CONTENT AND OBJECTIVES OF PATHOLOGICAL ANATOMY

**Test tasks:**

001.OBJECTS OF STUDYING PATHOLOGICAL ANATOMY ARE

1) surgical material

2) anamnestic data

3) laboratory test results

4) medical documentation

5) microslides

**Correct answer: 1**

002.THE SCIENTIST WHO IMPLEMENTED THE NOSOLOGICAL PRINCIPLE IN THE TEACHING OF PATHOLOGICAL ANATOMY

1) K. Rokitansky

2) R. Bright

3) I. Davydovsky

4) E. Mukhin

5) A. Livenguk

**Correct answer: 3**

003.TIME CAPTURE OF A PIECE OF TISSUE FOR DIAGNOSTIC PURPOSE IS CALLED

1) autopsy

2) necropsy

3) puncture

4) biopsy

5) diagnosticum

**Correct answer: 4**

004. FOR PRIMARY HISTOLOGICAL DIAGNOSIS, UNIVERSAL SECTION STAINING IS USUALLY USED

1) Sudan III

2) Congo mouth

3) picrofuchsin according to Van Gieson

4) hematoxylin and eosin

5) toluidine blue

**Correct answer: 4**

005.GENERAL PATHOLOGICAL ANATOMY STUDIES

1) damage

2) nosology

3) etiology

4) infectious diseases

5) disease of the dental system and oral cavity

**Correct answer: 1**

006. THE HISTORY OF THE DEVELOPMENT OF PATHOLOGICAL ANATOMY INCLUDES PERIODS

1) anatomical, morphological, microscopic, macroscopic

2) anatomical, microscopic, ultramicroscopic, modern

3) ancient, antique, middle ages, modern

4) anatomical, histological, histological - anatomical, pathanatomical

5) histological, microscopic, ultramicroscopic

**Correct answer: 2**

007.THE FIRST COLOR ATLAS ON PATHOLOGICAL ANATOMY PUBLISHED

1) J. Corvisart

2) J. Cruvelier

3) M. K. Bisha

4) I. F. Klein

5) I. V. Davydovsky

**Correct answer: 2**

008. SCIENTIST WHO MADE PATHOLOGICAL ANATOMY THE BASIS OF PATHOLOGY AND SCIENTIFIC MEDICINE

1) J. Cruvelier

2) I.F. Klein

3) K. Rokitansky

4) I.V. Davydovsky

5) S. S. Weil

**Correct answer: 3**

009.THE FIRST AUTOPIES IN RUSSIA STARTED IN

1) 988

2) 1492

3) 1706

4) 1755

5) 1849

**Correct answer: 3**

010.THE FIRST SCHOOL OF PATHOLOGISTS IN RUSSIA ARISED IN

1) 988

2) 1492

3) 1706

4) 1755

5) 1849

**Correct answer: 5**

011.FOUNDER OF PATHOLOGICAL ANATOMY OF CHILDHOOD DISEASES

1) I.V. Davydovsky

2) V. Shor

3) N. N. Anichkov

4) M. A. Skvortsov

5) V. D. Tsinzerling

**Correct answer: 4**

012.DAMAGE IS

1) changes in the structure and metabolism of cells, intercellular substance, tissues and organs with disruption of their vital functions

2) mechanical trauma, barotrauma, exposure to high and low temperatures, exposure to other external factors leading to the death of tissues and organs.

3) disturbances of nervous and humoral trophism of cells and tissues.

4) disruption of the body’s vital functions as a result of nutritional disorders, leading to the death of cells and tissues.

5) changes in the structure of tissues and organs as a result of disorders of blood and lymph circulation.

**Correct answer: 1**

013.CAUSES OF DAMAGE

1) hypoxia, physical, chemical, infectious, immunological factors, trophic disorders, fermentopathy

2) change in cell shape and size (swelling, vacuolization)

3) changes in cell membranes, a decrease in the number of their receptors, cytoskeletal disorders

4) accumulation of products of impaired metabolism in the cell and intercellular substance

5) disorders of intercellular contacts, changes in genetic structures

**Correct answer: 1**

014.MANIFESTATIONS OF DAMAGE

1) hypoxia, physical factors, chemical factors

2) disorders of the cytoskeleton, changes in cell shape and size, destruction of the nucleus, disorders of intercellular contacts

3) infectious, immunological factors, disorders of nervous trophism

4) genetic disorders, fermentopathy

5) disruption of endocrine trophism, malnutrition

**Correct answer: 2**

015.DYSTROPHY IN PATHOLOGICAL ANATOMY

1) pathological structural changes caused by disorders of tissue (cellular) metabolism

2) reduction in the volume of cells and tissues

3) general eating disorder

4) local changes in various diseases

5) exhaustion

**Correct answer: 1**

016.TROPHICS IN APPLICATION TO PATHOLOGICAL ANATOMY

1) food

2) mechanisms that ensure that cells and tissues perform specialized functions

3) mechanisms by which the cell is nourished

4) the process of absorption of nutrients by the cell

5) cell growth and development

**Correct answer: 2**

017. CYTOLOGICAL MATERIAL IS

1) applied to a glass slide in the form of a smear or imprint of a cell

2) anamnestic data

3) laboratory test results

4) medical documentation

5) parts of organs

**Correct answer: 1**

018. OPERATING MATERIAL IS

1) tools and equipment necessary for the operation

2) anamnestic data

3) laboratory test results

4) medical documentation

5) tissue taken during surgery to confirm or establish a diagnosis

**Correct answer: 5**

019.LEVEL STUDYING PATHOLOGICAL PROCESSES AND DISEASES

1) system

2) ultramicroscopic

3) age

4) adaptive

5) trophic

**Correct answer: 1**

020. RESEARCH METHOD IN PATHOLOGICAL ANATOMY

1) endoscopic

2) anamnestic

3) analytical

4) laboratory-diagnostic

5) macroscopic

**Correct answer: 5**

MORPHOLOGY OF DISORDERS IN PROTEIN, LIPID AND CARBOHYDRATE METABOLISM

**Test tasks:**

001. HYALINE-DROPPING, HYDROPIC, CORNEY DYSTROPHY RELATES TO

1) mixed dystrophies

2) stromal-vascular dystrophies

3) parenchymal dystrophies

4) nutritional dystrophies

5) hereditary dystrophies

**Correct answer: 3**

002. THE MECHANISM OF DEVELOPMENT OF DYSTROPHY, CHARACTERIZED BY THE DEGRADATION OF CELLULAR STRUCTURES, INTERCELLULAR SUBSTANCE OR CHEMICALS WITH THE ACCUMULATION OF DECOMPOSITION PRODUCTS - THIS IS

1) perverted synthesis

2) infiltration

3) decomposition

4) transformation

5) reabsorption

**Correct answer: 3**

003. FORMATION IN CELLS OR TISSUE OF SUBSTANCES NOT OCROUND NORMALLY IS

1) transformation

2) perverted synthesis

3) infiltration

4) decomposition

5) recomposition

**Correct answer: 2**

004. SUPERFICIAL AND REVERSIBLE DISORGANIZATION OF CONNECTIVE TISSUE WITH ACCUMULATION AND REDISTRIBUTION OF GLYCOSAMYNGLYCANS IS

1) fibrinous swelling

2) mucoid swelling

3) hyalinosis

4) hydropic dystrophy

5) amyloidosis

**Correct answer: 2**

005. FORMATION IN THE WALLS OF VESSELS AND THE INTERCELLULAR SUBSTANCE OF DEPOSITS RESIMBING CARTILAGE WHEN STAINED WITH HEMATOXYLIN AND EOSIN IS

