signs of left ventricular hypertrophy.

Questions:

1. What heart disease can be presumed?

2. What data will you get when taking the pulse?

3. Where is the systolic noise transmitted to?

4. What will happen to waist of the heart?

№4

A 53-year-old man, an engineer, was admitted to the clinic with loss of appetite, aversion to meat food, a feeling of heaviness in the epigastric region, general weakness. For many years, the patient was observed for chronic gastritis. For the last 4-6 months, the patient's pain in the epigastric region has become permanent, he has lost 6 kg in weight. The patient is pale, there is pain and tension of the abdominal wall in the epigastric region. Gastric juice test revealed achilia, feces analysis for hidden blood is positive.

Questions:

1. Give a preliminary diagnosis.

2. What can be found when examining the lymph nodes in this pathology?

3. What is achilia?

4. What is the name of the feces analysis for hidden blood? What is its diagnostic value and how does the patient prepare for this study?

№5

A 43-year-old man, pharmacist. Complains of hungry, late (relative to food) nighttime pain in the epigastric region, heartburn, belching. Appetite is present, even increased. The symptoms have been lasting since adolescence, exacerbations often occur in the autumn season, eats irregularly, smokes a lot. On examination: reduced nutrition, superficial and deep palpation of the abdomen showed soreness in the pyloroduodenal zone. Gastric juice analysis revealed increased acidity and secretion on an empty stomach and after stimulation. X-ray showed a "niche" in the wall of the bulb of the duodenum; there is hidden blood in the feces.

Questions:

1. What disease can be presumed?

2. What kind of belching is typical to gastric juice increased acidity?

3. Which stool disorder common in this pathology?

4. What are the possible complications of this disease?

№6

A 35-year-old man, a turner, went to the hospital complaining of constant, aching girdle pains in the upper abdomen, radiating into the back, especially intense at night. Objective examination showed soreness during palpation of the epigastric region. Blood test: leukocytosis, a shift of the leukocyte formula to the left, an increase in the rate of erythrocyte sedimentation rate (ESR).

Questions:

1. Give a preliminary diagnosis.

2. What are the dyspeptic disorders most characteristic of this pathology?

3. What additional research needs to be done in this case?

4. What are the most common causes of this pathology?

№7

A 36-year-old woman was admitted to the hospital with pain in the right hypochondrium, radiating into the epigastric region and under the right shoulder blade, subfebrile temperature. The symptoms has been lasting for about 5 years, the deterioration occurred after taking fatty foods. Palpation showed soreness at the point of the gallbladder, positive phrenicus symptom. Duodenal probing showed a large number of leukocytes and epithelial cells in portion "B".

Questions:

1. What disease can be presumed?

2. How to receive a portion of "B" in duodenal probing?

3. What factors predispose to this disease?

4. In which cases is there a positive Courvoisier symptom?

№8

Examination of a 48-year-old patient revealed an increase in the abdomen, more pronounced in the lower parts. The navel is protruding. There is telangiectasia on the skin of the chest; dilated veins and ascites on the skin of the abdomen. Palpation of the abdomen: the liver is enlarged, dense, its edge is sharp, the surface is fine-grained, painless on palpation. Anemia, leukopenia in the blood. The patient has a history of hepatitis B.

Questions:

1. What disease can be presumed?

2. Identify the main syndromes of this disease.

3. What additional research methods will help confirm the diagnosis?

4. What factors predispose to this disease?

№9

A patient suddenly had severe pain in the left half of the chest, coughing with the release of rusty-colored sputum, body temperature rose to 38.2 C. The chest is slightly behind in the act of breathing. Percussion of the chest: blunting of the pulmonary sound is determined on the left along the middle and posterior axillary lines from the V to the VII rib, . Auscultation detected breathing with a bronchial tinge under the area of blunted sound; crepitation and pleural friction noise along the posterior axillary line. Vocal tremor and bronchophony are also amplified.