1) fibrinoid swelling

2) mucoid swelling

3) hyalinosis

4) hydropic dystrophy

5) amyloidosis

**Correct answer: 3**

006. DURING VIRAL HEPATITIS, DYSTROPHY OCCURS IN HEPATOCYTES

1) hydropic

2) hyaline-droplet

3) horny

4) fat

5) amyloidosis

**Correct answer: 1**

007.CHARACTERISTICS OF HORNALE DYSTROPHY

1) keratinization of the skin

2) excessive keratinization

3) reduction of the keratinizing layer

4) keratinization of the stroma

5) insufficient keratinization

**Correct answer: 2**

008.MORPHOGENETIC MECHANISM OF DEVELOPMENT OF PARANCHYMATOUS DYSTROPHY

1) hypoxia

2) lack of protein

3) blockade of the tricarboxylic acid cycle

4) decomposition

5) autolysis

**Correct answer: 4**

009.CORAL DYSTROPHY IS COMMONLY COMMON IN THE ORGAN

1) thyroid gland

2) cervix

3) liver

4) spleen

5) kidney

**Correct answer: 2**

010. IN CHRONIC ALCOHOLISM IS DETERMINED

1) hydropic myocardial dystrophy

2) fatty liver

3) hyaline-droplet myocardial dystrophy

4) kidney hyalinosis

5) myocardial amyloidosis

**Correct answer: 2**

011. DISORGANIZATION OF COMPONENTS OF THE BASIC SUBSTANCE OF CONNECTIVE TISSUE IS CHARACTERISTIC FOR

1) mucoid swelling

2) fibrinoid swelling

3) horny dystrophy

4) inflammation

5) interstitial edema

**Correct answer: 2**

012. CHANGES IN CONNECTIVE TISSUE FIBERS DURING FIBRINOID Swelling

1) sclerosis

2) hyalinosis

3) saved

4) unfibered

5) destruction

**Correct answer: 5**

013.HYPERKERATOSIS IS CHARACTERISTIC FOR

1) mucoid swelling

2) hyaline droplet dystrophy

3) hydropic dystrophy

4) horny dystrophy

5) pigment metabolism disorders

**Correct answer: 4**

014. COMMON VASCULAR HYALINOSIS IS CHARACTERISTIC FOR

1) liver steatosis

2) hypertension

3) cholelithiasis

4) nephrotic syndrome

5) pancreatitis

**Correct answer: 2**

015.FIGURATORY NAME OF THE HEART IN STEATOSIS

1) hairy

2) brindle

3) goose

4) greasy

5) bullish

**Correct answer: 2**

016.DECOMPOSITION IS CHARACTERIZED

1) disintegration of cellular ultrastructures

2) excessive accumulation of metabolic products

3) synthesis in cells of substances not found normally

4) increase in tissue volume and mass due to hyperfunction

5) transformation of carbohydrates into fats

**Correct answer: 1**

017.IN DIABETES MELLITUS, IT DEVELOPES PRIMARILY IN THE WALLS OF VESSELS

1) mucoid swelling

2) hyalinosis

3) hydropic dystrophy

4) horny dystrophy

5) inflammation

**Correct answer: 2**

018. CHARACTERISTIC CHANGES IN ORGANS DURING CACHEXIA

1) steatosis

2) hyalinosis

3) atrophy

4) hypertrophy

5) hypopigmentation

**Correct answer: 3**

019.HYALINE WHEN STAINED WITH HEMATOXYLIN AND EOSIN REMINDS

1) liver tissue

2) cartilage tissue

3) myocardial tissue

4) stratified non-keratinizing epithelium

5) squamous epithelium

**Correct answer: 2**

020. MALLORY TAURICS ARE AN EXAMPLE

1) mucoid swelling

2) pigment metabolism disorders

3) horny dystrophy

4) hydropic dystrophy

5) hyaline droplet dystrophy

**Correct answer: 5**

021.FIGURATIVE NAME OF THE LIVER IN STEATOSIS

1) silicon

2) brindle

3) greasy

4) goose

5) sago

**Correct answer: 4**

022.REFERS TO STROMAL-VASCULAR DYSTROPHY

1) mucoid swelling

2) hyaline-droplet dystrophy

3) hydropic dystrophy

4) horny dystrophy

5) violation of pigment metabolism

**Correct answer: 1**

023. WHAT DISEASE IS CHARACTERISTIC FOR PARANCHYMATOUS CARBOHYDRATE DYSTROPHY

1) pancreatic necrosis

2) cystic fibrosis

3) hypertension

4) atherosclerosis

5) myxedema

**Correct answer: 2**

024. OBESITY HAPPENS

1) toxic

2) immunological

3) compensatory

4) cerebral

5) constitutional

**Correct answer: 4**

025. NAME PARENCYMATOUS DYSPROTEINOSIS

1) hyalinosis

2) mineral dystrophy

3) amyloidosis

4) hydropic dystrophy

5) mucoid swelling

**Correct answer: 4**

026. ORGAN IN WHICH STEATOSIS OFTEN DEVELOPES

1) light

2) leather

3) liver

4) stomach

5) spleen

**Correct answer: 3**

027. IN PATHOLOGY, DYSTROPHY SHOULD BE CONSIDERED

1) local death

2) morphological expression of tissue metabolism disorders

3) changes in organ metabolism

4) complex vascular-mesenchymal reaction of the body

5) loss of body weight

**Correct answer: 2**

MORPHOLOGY OF PIGMENT METABOLISM DISORDERS

**Test tasks:**

001.THE MOST COMMON EXOGENOUS PIGMENT IS

1) melanin

2) coal

3) iron

4) mercury

5) oxygen

**Correct answer: 2**

002. FERRITIN, BILIRUBIN RELATE TO

1) exogenous pigments

2) lipidogenic pigments

3) proteinogenic pigments

4) hemoglobinogenic pigments

5) endogenous enzymes

**Correct answer: 4**

003. MELANIN, ADRENOCHROME, PIGMENT OF ENTEROCHROMAFFIN CELL GRANULES RELATE TO

1) iron-containing pigments

2) hemoglobinogenic

3) proteinogenic pigments

4) hemoglobinogenic pigments

5) mixed pigments

**Correct answer: 3**

004. IF THE METABOLISM OF BILIRUBIN ARISES

1) jaundice

2) local hemosiderosis

3) general hemosiderosis

4) primary hemochromatosis

5) secondary hemochromatosis

**Correct answer: 1**

005. WITH EXTRAVASCULAR HEMOLYSIS, HEMORRHAGE DEVELOPES IN FOCIES

1) general hemosiderosis

2) jaundice

3) local hemosiderosis

4) melanosis

5) anthracosis

**Correct answer: 3**

006. PIGMENT THAT GIVES GRAY COLOR TO INTERNAL ORGANS

1) hemosiderin

2) melanin

3) hydrochloric acid hematin

4) malarial pigment

5) hematoidin

**Correct answer: 4**

007. GENETICALLY DETERMINED INCREASED ABSORPTION OF IRON FOOD IS CHARACTERIZED

1) jaundice

2) local hemosiderosis

3) lipofuscinosis

4) primary hemochromatosis

5) secondary melanosis

**Correct answer: 4**

008. SUPRAPHATIC (HEMOLYTIC) JAUNDICE OCCURS WHEN

1) violation of the outflow of bile

2) oversaturation of the body with iron

3) liver diseases

4) hemolysis at the site of hemorrhage

5) with intravascular hemolysis

**Correct answer: 5**

009. HEPATIC (PAREENCHYMATOUS) JAUNDICE OCCURS WHEN

1) violation of the outflow of bile

2) oversaturation of the body with iron

3) liver diseases

4) hemolysis at the site of hemorrhage

5) with intravascular hemolysis

**Correct answer: 3**

010. SUBHEPATIC (MECHANICAL OR OBTURATORY) JAUNDICE OCCURS WHEN

1) violation of the outflow of bile

2) oversaturation of the body with iron

3) liver diseases

4) hemolysis at the site of hemorrhage

5) with intravascular hemolysis

**Correct answer: 1**

011. CYCLIC COMPOUNDS, PRECURSORS OF GEMMA, CHEMICALLY CLOSED TO BILIRUBIN

1) hematins

2) porphyrins

3) proteinogenic enzymes

4) ferritins

5) hemosiderins

**Correct answer: 2**

012. A MALIGNANT PIGMENTARY TUMOR CAN DEVELOP FROM A NEVUS

1) pheochromocytoma

2) adenocarcinoma

3) melanoma

4) hemangioma

5) papilloma

**Correct answer: 3**

013. HEREDITARY DISEASE MANIFESTED IN THE ABSENCE OF MELANIN IN HAIR FALLS, SKIN, RETINA

1) porphyria

2) vitiligo

3) nevus

4) hemosiderosis

5) albinism

 **Correct answer: 5**

014. LOCAL HYPOPIGMENTATION WITH THE ABSENCE OF MELANOCYTES IN THE SKIN IN AREAS OF DIFFERENT SIZES IS

1) albinism

2) vitiligo

3) melanoma

4) porphyria

5) "scalded skin" syndrome

**Correct answer: 2**

015. DARK BROWN PIGMENT, PRODUCT OF OXIDATION OF ADRENALINE

1) melanin

2) lipochrome

3) cytochrome

4) adrenochrome

5) lipofuscin

 **Correct answer: 4**

016. YELLOW-BROWN PIGMENT KNOWN AS AGING PIGMENT

1) melanin

2) lipochrome

3) cytochrome

4) adrenochrome

5) lipofuscin

**Correct answer: 5**

017. DISEASE MANIFESTED BY HYPERURICEMIA, HYPERURICURIA WITH PROLOSS OF SODIUM URICIDE IN THE JOINTS

1) gout

2) uric acid infarction

3) rheumatoid arthritis

4) rheumatism

5) diabetes mellitus

**Correct answer: 1**

018. CALCIUM SALTS ARE DEPOSITED LOCALLY IN AREAS OF NECROSIS AND SCLEROSIS DURING

1) metastatic calcification

2) uric acid infarction

3) albinism

4) dystrophic calcification

5) Wilson-Konovalov disease

**Correct answer: 4**

019. WITH HYPERCALCIEMIA, DUE TO INCREASED CALCIUM OUTLET FROM THE DEPOT, DECREASED ITS REMOVEMENT FROM THE BODY DEVELOPES

1) metastatic calcification

2) gout

3) uric acid infarction

4) Wilson-Konovalov disease

5) dystrophic calcification

**Correct answer: 1**

020. COPPER IS DEPOSITED IN THE LIVER, BRAIN, KIDNEYS, PANCREAS AND OTHER ORGANS DURING

1) uric acid infarction

2) Wilson-Konovalov disease

3) hemochromatosis

4) porphyria

5) metastatic calcification

**Correct answer: 2**

021. DISORDERS IN THE METABOLISM OF CHROMOPROTEIDS, NUCLEOPROTEIDS, AND MINERAL SUBSTANCES ARE AMONG DYSTROPHIES

1) parenchymal

2) carbohydrate

3) mixed

4) protein

5) stromal-vascular

**Correct answer: 3**

022. REPLENISHING IRON STORE IN THE BODY IS CARRIED OUT WITH THE HELP OF CHROMOPROTEID

1) bilirubin

2) adrenochrome

3) melanin

4) ferritin

5) serotonin

**Correct answer: 4**

023. PIGMENT FORMED IN EROSIONS AND ULCERS OF THE STOMACH, COLORING DEFECTS IN THE MUCOUS MEMBRANE BROWN

1) hematoidin

2) bilirubin

3) hydrochloric acid hematin

4) melanin

5) porphyrin

**Correct answer: 3**

024. GENERAL HYPOMELANOSIS

1) leukoplakia

2) albinism

3) melanoma

4) vitiligo

5) leucoderma

**Correct answer: 2**

025. SPECIFIC COLORING FOR HEMOSIDERIN IS

1) Congo mouth

2) hematoxylin-eosin

3) Sudan-III

4) Perls method

5) Van Gieson method

**Correct answer: 4**

026. TYPE OF JAUNDICE, OFTEN DEVELOPING IN CANCER OF THE HEAD OF THE PANCREAS

1) suprahepatic

2) subhepatic

3) mixed

4) parenchymal

5) jaundice of newborns

**Correct answer: 2**

027. HEMOCHROMATOSIS ASSOCIATED WITH

1) hemolysis of red blood cells

2) reduced deposition of red blood cells in the spleen

3) increased iron absorption

4) increased iron content in the blood

5) decreased binding of iron to proteins in the blood

**Correct answer: 3**

028. COMMON ACQUIRED HYPERMELANOSIS (MELANODERMA) IS CHARACTERISTIC FOR

1) Addison's disease

2) xeroderma pigmentosum

3) melanoma

4) albinism

5) vitiligo

**Correct answer: 1**

029. GOUT IS CHARACTERIZED BY METABOLISM DISORDERS

1) chromoproteins

2) nucleoproteins

3) proteinogenic (tyrosinogenic) pigments

4) lipidogenic pigments (lipopigments)

5) minerals

**Correct answer: 2**

030. PHYSIOLOGICAL (TRANSITIONAL/TRANSITIVE) CONDITIONS IN NEWBORNS BEFORE THE END OF THE FIRST WEEK OF LIFE REFERS

1) uric acid infarction

2) gout

3) Wilson-Konovalov disease

4) rickets

5) albinism

**Correct answer: 1**

031. DISEASE IN WHICH KAISER-FLEISCHER RINGS ARE FORMED (GREENish-BROWN RINGS AROUND THE PERIPHERAL OF THE CORNEA)

1) Addison's disease

2) urolithiasis

3) Wilson-Konovalov disease

4) gout

5) rickets

**Correct answer: 3**

032. LESION IS OBSERVED IN ADDISON'S DISEASE

1) liver

2) spleen

3) kidneys

4) adrenal glands

5) lungs

**Correct answer: 4**

CELL AND TISSUE DEATH (necrosis, apoptosis)

**Test tasks:**

001.NECROSIS IS

1) damage to cells and tissues

2) death of cells and tissues in a living organism

3) transformation of cells and tissues

4) cell and tissue division

5) pathogenic factor

**Correct answer: 2**

002.PROGRAMMED CELL DEATH

1) heterophagy

2) autolysis

3) heterolysis

4) necrosis

5) apoptosis

**Correct answer: 5**

003. HISTOLOGICAL SIGN CAN BE USED FOR DIFFERENTIAL DIAGNOSIS BETWEEN NECROSIS AND POST-MORTH AUTOLYSIS

1) karyolysis

2) karyorrhexis

3) plasmolysis

4) presence of fibrinoid impregnation

5) the presence of an inflammatory reaction

**Correct answer: 5**

004. MICROSCOPIC SIGN OF NECROSIS

1) karyolysis

2) thrombolysis

3) damage

4) organization

5) dystrophy

**Correct answer: 1**

005. THE RESULT OF THE DIRECT EFFECT OF PHYSICAL FACTORS ON THE TISSUE IS

1) vascular necrosis

2) allergic necrosis

3) trophoneurotic necrosis

4) toxic necrosis

5) traumatic necrosis

**Correct answer: 5**

006. WHEN TISSUE INNERVATION IS DISRUPTED, IT DEVELOPES

1) vascular necrosis

2) allergic necrosis

3) trophoneurotic necrosis

4) toxic necrosis

5) traumatic necrosis

**Correct answer: 3**

007. THE RESULT OF IMMUNE CYTOLYSIS OF TISSUE DURING HYPERSENSITIVITY REACTIONS IS

1) vascular necrosis

2) allergic necrosis

3) trophoneurotic necrosis

4) toxic necrosis

5) traumatic necrosis

**Correct answer: 2**

008. IS ASSOCIATED WITH ABSOLUTE OR RELATIVE INSUFFICIENCY OF BLOOD CIRCULATION

1) vascular necrosis

2) allergic necrosis

3) trophoneurotic necrosis

4) toxic necrosis

5) traumatic necrosis

**Correct answer: 1**

009.COAGULATIVE, COLLECTIVE, FATTY - THESE ARE CLINICAL MORPHOLOGICAL FORMS

1) stroke

2) necrosis

3) apoptosis

4) heart attack

5) gangrene

**Correct answer: 2**

010.NECROSIS OF TISSUE IN CONTACT WITH THE EXTERNAL ENVIRONMENT

1) stroke

2) gangrene

3) heart attack

4) karyolysis

5) plasmolysis

**Correct answer: 2**

011. TISSUE MUMIFICATION AND A CLEAR ZONE OF DEMARCATED INFLAMMATION ARE CHARACTERISTIC FOR

1) dry gangrene

2) myocardial infarction

3) apoptosis

4) wet gangrene

5) bedsores

**Correct answer: 1**

012.DEMARCATION ZONE IS NOT DETERMINED, EDEMATIC, SWOLLED TISSUE, EMITTING A SMELLY SMELL, ARE CHANGES CHARACTERISTIC OF

1) dry gangrene

2) myocardial infarction

3) apoptosis

4) wet gangrene

5) bedsores

**Correct answer: 4**

013. A VARIETY OF THE PROCESS OF TROPHONEUROTIC GENESIS, WHICH OCCURS IN WEAKENED PATIENTS SUFFERING WITH CARDIOVASCULAR, NERVOUS AND ONCOLOGICAL DISEASES, AND HAS SIGNS CHARACTERISTIC FOR

1) dry gangrene

2) myocardial infarction

3) apoptosis

4) wet gangrene

5) bedsores

**Correct answer: 5**

014.ADVERSE OUTCOMES OF NECROSIS INCLUDED

1) sequestration

2) encapsulation

3) ossification

4) petrification

5) cyst formation

**Correct answer: 1**

015.FAVORABLE OUTCOMES OF NECROSIS INCLUDED

1) purulent melting

2) sequestration

3) mutilation

4) formation of bedsores

5) cyst formation

**Correct answer: 5**

016.FAVORABLE OUTCOMES OF NECROSIS INCLUDED

1) sequestration

2) petrification

3) mucus

4) autolysis

5) intussusception

**Correct answer: 2**

017. Bedsore - THIS

1) a type of heart attack

2) has a direct development mechanism

3) characterized by hemorrhagic penetration of the necrosis zone

4) a type of gangrene

5) the basis is ischemic damage to soft tissues

**Correct answer: 4**

018. REVERSIBLE CHANGES IN NECROSIS APPLY

1) necrobiosis

2) cell death

3) paranecrosis

4) autolysis

5) apoptosis

**Correct answer: 3**

019. THE REASON FOR CELL AUTOLYSIS IS

1) the predominance of catabolic reactions over anabolic ones

2) the action of hydrolytic enzymes, primarily of lysosomal origin

3) deposition of electron-dense deposits

4) release of cytoplasmic enzymes and proteins into the blood

5) irreversible dystrophic changes

**Correct answer: 2**

020.MUMMIFICATION CHARACTERIZED

1) melting the fabric

2) flabby, mushy consistency of tissues

3) red dyeing of fabrics

4) dense, dry consistency of tissues

5) swelling and swelling of tissues

**Correct answer: 4**

021.INFLAMMATION AROUND THE FOCUS OF NECROSIS IS CALLED

1) toxic

2) vascular

3) fibrinoid

4) myomalacial

5) demarcation

**Correct answer: 5**

022. BEDSORES ARE AN EXAMPLE OF NECROSIS

1) toxic

2) trophoneurotic

3) allergic

4) vascular

5) traumatic

**Correct answer: 2**

023. THE DIRECT MECHANISM OF ACTION INCLUDES NECROSIS

1) allergic

2) trophoneurotic

3) toxic

4) vascular

5) ischemic

**Correct answer: 3**

024.FAT NECROSIS DEVELOPES WHEN

1) typhoid fever

2) acute pancreatitis

3) myocardial infarction

4) atherosclerosis

5) Arthus phenomenon

**Correct answer: 2**

025. COLLIQUATION NECROSIS DEVELOPES IN TISSUE

1) high in protein

2) high in digestive enzymes

3) in contact with the external environment

4) rich in liquid with high activity of hydrolytic enzymes

5) in ischemic tissues

**Correct answer: 4**

026. CASEOUS NECROSIS IS A KIND OF NECROSIS:

1) fat

2) dry gangrene

3) coagulation

4) colliquation

5) wet gangrene

**Correct answer: 3**

027.SCARring IS

1) replacement of necrotic masses with connective tissue

2) dystrophic calcification

3) the appearance of bone necrosis in the area

4) delimitation of the necrotic area with a connective tissue capsule

5) appearance of cavity necrosis in the area

**Correct answer: 1**

028. THE CAUSE OF GROWTH OF TUMOR CELLS IN LUNG CANCER CAN BE CALLED

1) incomplete apoptosis

2) excessive apoptosis

3) insufficient apoptosis

4) perverted apoptosis

5) incomplete necrosis

**Correct answer: 1**

029.MUTILATION IS THIS

1) a type of liquefaction necrosis

2) self-rejection of necrotic tissues

3) the process of formation of bedsores

4) apoptosis

5) enzymatic necrosis

**Correct answer: 2**

DISORDERS BLOOD CIRCULATION AND LYMPH CIRCULATION (part 1)

**Test tasks:**

001.BLEEDING, HEMORRHAGE, PLASMORRAGIA RELATE TO

1) impaired blood supply

2) necrosis

3) impaired permeability of the vascular wall

4) disruption of tissue trophism

5) disturbances in the flow and condition of the blood

**Correct answer: 3**

002. TYPES OF VENOUS FULL BLOOD

1) parenchymal, stromal-vascular

2) acute, chronic

3) collateral

4) compression

5) angiospastic

**Correct answer: 2**

003. NAME OF THE LIVER IN CHRONIC VENOUS PLETHOBLOOD

1) greasy

2) sago

3) nutmeg

4) goose

5) glaze

**Correct answer: 3**

004. CAUSES OF BLEEDING

1) increased vascular permeability

2) sclerosis of the vascular wall

3) vascular hyalinosis

4) vasospasm

5) thrombosis

**Correct answer: 1**

005. HEMORRHAGE IS

1) local plethora

2) increased blood flow

3) diapedesis of blood into the vessels

4) excessive blood filling of tissues

5) accumulation of blood in tissues

**Correct answer: 5**

006. CAUSE OF VENOUS FULL BLOOD

1) increased blood flow

2) decreased blood flow

3) stopping blood flow in the vessels of the microvasculature

4) slowing down blood flow

5) decreased blood flow

**Correct answer: 5**

007. NAME OF CHANGES IN THE LUNGS DURING CHRONIC VENOUS PLETHOBLOOD

1) cyanotic induration

2) brown induration

3) nutmeg fibrosis

4) alveolar edema

5) hemorrhagic infiltration

**Correct answer: 2**

008. ACCUMULATION OF BLOOD IN TISSUE WITH VIOLATION OF ITS INTEGRITY

1) bruise

2) petechiae

3) hemorrhagic infiltration

4) hematoma

5) diapedetic hemorrhage

**Correct answer: 4**

009. OUTCOME OF INTRACERBRAL HEMATOMA

1) vascularization

2) cyst formation

3) formation of a glial scar

4) organization

5) septic autolysis

**Correct answer: 2**

010. BLEEDING DEVELOPES WITH CASEOUS NECROSIS

1) due to plasma impregnation of the vessel wall

2) as a result of a rupture of the wall of the heart or vessel

3) as a result of corrosion of the vessel wall (arrosive bleeding)

4) due to increased permeability of the vessel wall

5) as a result of mucoid swelling of the vessel wall

**Correct answer: 3**

011. PATHOLOGY IN WHICH LOCAL VENOUS FULL BLOOD DEVELOPES

1) with intravascular hemolysis

2) heart disease

3) stagnation of blood in the systemic circulation

4) Budd-Chiari syndrome

5) chronic heart failure

**Correct answer: 4**

012. BLEEDING IS

1) decrease in the number of red blood cells in the blood

2) decrease in circulating blood volume

3) hemorrhagic syndrome

4) the release of blood from the cavity of the heart or the lumen of a vessel

5) increased vascular permeability

**Correct answer: 4**

013. CAUSES OF ANALACY

1) stopping blood flow

2) reduction of blood flow to organs and tissues

3) increased blood outflow with a constant inflow

4) blood leaving the vascular bed

5) hemorrhagic syndrome

**Correct answer: 2**

014. GENERAL VENOUS FULL BLOOD DEVELOPES WHEN

1) portal vein thrombosis

2) with Budd-Chiari syndrome

3) with heart disease

4) when the portal vein tumor is compressed by metastases

5) when squeezing the superior vena cava

**Correct answer: 3**

015. CHRONIC VENOUS PLETHOBLOOD IS CHARACTERIZED

1) hypertrophy of the walls of blood vessels

2) chronic inflammation

3) atrophy, sclerosis

4) blood clots in the microvasculature

5) varicose veins

**Correct answer: 3**

016. ARROSIVE BLEEDING DEVELOPES WHEN

1) purulent inflammation

2) chronic venous stagnation

3) acute arterial anemia

4) brown induration of the lungs

5) impaired blood flow

**Correct answer: 1**

017. DURING ACUTE ANABLOODY DEVELOP

1) plasma impregnation of vessel walls

2) edema, stasis in capillaries and multiple diapedetic hemorrhages

3) atrophy, sclerosis

4) hemosiderosis

5) anasarca, hydrocele of the body cavities

**Correct answer: 3**

018. PLANE HEMORRHAGES

1) ecchymosis

2) hemorrhagic purpura

3) petechiae

4) hematoma

5) bruises

**Correct answer: 5**

019. CAUSE OF DIAPEDESIS HEMORRHAGES

1) rupture of the vessel wall

2) erosion of the vessel wall

3) increased vascular permeability

4) fibrinoid necrosis of the vessel wall

5) vascular spasm

**Correct answer: 3**

020. POSSIBLE OUTCOME OF NUTIE LIVER

1) congestive fibrosis (sclerosis)