Questions:

1. What kind of pathological process does the patient presumably have?

2. What explains the increase in vocal tremor and bronchophony over the affected area?

3. Which of the additional research methods is most important for confirming the diagnosis?

4. What changes in the general blood test are most likely in this patient?

№10

A patient has sudden attacks of suffocation, more often at night. Expiratory shortness of breath during an attack, dry cough. The patient's breathing is quite loud, additional muscles are included in the respiratory act. The chest is dilated. Percussion detected a slightly boxy sound. Auscultation: vesicular respiration is weakened in the lower-lateral sections, in other areas respiration is hard. Breathing is muffled by a lot of whistling dry wheezes. Vocal tremor and bronchophonia are weakened.

Questions:

1. What kind of pathological process does the patient presumably have?

2. What does the boxy tone of the percussion sound indicate?

3. What are the wheezes that are heard at a distance called?

4. What are the macro- and microscopic features of sputum in this disease?

№11

The patient complains of a cough with green sputum, which separates throughout the day. The chest has regular shape, actively participates in the act of breathing. Percussion: a tympanic sound is determined on the left under the clavicle from the II to IV ribs along the mid-clavicular line; breathing in this area is amphoric, wet wheezing is determined. Bronchophonia and vocal trembling are also sharply intensified here.

Questions:

1. What kind of pathological process does the patient presumably have?

2. What kind of breathing noise refers to amphoric breathing?

3. Describe tympanic percussion sound.

4. What data will you get when examining sputum in this patient?

№12

A 45-year-old woman consulted a local therapist with complaints of sweating, strong trembling all over the body, constant heartbeat, frequent loose stools. On examination: patient is restless, generally exhausted, pronounced exophthalmos. Blood pressure 160/70 mm Hg, tachycardia (heart rate, pulse 130 bpm), heart tones are loud, systolic noise at the apex of the heart.

Questions:

1. Give a preliminary diagnosis.

2. Which rhythm disorders are most common in this pathology?

3. Explain the origin of systolic noise at the apex of the heart.

4. What additional examination methods should be carried out for this patient?

№13

A 54-year-old woman consulted a dermatologist with complaints of skin itching, pustular skin lesion. Periodically the patient is bothered by dry mouth and thirst. Objectively: a patient with increased nutrition. The tongue is a little dry. Skin with traces of scratching, multiple pustular rashes on the skin of the abdomen and thighs.

Questions:

1. What disease can be presumed?

2. What additional methods of examination should be carried out?

3. What late complications are possible with this disease?

4. In which case is it necessary to conduct a glucose tolerance test?

№14

A 19-year-old patient was delivered by ambulance with pronounced dry mouth, thirst (drinks up to 15 liters of liquid), frequent, profuse urination, shortness of breath. These symptoms appeared 2 weeks ago after the flu and have been increasing since. Lost 10 kg. Objectively: the patient is inhibited, low nutrition, dry skin, reduced turgor, rubeosis on the face, dry tongue, overlaid with a brown coating. Breathing is frequent, noisy, the smell of acetone in the surrounding air. Blood pressure 100/50 mmHg.

Questions:

1. Give a preliminary diagnosis.

2. What additional research needs to be done in this case?

3. What is the tactics of managing this patient?

4. What is the name of the described breathing type?

№15

A 52-year-old patients suffers from hemorrhoids. For a long time, he notes frequent rectal non-abundant bleeding. Currently complains of fatigue, general weakness, dizziness, tinnitus. On examination: pallor of the skin and mucous membranes, puffiness of the face, pastose shins are noted. The boundaries of the heart are not changed, auscultation reveals systolic noise at the apex. Blood test: a decrease in the amount of Hb (hemoglobin), red blood cells, a decrease in color index. Red blood cells are reduced in size. The number of reticulocytes is increased.

Questions:

1. How to explain the change in blood test that the patient has?

2. How to explain systolic noise at the apex of the heart?

3. What is sideropenic syndrome?

4. What is the normal level of Hb (hemoglobin) and erythrocytes in peripheral blood?

№16

A 37-year-old woman complains of weakness, dizziness, darkening of vision, paraesthesia in the feet and unsteadiness of gait. On examination: some jaundice of the skin, the liver protrudes from under the edge of the costal arch by 4.5 cm. Blood test: Hb (hemoglobin) -70 g/l, color index (CP) - 1.4, leukocytes - 4.5 thousand, erythrocyte sedimentation rate (ESR) - 12 mm / hour. Gastroscopy showed atrophic gastritis, gastric juice test revealed achilia.