2) brown atrophy

3) brown induration

4) development of malignant neoplasm

5) chronic hepatitis

**Correct answer: 1**

021. INCREASED BLOOD FILLING OF AN ORGAN OR TISSUE DUE TO DECREASED (DIFFICULTY) OUTFLOW OF BLOOD

1) venous congestion

2) arterial plethora

3) general anemia

4) local anemia

5) plasmorrhagia

 **Correct answer: 1**

022. PHYSIOLOGICAL HYPEREMIA REFERS

1) collateral hyperemia

2) inflammatory hyperemia

3) decompression hyperemia

4) working hyperemia

5) angioneurotic hyperemia

**Correct answer: 4**

023. THE CONSEQUENCE OF IRRITATION OF THE VASUDOLATORAL NERVES OR VASOCONSTRACTOR PARALYSIS IS

1) inflammatory hyperemia

2) decompression hyperemia

3) post-ischemic hyperemia

4) collateral hyperemia

5) angioneurotic hyperemia

**Correct answer: 5**

024. CHRONIC HEART FAILURE DEVELOPES

1) general venous anemia

2) general arterial anemia

3) local venous congestion

4) general venous plethora

5) acute venous anemia

**Correct answer: 4**

025. IN CHRONIC GENERAL VENOUS STAGNESS OF THE LIVER

1) reduced, flabby, brown in color

2) enlarged, has a greasy appearance

3) enlarged, acquires a bluish tint

4) enlarged, dense, the cut surface is motley, gray-yellow with red splashes

5) reduced, the cut surface is light, resembles a goose liver

**Correct answer: 4**

026. WITH CHRONIC VENOUS CONGESTATION IN THE LUNGES IS OBSERVED

1) cyanotic induration

2) compression atelectasis, decreased airiness

3) brown induration

4) thinning of the interalveolar septa, emphysema

5) decreased vascular permeability, alveolar edema

**Correct answer: 3**

027. DUE TO ARTERY THROMBOEMBOLISM ARISES

1) angiospastic anemia

2) obstructive anemia

3) compression anemia

4) ischemia as a result of blood redistribution

5) hyperemia

**Correct answer: 2**

028. BLEEDING FROM A CHRONIC STOMACH ULCER ARISES AS A RESULT

1) rupture of the vessel wall

2) ischemia

3) corrosion of the vessel wall

4) hyperemia

5) increasing the permeability of the vessel wall

**Correct answer: 3**

DISORDERS BLOOD CIRCULATION AND LYMPH CIRCULATION (part 2)

**Test tasks:**

001. LIFETIME STOP OF BLOOD FLOW IN THE VESSELS OF THE MICROCIRCULATORY BED, MAINLY IN THE CAPILLARIES

1) Sludge phenomenon

2) Thrombosis

3) Embolism

4) Hemostasis

5) DIC syndrome

**Correct answer: 4**

002. AGGREGATION OF ERYTHROCYTES, LEUKOCYTES OR PLATELETS WITH INCREASE IN PLASMA VISCOSITY AND DIFFICULTY IN THE PASSAGE OF BLOOD THROUGH THE CAPILLARIES

1) DIC syndrome

2) Embolism

3) Thrombosis

4) Hemostasis

5) Sludge phenomenon

**Correct answer: 5**

003. IMPORTANCE OF HEMOSTASIS

1) Leads to a decrease in vascular permeability in the microvasculature

2) Causes edema, plasmorrhagia, hypoxia

3) Promotes increased venous outflow

4) Leads to increased release of fluid from tissues

5) Causes thromboembolism

**Correct answer: 2**

004. LIFETIME BLOOD COLOTTING IN THE LUMEN OF A VESSEL, IN THE CAVITIES OF THE HEART, IN SITES OF HEMORRHAGE

1) Sludge phenomenon

2) Thrombosis

3) Embolism

4) Hemostasis

5) DIC syndrome

**Correct answer: 2**

005. EMBOLISM BY FOREIGN BODIES IS

1) Circulation of calcified blood clots in the blood

2) Circulation of fat droplets in the blood

3) Circulation of heart valve fragments in the blood

4) Blood circulation of protozoa or animal parasites

5) Circulation of lime from atherosclerotic plaques in the blood.

**Correct answer: 5**

006. FAVORABLE OUTCOME OF THROMBOSIS

1) Increased thrombus

2) Thromboembolism

3) Malignization

4) Thrombus lysis

5) Purulent fusion of a blood clot

**Correct answer: 4**

007. ADVERSE OUTCOME OF THROMBOSIS

1) Clot drainage

2) Purulent fusion of a blood clot

3) Petrification of thrombus

4) Replacement with connective tissue

5) Vascularization

**Correct answer: 2**

008. TRANSFER BY BLOOD OR LYMPH CURRENT OF BODIES NOT FOUND UNDER NORMAL CONDITIONS

1) Sludge phenomenon

2) Thrombosis

3) Embolism

4) Hemostasis

5) DIC syndrome

**Correct answer: 3**

009. IN TRAUMATIC CRUSH OF THE SUBcutaneous Fiber OR BONE MARROW IS OBSERVED

1) Fat embolism

2) Thromboembolism

3) Gas embolism

4) Tissue embolism

5) Embolism by foreign bodies

**Correct answer: 1**

010. WHEN RAPID DECOMPRESSION IS OBSERVED

1) Thromboembolism

2) Fat embolism

3) Tissue embolism

4) Embolism by foreign bodies

5) Gas embolism

**Correct answer: 5**

011. THE DEVELOPMENT OF MALIGNANT TUMOR METASTASES IS BASED ON

1) Thromboembolism

2) Gas embolism

3) Fat embolism

4) Tissue embolism

5) Embolism by foreign bodies

**Correct answer: 4**

012. WHEN LIME AND CHOLESTEROL CRYSTALS FROM ATHEROSCLEROTIC PLAQUES ENTER THE lumen of blood vessels, it is observed

1) Thromboembolism

2) Gas embolism

3) Fat embolism

4) Tissue embolism

5) Embolism by foreign bodies

**Correct answer: 5**

013. ICE – SYNDROME IS

1) Consumptive coagulopathy

2) Long-term compartment syndrome

3) Disseminated extravascular coagulation syndrome

4) Hemorrhagic syndrome

5) Thromboembolic syndrome

**Correct answer: 1**

014. HYPERCOAGULATION AND THROMBUS FORMATION, CONSUMPTION AND RESTORATIVE COAGULOPATHY - THESE ARE STAGES

1) Thromboembolic syndrome

2) DIC syndrome

3) Sludge phenomenon

4) Tissue embolism

5) Hemostasis

**Correct answer: 2**

015. ACUTELY DEVELOPING PATHOLOGICAL PROCESS CAUSED BY THE ACTION OF AN EXTRA STRONG IRRITANT

1) Embolism

2) Staz

3) Sludge is a phenomenon

4) Thrombosis

5) Shock

**Correct answer: 5**

016. DEVELOPMENT OF DICE SYNDROME IS ASSOCIATED WITH

1) Thrombocytopenia

2) Hereditary thrombasthenia

3) Hemodilution

4) Excessive intravascular coagulation

5) Insufficient intravascular coagulation

**Correct answer: 4**

017. BASED ON THE DEVELOPMENT MECHANISM, THE SHOCK ARISING FROM BLOOD LOSS IS

1) Vascular-peripheral

2) Hypovolemic

3) Traumatic

4) Anaphylactic

5) Hypervolemic

**Correct answer: 2**

018.THROMBUS PREVAILS IN ICE SYNDROME

1) White

2) Red

3) Mixed

4) Fibrin, hyaline

5) Organizing

**Correct answer: 4**

019. THE TAIL OF A MIXED THROMBUS HAS A STRUCTURE

1) White thrombus

2) Red thrombus

3) Mixed thrombus

4) Hyaline thrombus

5) Fibrinoid thrombus

**Correct answer: 2**

020. RED THROMBITS ARE COMMONLY FORMED

1) In the veins

2) In the arteries

3) In the cavity of the aneurysm

4) In the vessels of the microvasculature

5) In the heart

**Correct answer: 1**

021.WHITE THROTTLEMS ARE USUALLY FORMED

1) In arterioles

2) In the cavity of the aneurysm

3) In the vessels of the microvasculature

4) In large veins

5) In large arteries

**Correct answer: 5**

022.HYALINE THROMBUS FORMED

1) On the surface of the wound

2) In the veins

3) In the cavity of the aneurysm

4) In the vessels of the microvasculature

5) In the heart

**Correct answer: 4**

023. IN RELATION TO THE LUMEN OF THE VESSEL AND THE CHAMBERS OF THE HEART, THERE ARE THROMBUSES

1) Floating

2) Circulatory

3) Retrograde

4) Mixed

5) Parietal

**Correct answer: 5**

024. PURULENT MELTING OF A THROMBUS CREATES THE PREREQUISITES FOR

1) Thrombobacterial embolism

2) Organization of a blood clot

3) Clot drainage

4) DIC syndrome

5) Petrification of thrombus

**Correct answer: 1**

025. BUBBLES ARE RELEASED IN THE BLOOD WHEN THEY ARE RELEASED IN THE BLOOD

1) Hydrogen

2) Oxygen

3) Nitrogen

4) Helium

5) Carbon dioxide

**Correct answer: 3**

026. THE PROCESS OF TUMOR METASTASIS IS BASED ON EMBOLISM

1) Fat

2) Fabric

3) Gas

4) Foreign bodies

5) Bacterial

**Correct answer: 2**

027. STASIS IS CHARACTERIZED

1. Loss of fibrin threads

2. Damage to the vessel

3. Agglutination of erythrocytes

4. Narrowing of the lumen of the vessel

5. Hypovolemia

**Correct answer: 3**

028. A SIGN OF SHOCK IS

1. Consumptive coagulopathy

2. Plasmorrhagia

3. Polycythemia

4. Embolism

5. Anemia

**Correct answer: 1**

029. DIC - SYNDROME - THIS

1. Generalized thromboembolism

2. Thrombohemorrhagic syndrome

3. Intravascular hemolysis

4. Hypocoagulation syndrome

5. Intravascular hemostasis

**Correct answer: 2**

INFLAMMATION (part 1)

**Test tasks:**

001.PATHOLOGICAL PROCESS HAVING LOCAL AND GENERAL MANIFESTATIONS, DIRECTED TO ELIMINATE ITS CAUSE, LIMITING THE SOCIETY OF DAMAGE

6) Dystrophy

7) Necrosis

8) Full blood

9) Inflammation

10) Cachexia

**Correct answer: 4**

002. SIGN OF INFLAMMATION RESULTING FROM HYPEREMIA

1) Dysfunction

2) Pain

3) Heat

4) Swelling

5) Redness

**Correct answer: 5**

003. SIGN OF INFLAMMATION ASSOCIATED WITH ACTIVATION OF OXIDATIVE PROCESSES

1) Pain

2) Swelling

3) Dysfunction

4) Redness

5) Heat

**Correct answer: 5**

004. ETIOLOGICAL FACTORS OF INFLAMMATION INCLUDE

1) Necrosis, hemorrhage

2) Parenchymal dysproteinoses

3) Hemosiderosis

4) Acute venous congestion

5) Sludge phenomenon

**Correct answer: 1**

005.INFLAMMATORY REACTIONS AFFECT

1) Only organ parenchyma

2) All fabric components

3) Blood vessels only

4) Connective tissue only

5) Only organ parenchyma and stroma

**Correct answer: 2**

006.ALTERATION IS THIS

1) The final phase of inflammation

2) Proliferation of inflammatory cells

3) Dystrophy

4) Inflammatory phase following exudation

5) Initial phase of inflammation

**Correct answer: 5**

007.EXUDATION IS

1) The final phase of inflammation

2) Phase preceding alteration

3) The third phase of the inflammatory response

4) Phase following alteration

5) Trigger of inflammation

**Correct answer: 4**

008.REACTION OF THE MICROCIRCULATORY BED IS

1) Increased tissue-vascular permeability at the level of the microvasculature

2) Reflex spasm followed by vasodilation

3) Exudation of blood plasma components

4) Emigration of blood cells

5) Formation of exudate and inflammatory cell infiltrate

**Correct answer: 2**

009. CHANGES IN THE RHEOLOGICAL PROPERTIES OF BLOOD ARE REDUCED TO

1) Increasing tissue-vascular permeability at the level of the microvasculature

2) Exudation of components of blood plasma

3) Redistribution of leukocytes and erythrocytes in the bloodstream

4) Emigration of blood cells

5) Formation of exudate and inflammatory cell infiltrate

**Correct answer: 3**

010. EXUDATION OF COMPONENTS OF BLOOD PLASMA IS THE RESULT

1) Alterations

2) Microcirculatory reactions

3) Increasing tissue-vascular permeability at the level of the microvasculature

4) Emigration of blood cells

5) Formation of exudate and inflammatory cell infiltrate

**Correct answer: 3**

011. WITH THE HELP OF CHEMOTACTIC MEDIATORS, IT IS ACCOMPLISHED

1) Reaction of the microvasculature

2) Increased tissue-vascular permeability at the level of the microvasculature

3) Exudation of blood plasma components

4) Emigration of blood cells

5) Formation of exudate and inflammatory cell infiltrate

**Correct answer: 4**

012. COMPLETES THE MAIN PROCESSES OF EXUDATION

1) Reaction of the microvasculature

2) Increased tissue-vascular permeability at the level of the microvasculature

3) Exudation of blood plasma components

4) Emigration of blood cells

5) Formation of exudate and inflammatory cell infiltrate

**Correct answer: 5**

013. PROLIFERATION IS

1) The final phase of inflammation

2) Differentiation of inflammatory cells

3) Emigration of inflammatory cells

4) Unfavorable outcome of inflammation

5) Trigger of inflammation

**Correct answer: 1**

014. ACUTE INFLAMMATION MOST OFTEN LASTS

1) up to 3 days

2) up to 1 week

3) up to 1 month

4) 3-6 months

5) more than 6 months

**Correct answer: 3**

015. PROLIFERATIVE INFLAMMATION IS RELATED TO

1) Intermediate

2) Serous

3) Fibrinous

4) Purulent

5) Hemorrhagic

**Correct answer: 1**

016. IT OFTEN DEVELOPES IN THE PLEURAL CAVITIES AND PERICARDIAL CAVITIES

1) Serous inflammation

2) Diphtheritic inflammation

3) Intermediate inflammation

4) Catarrhal inflammation

5) Putrid inflammation

**Correct answer: 1**

017. CAUSED BY FUNGI AND BACTERIA

1) Serous inflammation

2) Fibrinous inflammation

3) Purulent inflammation

4) Hemorrhagic inflammation

5) Putrid inflammation

**Correct answer: 3**

018. MACROSCOPICALLY ON THE SURFACE OF SEROUS OR MUCOUS MEANS A LIGHT GRAY FILM IS OBSERVED WITH

1) Serous inflammation

2) Fibrinous inflammation

3) Purulent inflammation

4) Hemorrhagic inflammation

5) Putrid inflammation

**Correct answer: 2**

019.CROUPIC INFLAMMATION RELATES TO

1) Fibrinous inflammation

2) Putrefactive inflammation

3) Serous inflammation

4) Purulent inflammation

5) Hemorrhagic inflammation

**Correct answer: 1**

020.ANAEROBIC GANGRENE IS

1) Putrid inflammation

2) Serous inflammation

3) Hemorrhagic inflammation

4) Purulent inflammation

5) Phlegmon

**Correct answer: 1**

021. FOCAL PURULENT INFLAMMATION CHARACTERIZED BY MELTING OF TISSUE WITH FORMATION OF A CAVITY FILLED WITH PUS IS

1) Gangrene

2) Phlegmon

3) Abscess

4) Furuncle

5) Empyema

**Correct answer: 3**

022.DIFFUSE PURULENT INFLAMMATION, CHARACTERIZED BY THE SPREAD OF PURULENT EXUDATE IN TISSUE WITH LYSIS OF TISSUE ELEMENTS - THIS IS

1) Abscess

2) Gangrene

3) Phlegmon

4) Cyst

5) Empyema

**Correct answer: 3**

023.EMPYEMA OCCURS IN CLINICAL PRACTICE

1) Light

2) Liver

3) Stomach

4) Gallbladder

5) Lower limb

**Correct answer: 4**

024. A DISTINCTIVE FEATURE OF CATARHAL INFLAMMATION IS

1) An admixture of pus to the exudate

2) An admixture of mucus to the exudate

3) Melting at the site of inflammation

4) Soaking the inflammation site with blood

5) Localization on serous membranes

**Correct answer: 2**

025. PURULENT INFLAMMATION OF THE PLEURAL CAVITY

1) Abscess

2) Empyema

3) Phlegmon

4) Cellulite

5) Carbuncle

**Correct answer: 2**

026. CHRONIC ABSCESS IS DIFFERENT FROM ACUTE ABSCESS

1) Shape

2) Dimensions

3) Content

4) Wall structure

5) Ability to drain

**Correct answer: 4**

027.CROUPIC INFLAMMATION IS MORE OFTEN DEVELOPED ON MEMBRANES COVERED

1) Mesothelium

2) Transitional epithelium

3) Urothelium

4) Stratified squamous keratinizing epithelium

5) Nephrothelium

**Correct answer: 1**

028. TYPICAL OUTCOME OF SEROUS INFLAMMATION

1) Transition to purulent

2) Sclerosis

3) Atrophy

4) Favorable

5) Unfavorable

**Correct answer: 4**

029.LOCALIZATION OF FIBRINOUS INFLAMMATION

1) Interstitium

2) Subcutaneous tissue

3) Vessels

4) Serous membranes

5) Portal tracts of the liver

**Correct answer: 4**

030. VASCULAR ARROSIS WITH DEVELOPMENT OF BLEEDING DEVELOPES MORE FREQUENTLY WITH

1) Purulent inflammation

2) Fibrinous inflammation

3) Catarrhal inflammation

4) Hemorrhagic inflammation

5) Putrid inflammation

**Correct answer: 1**

031.THE MUCOUS MEMBRANE OF THE STOMACH IS CHARACTERIZED BY INFLAMMATION

1) Hemorrhagic

2) Purulent

3) Catarrhal

4) Putrid

5) Fibrinous

**Correct answer: 3**

O32

1) Catarrhal-purulent

2) Fibrinous

3) Phlegmon

4) Hemorrhagic

5) Serous

**Correct answer: 3**

033. FAVORABLE OUTCOME OF ACUTE EXUDATIVE INFLAMMATION

1) Enclosure of exudate

2) Mucus

3) Formation of leaks

4) Resorption of exudate

5) Sequestration

**Correct answer: 4**

INFLAMMATION (part 2)

**Test tasks:**

001. PATHOLOGICAL PROCESS, HAVING LOCAL AND GENERAL MANIFESTATIONS, DIRECTED TO ELIMINATE ITS CAUSE, LIMITING THE SOCIETY OF DAMAGE - THIS IS

1) Dystrophy

2) Necrosis

3)Damage

4) Inflammation

5) Apoptosis

**Correct answer: 4**

002. INFLAMMATION CHARACTERIZED BY FORMATION OF CELLULAR INFILTRATE IN THE STROMA

1) Intermediate

2) Serous

3) Granulomatous

4) Catarrhal

5) Exudative

**Correct answer: 1**

003. THE MOST COMMON OUTCOME OF CHRONIC INTERSTATE INFLAMMATION

1) Necrosis

2) Complete restoration of the source of damage

3) Sclerosis

4) Chronization

5) Limiting the source of inflammation

**Correct answer: 3**

004. INFLAMMATION WITH FORMATION OF NODULES FROM CELLS CAPABLE OF PHAGOCYTOSIS

1) Interstitial inflammation

2) Intermediate inflammation

3) Exudative inflammation

4) Granulomatous inflammation

5) Serous inflammation

**Correct answer: 4**

005. DISEASES IN WHICH SPECIFIC GRANULOMAS DEVELOP

1) Tuberculosis, syphilis, leprosy, scleroma

2) Rheumatism, Crohn's and Horton's disease

3) Asbestosis, talcosis, Wegener's granulomatosis

4) Actinomycosis, candidiasis

5) Granulomatous hepatitis, oleogranulomatous disease

**Correct answer: 1**

006. GRANULOMATOUS DISEASES OF INFECTIOUS ETIOLOGY

1) Granulomatous hepatitis, oleogranulomatous disease

2) Rheumatism, scleroma,

3) Sarcoidosis

4) Silicosis, talcosis, asbestosis

5) Wegener's granulomatosis

**Correct answer: 2**

007. GRANULOMATOUS DISEASES OF NON-INFECTIOUS ETIOLOGY

1) Syphilis, tuberculosis, leprosy

2) Rheumatism, granulomatous hepatitis

3) Silicosis, talcosis, asbestosis,

4) Scleroma, Wegener's granulomatosis

5) Candidiasis, byssinosis, asbestosis

**Correct answer: 3**

008. IN THE CENTER THE FOCUS OF NECROSIS IS LOCATED, AT THE PERIPHERY – EPITHELIOID CELLS AND LYMPHOCYTES WITH AN IMPURITY OF MACROPHAGES WITH

1) Silicosis granuloma

2) Tuberculous granuloma

3) Granuloma around foreign bodies

4) Leprosy granuloma

5) Candidiasis

**Correct answer: 2**

009. A DISEASE CHARACTERIZED BY A GRANULOMA WITH A FOCUS OF NECROSIS IN THE CENTER, AROUND WHICH – LYMPHOCYTES, FIBROBLASTS, PLASMATIC CELLS, MANY VESSELS IN A STATE OF INFLAMMATION (VASCULITIS)

1) Scleroma

2) Tuberculosis

3) Asbestosis

4) Leprosy

5) Syphilis

**Correct answer: 5**

010. LEPROSIC GRANULOMA IS CHARACTERIZED BY THE PRESENCE

1) Macrophages, epithelioid, giant cells, as well as lymphocytes

2) Macrophages, epithelioid, giant multinucleated Pirogov-Langhans cells, lymphocytes

3) Macrophages, epithelioid, giant cells, plasma cells, fibroblasts, lymphocytes, Virchow cells

4) Macrophages, epithelioid, giant cells, plasma cells, fibroblasts, lymphocytes, Mikulicz cells

5) Epithelioid, giant multinucleated Pirogov-Langhans cells, plasma cells, fibroblasts