Questions:

1. Give a preliminary diagnosis.

2. What are the most common causes leading to this disease?

3. Which variant of anisocytosis is characteristic of this pathology?

4. What are Howell-Jolly bodies and Cabot's ring bodies?

№17

A 50-year-old man was taken by ambulance to the therapeutic department with complaints of acute pain in the lumbar region radiating to the lower abdomen. The pain increases with the slightest movement and lasts 2-3 hours. Urination during an episode of pain is frequent, difficult, painful. There have been similar episodes twice in the last year. At the end of the episode, red urine appears. Objectively: pallor of the skin, forced position. Sharply positive Pasternatsky symptom on the right. The patient has a lot of red blood cells in the urine; it contains salts.

Questions:

1. Which pathological process should the doctor think about first?

2. What additional research needs to be done in this case?

3. What is the name for red blood cells in the urine and for which diseases is this characteristic?

4. What can be the reason for such a clinical situation?

№18

A 48-year-old patient turned to the local doctor with complaints of pain when urinating, pain in the lumbar region, frequent urination, chills, fever up to 38 C. Objectively, the patient has fever, a positive Pasternatsky symptom on the left. The urine is cloudy, with flakes, urine specific gravity is moderately increased, the reaction is alkaline, in the urine analysis, leukocytes cover all fields of vision, single erythrocytes. Blood pressure is normal. No pathology was found on the part of other organs.

Questions:

1. What pathology should a doctor think about?

2. What is the name of painful urination?

3. What additional research methods will help confirm the diagnosis?

4. What is the feature of the pain syndrome in this disease?

№19

A 31-year-old patient complains of shortness of breath at rest, swelling of the lower extremities, pain in the right hypochondrium. The patient has been suffering from rheumatic heart disease for 20 years. On examination: pronounced acrocyanosis, swelling of the legs. Respiratory rate 30 per minute. Lungs: in the lower parts, small-bubbly wet wheezing. The heart is enlarged in all directions. I the tone at the top of the heart is weakened, systolic noise is determined. II tone accent is heard above the pulmonary artery. The pulse is small, 90 per minute. The liver protrudes 3 cm below the edge of the costal arch.

Questions:

1. What heart disease can be presumed?

2. What can be additionally heard during heart auscultation in this patient?

3. What changes are most likely on the ECG in this case?

4. The stage of heart failure in this patient.

№20

A patient complains of pronounced shortness of breath at the slightest movement, rare dry cough. On examination: the patient's left half of the chest lags behind in the act of breathing, intercostal spaces are smoothed. Vocal tremor to the left of the IV rib is not carried out along all topographic lines. Percussion showed an absolutely dull sound in this area. On auscultation: breathing in the same area is not monitored, bronchophony is not performed. The Traube space is not defined.

Questions:

1. What kind of pathological process does the patient presumably have?

2. What additional research methods will help to give the diagnosis?

3. How to determine the nature of the fluid in the pleural cavity?

4. What will happen to the lung tissue above the IV rib?

№21

A patient has pronounced shortness of breath at rest. On examination: the patient's left half of the chest lags behind in the act of breathing. Vocal tremor to the left of the III rib is not carried out along all topographic lines. On percussion: on the left of the III rib, a loud low tympanic sound is detected along all topographic lines. On auscultation: on the left in the same area, breathing is not heard, bronchophony is not performed.

Questions:

1. What kind of pathological process does the patient presumably have?

2. What are the possible causes of the development of this pathology?

3. Describe tympanic percussion sound.

4. Will the Traube space be preserved in this situation?

№22

A patient is concerned about a cough with mucopurulent sputum. The body temperature is 37.8 C. The chest has regular shape, actively participates in the act of breathing. On percussion: low pulmonary sound throughout the lungs. On auscultation: breathing is harsh, moist medium-caliber silent wheezes, single scattered buzzing wheezes. Bronchophonia and vocal tremor are not changed.

Questions:

1. What kind of pathological process does the patient presumably have?

2. What kind of breathing noise is hard breathing? Characterize it.

3. Why in this case wet wheezing will be inaudible?

4. Can the data of voice tremor and bronchophony not coincide?