**Correct answer: 3**

011. PROCESS OF RESTORING TISSUE INTEGRITY

1) Organization

2) Perestroika

3) Reparation

4) Inflammation

5) Petrification

**Correct answer: 3**

012. NATURE OF TISSUE REACTION IN GRANULOMATIC INFLAMMATION

1) Alternative

2) Exudative

3) Productive

4) Necrotic

5) Immune

**Correct answer: 3**

013. WITH TUBERCULOSIS, INFLAMMATION DEVELOPES IN THE LUNGS, MOST OFTEN

1) Intermediate

2) Chronic granulomatous

3) Interstitial

4) Exudative

5) Catarrhal

**Correct answer: 2**

014. INFLAMMATION DEVELOPES AROUND ANIMAL PARASITES

1) Diffuse interstitial

2) Productive

3) Exudative

4) Intermediate

5) Purulent

**Correct answer: 2**

015. TYPE OF GRANULOMA

1) Lymphocytic

2) Eosinophilic-cellular

3) Epithelioid cell

4) Plasma cell

5) Leukocyte

**Correct answer: 3**

016. THE CENTRAL PART OF TUBERCULOSIS GRANULOMA IS REPRESENTED BY NECROSIS

1) Zhirov

2) Waxy

3) Fibrinoid

4) Caseous

5) Colliquation

**Correct answer: 4**

017. SYNONYMOUS OF SYPHILITIC GRANULOMA

1) Petrificate

2) Tubercle

3) Knot

4) Gunma

5) Syphilide

**Correct answer: 4**

018. GUMMA IS A MANIFESTATION OF SYPHILIS

1) Primary

2) Early congenital

3) Secondary

4) Tertiary

5) Quaternary

**Correct answer: 4**

019. FAVORABLE OUTCOME OF TUBERCULOSIS GRANULOMA

1) Petrification, arrosive bleeding

2) Organization, suppuration

3) Hyalinosis, petrification

4) Exudative tissue reaction

5) Alternative changes

**Correct answer: 3**

020. SOURCE OF FACTORS THAT CAUSE THE DEVELOPMENT OF CASEOUS NECROSIS IN GRANULOMA IN TUBERCULOSIS

1) Macrophage, mycobacterial products

2) Lymphocyte

3) Neutrophil, mycobacterial products

4) Epithelioid cell

5) Plasma cell

**Correct answer: 1**

021. PLAYS THE MAIN ROLE IN SCARING

1) Sclerosis

2) Atrophy

3) Exudation

4) Granulation tissue

5) Lymphocyte proliferation

**Correct answer: 4**

022. GRAINY (GRANULAR) APPEARANCE OF GRANULATION TISSUE IS GIVEN

1) Giant cell granulomas

2) Macrophage granulomas

3) Loops, bends of small vessels

4) Lipofuscin granules

5) Hemosiderin granules

**Correct answer: 3**

023. FORMS OF LEPROSY

1) Fibrous form

2) Granulomatous form

3) Tuberculoid form

4) Acute form

5) Productive form

**Correct answer: 3**

024. CHARACTERISTIC OUTCOME OF CHRONIC, PRODUCTIVE INFLAMMATION

1) Necrosis

2) Sclerosis, atrophy

3) Dystrophy, suppuration

4) Melting tissues

5) Amyloidosis

**Correct answer: 2**

025. DIFFUSE INTERSTITIAL INFLAMMATION COMMONLY DEVELOPES

1) In serous membranes

2) In the mucous membrane of the bladder

3) In peripheral nerves and ganglia

4) In the liver

5) In the walls of blood vessels

**Correct answer: 4**

026. POSSIBLE COMPLICATION OF SCLEROMA

1) Asphyxia

2) Generalization of the process, sepsis

3) Arrosive bleeding

4) Amyloidosis

5) Formation of fistulas

**Correct answer: 1**

027. INFLAMMATION IN WHICH GRANULOMAS DEVELOP

1) Fibrinous

2) Catarrhal

3) Exudative

4) Proliferative

5) Alternative

**Correct answer: 4**

PATHOLOGY OF THE IMMUNE SYSTEM

**Test tasks:**

001. SECONDARY SYSTEMIC AMYLOIDOSIS IS A COMPLICATION

1)immunodeficiency

2) rheumatoid arthritis

3)bronchopneumonia

4) myelomas

5) rheumatism

**Correct answer: 2**

002. MECHANICAL, HUMORAL AND CELLULAR DEFENSE IS REPRESENTED

1) secondary immunity

2) acquired immunity

3) specific immune response

4) nonspecific immune response

5) primary immune response

**Correct answer: 4**

003. ALLOWS YOU TO PREVENT MASSIVE PENETRATION OF MICROORGANISMS FROM THE ENVIRONMENT

1) humoral protection

2) acquired immunity

3) mechanical protection

4) specific immune response

5) cellular protection

**Correct answer: 3**

004. SPECIFICITY, IMMUNOLOGICAL MEMORY, THE ABILITY TO DISTINCTION OURSELVES AND OTHERS ARE CHARACTERISTIC FOR

1) innate immunity

2) nonspecific immunity

3) humoral protection

4) species-specific immune response

5) acquired immune response

**Correct answer: 5**

005. CONTACT OF AN ORGANISM WITH AN ANTIGEN, LEADING TO IMMUNE REACTIONS DAMAGING TISSUE - THIS IS

1) hypersensitivity reactions

2) nonspecific immune response

3) productive inflammation

4) insufficiency of cellular immunity

5) insufficiency of humoral immunity

**Correct answer: 1**

006. TYPE I HYPERSENSITIVITY REACTION IS CHARACTERISTIC

1) the appearance of antibodies against cells of the body’s own tissues

2) formation of antigen-antibody complexes in the circulation

3) acute development of the reaction after the formation of antigen-antibody complexes

4) delayed cellular reaction

5) accumulation of mononuclear cells and macrophages at the site of damage

**Correct answer: 3**

007. ANTIBODIES APPEAR IN THE BODY AGAINST CELLS OF ITS TISSUES DURING

1) type I hypersensitivity reactions

2) type II hypersensitivity reactions

3) type III hypersensitivity reactions

4) type IV hypersensitivity reactions

5) type V hypersensitivity reactions

**Correct answer: 2**

008. TYPE III HYPERSENSITIVITY REACTION IS CHARACTERISTIC

1) development of a delayed type cellular reaction

2) development of direct cellular cytotoxicity

3) development of local anaphylaxis

4) the appearance of antibodies against cells of the body’s own tissues

5) formation of antigen-antibody complexes in the circulation

**Correct answer: 5**

009. DEVELOPES WITH THE PARTICIPATION OF T-LYMPHOCYTES AND MACROPHAGES WITHIN 2-3 DAYS

1) type III hypersensitivity reaction

2) type I hypersensitivity reaction

3) type II hypersensitivity reaction

4) delayed type hypersensitivity

5) type V hypersensitivity reactions

**Correct answer: 4**

010. THE PROCESS OF TRANSFER OF CELLS, TISSUE, ORGANS FROM ONE PLACE TO ANOTHER IS

1) emigration

2) transplantation

3) metastasis

4) sepsis

5) cloning

**Correct answer: 2**

011. THE KIDNEY ACQUIRES A FLABBY CONSISTENCY, A MOTIFIED APPEARANCE WITH A CYANOTIC TINT AT

1) acute transplant rejection

2) chronic transplant rejection

3) hyperacute transplant rejection

4) subacute transplant rejection

5) prolonged transplant rejection

**Correct answer: 3**

012. DISEASES CAUSED BY THE PRESENCE OF IMMUNE RESPONSE TO OWN ANTIGENS

1) type I hypersensitivity reactions

2) type II hypersensitivity reactions

3) autoimmune diseases

4) allergic diseases

5) immunodeficiencies

**Correct answer: 3**

013. CONDITIONS CHARACTERIZED BY OPPRESSION OF THE IMMUNE SYSTEM FUNCTION

1) nonspecific immune reactions

2) hypersensitivity reactions

3) autoimmune diseases

4) allergic diseases

5) immunodeficiencies

**Correct answer: 5**

014. HUMORAL OR B-CELL ACQUIRED IMMUNODEFICIENCIES RELATE TO

1) 1 group

2) 2nd group

3) 3 group

4) 4 group

5) 5 group

**Correct answer: 1**

015. IMMUNE SYSTEM DEFENSE DEVELOPING AS A RESULT OF OTHER DISEASES OR TREATMENT

1) autoimmune immunodeficiency

2) primary immunodeficiency

3) secondary immunodeficiency

4) immunological tolerance

5) immunodeficiency group 2

**Correct answer: 3**

016. GROUP OF DISEASES CHARACTERIZED BY THE APPEARANCE OF ANOMAL FIBRILLAR PROTEIN, PREVIOUSLY RELATED TO STROMAL-VASCULAR DYSTROPHIES

1) hyalinosis

2) fibrosis

3) mucoid swelling

4) fibrinoid swelling

5) amyloidosis

**Correct answer: 5**

017. HUMORAL COMPONENT OF NON-SPECIFIC IMMUNE RESPONSE

1) lymphocytes

2) mesangiocytes

3) macrophages

4) complement system

5) amyloid

**Correct answer: 4**

018. CELLULAR REACTIONS OF SLOW-TYPE HYPERSENSITIVITY ARE MAINLY REALIZED WITH THE HELP

1) neutrophils

2) T-lymphocytes and macrophages

3) dendritic cells

4) B lymphocytes

5) plasma cells

**Correct answer: 2**

019. PATHOLOGY BASED ON TYPE I HYPERSENSITIVITY REACTION

1) tuberculosis

2) syphilis

3) dermatomyositis

4) anaphylaxis

5) glomerulonephritis

**Correct answer: 4**

020. PATHOLOGY BASED ON TYPE IV HYPERSENSITIVITY REACTION

1) anaphylactic shock

2) leprosy

3) systemic primary amyloidosis

4) systemic lupus erythematosus

5) autoimmune hemolytic anemia

**Correct answer: 2**

021. OF THE FOLLOWED, THE MOST COMMON CAUSE OF DEATH IN HIV-INFECTED PEOPLE IS

1) intracerebral hemorrhage

2) Pneumocystis pneumonia

3) lobar pneumonia

4) cirrhosis of the liver

5) atherosclerosis

**Correct answer: 2**

022. MOVEMENT OF CILIA OF THE RESPIRATORY EPITHELIUM IS

1) cellular protection

2) humoral protection

3) mechanical protection

4) specific immune response

5) bactericidal reaction

**Correct answer: 3**

023. GRANULOMATOUS INFLAMMATION IS CHARACTERISTIC OF

1) immunocomplex reactions

2) humoral protection

3) anaphylaxis

4) cytotoxic reactions

5) delayed type hypersensitivity

**Correct answer: 5**

024. MAIN TYPE OF IMMUNE RESPONSE TO MYCOBACTERIA TUBERCULOSIS, FUNGI, PROTOZOOS

1) delayed type hypersensitivity

2) type I hypersensitivity reactions

3) type II hypersensitivity reactions

4) immunocomplex reactions

5) antibody-dependent reactions

**Correct answer: 1**

025. WHEN HIV INFECTION IS AFFECTED FIRST,

1) macrophages

2) T-lymphocytes

3) B lymphocytes

4) neutrophils

5) monocytes

**Correct answer: 2**

ADAPTATION PROCESSES

**Test tasks:**

001. BROAD BIOLOGICAL CONCEPT UNITING ALL LIFE PROCESSES, THANKS TO WHICH THE INTERACTION OF AN ORGANISM WITH THE EXTERNAL ENVIRONMENT IS CARRIED OUT

11) atrophy

12) adaptation

13) regeneration

14) immunity

15) compensation

**Correct answer: 2**

002. COLLECTION OF REACTIONS OF THE ORGANISM ARISING UPON DAMAGE OR DISEASE, DIRECTED TO RESTORING DAMAGED FUNCTIONS

1) compensation

2) atrophy

3) hyperplasia

4) regeneration

5) metaplasia

**Correct answer: 1**

003. EXCESSIVE INCREASE IN ORGAN WEIGHT AND VOLUME

1) dysplasia

2) metaplasia

3) hyperplasia

4) hypertrophy

5) atrophy

**Correct answer: 4**

004. INCREASE IN THE NUMBER OF INTRACELLULAR STRUCTURES, CELLS, STROMAL COMPONENTS, NUMBER OF VESSELS

1) adaptation

2) metaplasia

3) sclerosis

4) hypertrophy

5) hyperplasia

**Correct answer: 5**

005. DURING LONG-TERM HYPERFUNCTION OF AN ORGAN DEVELOPES IN PATHOLOGICAL CONDITIONS

1) working hypertrophy

2) regenerative hypertrophy

3) metaplasia

4) atrophy

5) compensatory hypertrophy

**Correct answer: 5**

006. APPEARS IN THE PRESERVED TISSUE OF A DAMAGED ORGAN AND COMPENSATES FOR THE LOSS OF ITS PART

1) sclerosis

2) regenerative hypertrophy

3) vicarious hypertrophy

4) scar

5) compensatory hypertrophy

**Correct answer: 2**

007. FORMED IN A PRESERVED PAIRED ORGAN IN THE DEATH OR REMOVAL OF ONE OF THEM, PROVIDES THE LOST FUNCTION

1) vicarious hypertrophy

2) metaplasia

3) neurohumoral hypertrophy

4) vicarious atrophy

5) compensatory atrophy

**Correct answer: 1**

008. WHEN THE FUNCTION OF THE ENDOCRINE GLANDS IS DISRUPTED,

1) working hypertrophy

2) compensatory hypertrophy

3) regenerative hypertrophy

4) vicarious atrophy

5) neurohumoral hypertrophy

**Correct answer: 5**

009. INCREASING THE VOLUME OF TISSUE IN THE AREA OF LONG-TERM INFLAMMATORY PROCESSES IS

1) compensatory hypertrophy

2) atrophy

3) hypertrophic growths

4) false hypertrophy

5) necrosis

**Correct answer: 3**

010. PROGRESS OF ADITY FIBER AND CONNECTIVE TISSUE AT THE PLACE OF ATROPHYSING FUNCTIONAL TISSUE OR ORGAN IS

1) dysplasia

2) metaplasia

3) hyperplasia

4) false hypertrophy

5) atrophy

**Correct answer: 4**

011. RESTORATION OF LOST OR DAMAGED TISSUE, CELLS, INTRACELLULAR STRUCTURES

1) regenerative hypertrophy

2) regeneration

3) hyperplasia

4) hypertrophy

5) false hypertrophy

**Correct answer: 2**

012. UNIVERSAL FORM OF REGENERATION CHARACTERISTIC TO ALL ORGANS AND TISSUE

1) molecular

2) fabric

3) organ

4) extracellular

5) intracellular

**Correct answer: 5**

013. ORGANS AND TISSUE, WHICH HAVE AN INTRACELLULAR FORM OF REGENERATION

1) liver

2) kidneys

3) skeletal muscles

4) leather

5) lymphoid tissue

**Correct answer: 3**

014. RESTORATION OF STRUCTURES DAMAGED OR DEAD AS A RESULT OF PATHOLOGY

1) molecular regeneration

2) pathological regeneration

3) reparative regeneration

4) hyporegeneration

5) dysplasia

**Correct answer: 3**

015. TISSUE IS FORMED THAT DOESN’T COMPLETELY CORRESPOND TO THE LOST TISSUE, AND THE FUNCTION OF THE REGENERATING TISSUE IS NOT RESTORED WITH

1) physiological regeneration

2) metaplasia

3) pathological hypertrophy

4) pathological regeneration

5) pathological atrophy

**Correct answer: 4**

016. TRANSITION OF ONE TYPE OF TISSUE TO ANOTHER, HISTOGENETICALLY RELATED TO IT

1) pathological hypertrophy

2) metaplasia

3) dysplasia

4) physiological regeneration

5) atrophy

**Correct answer: 2**

017. DYSPLASIA IS

1) pronounced disorders of proliferation and differentiation of the epithelium with the development of atypia

2) a proliferation disorder characterized by a lack of tissue formation

3) pathological regeneration

4) proliferation and differentiation of the epithelium with scar development

5) the transition of one type of tissue to another, related type

**Correct answer: 1**

018. LIFETIME REDUCTION IN THE VOLUME OF CELLS, TISSUE, ORGANS WITH A DECREASE IN THEIR FUNCTION

1) dystrophy

2) hyporegeneration

3) atrophy

4) aplasia

5) metaplasia

**Correct answer: 3**

019. AS A RESULT OF A DECREASED ORGAN FUNCTION, A

1) nonfunctional atrophy

2) dystrophy

3) hypofunctional atrophy

4) malnutrition

5) dysfunctional atrophy

**Correct answer: 5**

020. HYDRONEPHROSIS IS AN EXAMPLE

1) dysfunctional atrophy

2) atrophy caused by circulatory failure

3) pressure-induced atrophy

4) neurotic atrophy

5) malnutrition

**Correct answer: 3**

021. PATHOLOGICAL PROCESS LEADING TO DIFFUSE OR FOCAL DENSIFICATION OF INTERNAL ORGANS, VESSELS DUE TO EXCESSIVE PROGRESS OF DENSE CONNECTIVE TISSUE

1) necrosis

2) sclerosis

3) inflammation

4) hypertrophy

5) atrophy

**Correct answer: 2**

022. ACCOMPANIED BY SCLEROSIS

1) petrification

2) calcification

3) hyalinosis

4) cirrhosis

5) ossification

**Correct answer: 4**

023. REPLACEMENT OF LOST TISSUE ELEMENTS WITH CELLS OF THE SAME TYPE IS CALLED

1) scarring

2) regeneration

3) hyperplasia

4) fibroplasia

5) hypertrophy

**Correct answer: 2**

024. CELLULAR FORM OF REGENERATION IS INHERENT

1) liver

2) light

3) myocardium

4) kidney

5) endothelium

**Correct answer: 5**

025. MUSCLES IMMOBILIZED IN A PLASTER BED OF A LIMB ARE SUBJECT TO

1) atrophy

2) dystrophy

3) metaplasia

4) dysplasia

5) aplasia

**Correct answer: 1**

026. METAPLASIA RELATES TO

1) physiological regeneration

2) pathological regeneration

3) reparative regeneration

4) hypertrophic growths

5) hyperregeneration

**Correct answer: 2**

027. BRONCHAL EPITHELIUM IS TRANSFORMED INTO METAPLASIS

1) ferruginous

2) mesothelium

3) flickering

4) cylindrical

5) multi-layer flat

**Correct answer: 5**

028. PIGMENT ACCUMULATING IN THE MYOCARDIUM DURING CACHEXIA

1) hemosiderin

2) lipofuscin

3) lipochrome

4) melanin

5) hematoidin

**Correct answer: 2**

029. SYNONYMOUS OF GENERAL ATROPHY

1) brown atrophy

2) panatrophy

3) cachexia

4) dwarfism

5) hypoplasia

**Correct answer: 3**

TUMORS (part 1)

**Test tasks:**

001. DISRUPTION OF PROLIFERATION AND DIFFERENTIATION OF THE EPITHELIUM WITH THE DEVELOPMENT OF CELLULAR ATYPISM AND DISTORTION OF HISTOARCHITECTONICS WITHOUT DESTRUCTION OF THE BASAL MEMBRANE THIS

1) Cataplasia

2) Hyperplasia

3) Dysplasia

4) Metaplasia

5) Anaplasia

**Correct answer: 3**

002. CELL ATYPISM IS

1) acquisition of tissue specificity

2) return of cells and tissues to an undifferentiated state

3) violation of histoarchitecture

4) absence of common characteristics with cells of other tissues

5) loss of original tissue specificity

**Correct answer: 5**

003. ANY MALIGNANT TUMOR IS

1) lymphoma

2) cancer

3) cancerer

4) carcinoma

5) sarcoma

**Correct answer: 3**

004. MALIGNANT TUMOR FROM EPITHELIUM

1) sarcoma

2) choristoma

3) atheroma

4) adenoma

5) cancer

**Correct answer: 5**

005. SARCOMA IS

1) any tumor

2) any malignant tumor

3) malignant epithelial tumor

4) malignant nonepithelial tumor

5) benign tumor

**Correct answer: 4**

006. MOST OFTEN THE DEVELOPMENT OF TUMORS CAUSES

1) ionizing radiation

2) genetic factors

3) physical carcinogens

4) viruses

5) chemical carcinogens

**Correct answer: 5**

007. A TUMOR GROWS “FROM ITSELF” WITH

1) expansive growth

2) appositional growth

3) invasive growth

4) infiltrating growth

5) proliferative growth

**Correct answer: 1**

008. DURING INVASIVE GROWTH OF TUMOR CELLS

1) form well-demarcated nodes

2) form a capsule

3) transform from normal to tumor

4) grow into surrounding tissues and destroy them

5) push back and compress surrounding tissues

**Correct answer: 4**

009. CATAPLASIA IS

1) acquisition by a tumor cell of new properties not inherent in a normal cell

2) cell hypertrophy

3) cell reduction

4) impossibility of cell division

5) acquisition of tissue specificity

**Correct answer: 1**

010. CHARACTERIZED BY VIOLATION OF HISTOARCHITECTONICS

1) tissue atypia

2) cellular atypia

3) biochemical atypia

4) antigenic atypism

5) functional atypia

**Correct answer: 1**

011. METABOLIC CHANGES IN TUMOR TISSUE - THIS IS

1) tissue atypia

2) cellular atypia

3) biochemical atypia

4) antigenic atypism

5) functional atypia

**Correct answer: 3**

012. EXPRESSED IN POLYMORPHISM OR MONOMORPHISM OF CELLS, NUCLEI AND NUCLEULUS, HYPERCHROMIA OF NUCLEI

1) tissue atypia

2) cellular atypia

3) subcellular atypia

4) antigenic atypism

5) nuclear atypia

**Correct answer: 2**

013. PRINCIPLE OF MORPHOLOGICAL CLASSIFICATION OF TUMORS

1) Taking into account the stages of invasion

2) Ultrastructural

3) Histogenetic

4) Taking into account the degree of atypia

5) Microscopic

**Correct answer: 3**

014. MALIGNANT TUMOR FROM EPITHELIUM IS

1) Sarcoma

2) Atheroma

3) Cancer

4) Melanoma

5) Lymphoma

**Correct answer: 3**

015. MALIGNANT TUMOR FROM MESENCHYMAL TISSUE DERIVATIVES IS

1) Sarcoma

2) Adenoma

3) Cancer

4) Melanoma

5) Adenocarcinoma

**Correct answer: 1**

016. A TUMOR IS CALLED TISSUE WITH

1) Metaplasia and cell dysplasia

2) Hypertrophy and hyperplasia of cells

3) Inflammatory cell proliferation

4) Violation of cell proliferation and differentiation

5) Lack of cell proliferation

**Correct answer: 4**

017. CHARACTERISTIC OF SQUAMOUS CELL CANCER

1) Presence of glandular complexes

2) Only tissue atypia

3) The presence of the so-called "cancer pearls"

4) Metastasizes primarily through the hematogenous route

5) Often occurs in the stomach

**Correct answer: 3**

018. CHARACTERISTIC FOR TUMORS WITH EXPANSIVE GROWTH

1) Invasion into underlying tissues

2) Formation of a pseudocapsule

3) Fuzzy boundaries

4) Sclerosis of surrounding tissues

5) High incidence of malignancy

**Correct answer: 2**

019. CHARACTERISTICS OF APPOSITIONAL GROWTH OF A TUMOR

1) Neoplastic transformation of normal cells

2) Transformation of tumor cells into normal ones

3) Spread through interstitial crevices

4) Compression of surrounding tissues

5) Invasion in the direction of least resistance

**Correct answer: 1**

020. INFILTRATING GROWTH OF A TUMOR IS CHARACTERISTIC

1) Foci of neoplastic transformation of normal cells

2) Ingrowth of tumor tissue into surrounding tissues

3) Formation of a pseudocapsule

4) Clear boundaries

5) Compression of surrounding tissues

**Correct answer: 2**

021. CHARACTERISTIC SIGN OF A BENIGN TUMOR

1) Secondary changes

2) Metastasis

3) Recurrence

4) Tissue atypia

5) Fast growth

**Correct answer: 4**

022. CLASSIFICATION OF TUMORS TNM IS USED FOR EVALUATION

1) Tumor histogenesis

2) Morphology of the tumor process

3) Stages of invasion and metastasis

4) Anatomical affiliation of the neoplasm

5) Histological differentiation

**Correct answer: 3**

023. SIGNS OF CELLULAR ATYPISM

1) Changes in the shape and size of epithelial structures

2) Changes in the ratio of parenchyma and stroma

3) Cell polymorphism, change in nuclear-cytoplasmic ratio

4) Changes in the shape, size and location of mitochondria

5) Conversion of tumor cells into facultative anaerobes

**Correct answer: 3**

024. ACCORDING TO THE DEGREE OF MORPHOLOGICAL MATURITY, TUMORS FROM THE EPITHELIUM CAN BE

1) Organ-specific

2) Anaplastic

3) Malignant

4) Poorly differentiated

5) Borderline

**Correct answer: 4**

025. WHEN MALIGNIZATION ADENOMA DEVELOPES

1) Squamous cell carcinoma

2) Adenosarcoma

3) Adenocarcinoma

4) Carcinoid

5) Sarcoma

**Correct answer: 3**

026. A TUMOR IS

1) hamartoma

2) sarcoma

3) leproma

4) atheroma

5) hygroma

**Correct answer: 2**

027. PRE-CANCEROR PROCESS SHOULD BE CONSIDERED

1) anaplasia

2) cachexia

3) dysplasia

4) hypoplasia

5) aplasia

**Correct answer: 3**

TUMORS (part 2)

**Test tasks:**

001.PROCESS OF TUMOR EMERGENCE AND DEVELOPMENT

1) sanogenesis

2) oncogenesis

3)oncoplasia

4) histogenesis

5)pathomorphosis

**Correct answer: 2**

002. CORRECT PROCESS NAME

1) blood cancer

2) brain cancer

3) melanoma - skin cancer

4) myocardial cancer

5) lung sarcoma

**Correct answer: 5**

003.NORMAL GENES THAT STIMULATE CELL DIVISION

1) oncogenes

2) carcinogens

3) proto-oncogenes

4) telomerase

5) antioncogenes

**Correct answer: 3**

004. DURING THE INITIATION STAGE OF CARCINOGENESIS OCCURS

1) tumor transformation of a cell after repeated exposure to it

2) formation of a tumor with cellular and tissue atypia as a result of continuous proliferation and suppression of apoptosis

3) invasive tumor growth and metastasis

4) disintegration of the tumor into parts, its petrification

5) changes in cellular oncogenes and suppression of suppressor genes as a result of primary exposure to a carcinogenic factor

**Correct answer: 5**

005. FORMATION OF A TUMOR WITH CELLULAR AND TISSUE ATYPISM OCCURS IN

1) Stage I of carcinogenesis

2) Stage II of carcinogenesis

3) Stage III of carcinogenesis

4) Stage IV of carcinogenesis

5) Stage V of carcinogenesis

**Correct answer: 3**

006. PROMOTION STAGE INCLUDES

1) disintegration of the tumor into parts, its petrification

2) formation of a tumor with cellular and tissue atypia as a result of continuous proliferation and suppression of apoptosis

3) invasive tumor growth and metastasis

4) tumor transformation of the cell after repeated exposure to it

5) changes in cellular oncogenes and suppression of suppressor genes as a result of primary exposure to a carcinogenic factor

**Correct answer: 4**

007. IT STARTS WITH THE APPEARANCE OF A MALIGNANT CELL

1) precancerous dysplasia

2) stage of non-invasive tumor

3) stage of invasive tumor

4) metastasis

5) V stage of carcinogenesis

**Correct answer: 2**

008.STAGE OF INVASIVE TUMOR IS CHARACTERIZED

1) infiltrating growth

2) the appearance of malignant tissue

3) hyperplasia and metaplasia

4) the process of migration of tumor cells beyond its boundaries with the formation of secondary growth foci

5) absence of endophytic tumor growth

**Correct answer: 1**

009. THE PROCESS OF MIGRATION OF TUMOR CELLS FROM THE PRIMARY FOCUS OUTSIDE WITH THE FORMATION OF SECONDARY FOCUSES OF TUMOR GROWTH

1) carcinogenesis

2) oncogenesis

3) progression

4) recurrence

5) metastasis

**Correct answer: 5**

010.MORE CHARACTERISTIC FOR EPITHELIAL TUMORS

1) liquorogenic metastases

2) lymphogenous metastases

3) hematogenous metastases

4) implantation metastases

5) intracanalicular metastases

**Correct answer: 2**

011.IMPLANT METASTASES

1) arise as a result of embolism of tumor cells through the lymphatic vessels

2) arise as a result of embolism of tumor cells through blood vessels

3) develop when tumor cells enter the serous cavity and spread through the serous membranes

4) develop when cells spread along anatomical channels or crevices

5) occur when the tumor spreads along the cerebrospinal fluid pathways

**Correct answer: 3**

012. TUMOR PROGRESSION IS

1) Stage I of carcinogenesis

2) Stage II of carcinogenesis

3) Stage III of carcinogenesis

4) IV stage of carcinogenesis

5) V stage of carcinogenesis

**Correct answer: 4**

013. MALIGNANT TUMORS OF CONNECTIVE TISSUE ARE MORE CHARACTERISTIC

1) intracanalicular metastases

2) hematogenous metastases

3) neurogenic metastases

4) lymphogenous metastases

5) implantation metastases

**Correct answer: 2**

014. CONSEQUENCES OF LOCAL INFLUENCE OF A TUMOR INCLUDE

1) paraneoplastic syndrome

2) cachexia

3) thrombopathy

4) intestinal obstruction

5) intoxication

**Correct answer: 4**

015. ANEMIA, CANCER INTOXICATION, CANCER CAHEXIA IS CHARACTERISTIC FOR

1) paraneoplastic syndromes

2) local impact of the tumor

3) initiation of carcinogenesis

4) promotion of carcinogenesis

5) general effect of the tumor

**Correct answer: 5**

016. THE MOST COMMON BENIGN TUMOR DEVELOPING IN THE UTERUS, GASTROINTESTINAL TRACT, BLADDER

1) liposarcoma

2) leiomyosarcoma

3) leiomyoma

4) hemangioma

5) lipoma

**Correct answer: 3**

017. LIPOSARCOMA IS

1) organ-specific tumor, built from fibrous and adipose tissue

2) benign tumor of adipose tissue

3) neuroectodermal tumor

4) epithelial tumor

5) organ-nonspecific malignant tumor located deep in adipose tissue

**Correct answer: 5**

018. BENIGN TUMOR FROM DISORDERLY POSITIONED HYALINE CARTILAGE CELLS

1) chondroma

2) leiosarcoma

3) fibromatosis

4) chondrosarcoma

5) osteoma

**Correct answer: 1**

019. MOST COMMON NEUROECTODERMAL BENIGN TUMOR

1) medulloblastoma

2) neurosarcoma

3) leiomyoma

4) astrocytoma

5) glioblastoma

**Correct answer: 4**

020. ONE OF THE MOST MALIGNANT TUMORS OF THE BODY, GROWING VERY FASTLY AND METASTATIZING

1) astroblastoma

2) leiomyosarcoma

3) cancer

4) melanoma

5) liposarcoma

**Correct answer: 4**

021. FEATURES OF NEUROECTODERMAL TUMORS

1) lymphogenous metastasis

2) late development of metastases

3) metastasis within the central nervous system

4) cause Itsenko-Cushing syndrome

5) exophytic growth

**Correct answer: 3**

022. A PRE-CANCEROR PROCESS SHOULD BE CONSIDERED

1) anaplasia

2) cachexia

3) dysplasia

4) hypoplasia

5) aplasia

**Correct answer: 3**

023. NUMBER OF LEVELS OF MELANOMA INVASION ACCORDING TO CLARK

15

2) 2

3) 4

4) 3

5) 6

**Correct answer: 1**

024. INFILTRATING GROWTH OF A TUMOR IS CHARACTERISTIC

1) foci of neoplastic transformation of normal cells

2) ingrowth of tumor tissue into surrounding tissues

3) formation of a pseudocapsule

4) clear boundaries

5) compression of surrounding tissues

**Correct answer: 2**

025. BASIC METHOD FOR DIAGNOSIS OF TUMORS

1) computed tomography

2) endoscopic

3) RIF

4) PCR diagnostics

5) morphological

**Correct answer: 5**

026. MALIGNANT TUMOR IS

1) osteoma

2) astroblastoma

3) nevus

4) teratoma

5) cavernous hemangioma

**Correct answer: 2**

INTRODUCTION TO NOSOLOGY

DISEASES OF THE HEATING SYSTEM

**Test tasks:**

001. CAUSES OF HEMOLYTIC ANEMIA

1) bleeding

2) ionizing radiation

3) heart failure

4) sepsis, malaria

5) hemosiderosis of the liver

**Correct answer: 4**

002. A REDUCTION IN THE CONTENT OF HEMOGLOBIN PER UNIT OF BLOOD VOLUME BELOW NORMAL IS

1) anemia

2) hemoglobinopathy

3) ischemia

4) hemolysis

5) hypostasis

**Correct answer: 1**

003. STUDY ABOUT MECHANISMS OF MAINTAINING HEALTH AND RECOVERY IN DISEASE

1) etiology

2) pathogenesis

3) sanogenesis

4) thanatogenesis

5) morphogenesis

**Correct answer: 3**

004.HEMOSIDEROSIS AND HEMOLYTIC JAUNDICE DEVELOP WITH

1) anemia due to decreased hemolysis

2) anemia due to decreased production of red blood cells

3) anemia due to bleeding

4) anemia due to increased hemolysis

5) anemia due to increased production of red blood cells

**Correct answer: 4**

005.PATHOMORPHOSIS IS

1) pathological processes resulting from medical intervention

2) pathomorphology of the disease

3) pathological change in morphology

4) morphological and clinical manifestations of diseases

5) the doctrine of the variability of diseases under the influence of various factors

**Correct answer: 5**

006.FOCUSES OF EXTRAMEDULLARY HEMATOPOISIS, BONE MARROW HYPERPLASIA ARE OBSERVED WITH

1) lymphomas

2) anemia due to increased production of red blood cells

3) erythrocytosis

4) chronic posthemorrhagic anemia

5) acute posthemorrhagic anemia

**Correct answer: 4**

007. DEFICIENCY OF FOLATE AND VITAMIN B12, CHANGES IN ERYTHROPOIESIS ARE CHARACTERISTIC FOR

1) aplastic anemia

2) iron deficiency anemia

3) anemia due to bleeding

4) megaloblastic anemia

5) hemolytic anemia

**Correct answer: 4**

008.MOST COMMON PRIMARY LOCALIZATION OF HODGKIN LYMPHOMA

1) lymph nodes of the neck and mediastinum

2) bone marrow

3) spleen

4) inguinal lymph nodes

5) lymph nodes of the abdominal cavity

**Correct answer: 1**

009. INCREASE IN HEMOGLOBIN CONTENT AND NUMBER OF RED CELLS, NOT RELATED TO DISEASES OF THE BLOOD SYSTEM

1) hemoglobinemia

2) hemoglobinocytosis

3) erythrocytosis

4) hemoblastosis

5) hemocytosis

**Correct answer: 3**

010. TUMOR DISEASES OF HEAT-BORING AND LYMPHOID TISSUE - THIS IS

1) erythrocytosis

2) hemoglobinopathies

3) thalassemia

4) hemoblastoses

5) thrombocytopathy

**Correct answer: 4**

011. DISEASES WITH PRIMARY MALIGNANT TRANSFORMATION OF CELLS DIRECTLY IN THE BONE MARROW

1) leukemia

2) hemochromatosis

3) thrombocytopathy

4) lymphoblastosis

5) anemia

**Correct answer: 1**

012.MONOCLONAL TUMOR DISEASES ARISING FROM MALIGNANT LYMPHATIC CELLS

1) lymphadenopathy

2) anemia

3) lymphomas

4) leukopenia

5) histiocytosis

**Correct answer: 3**

013.CLONAL DISORDERS OF HEMAPOYESIS, CHARACTERIZED BY CYTOPENIA IN PERIPHERAL BLOOD AND BONE MARROW DYSPLASIA - THIS IS

1) myeloproliferative diseases

2) myelodysplastic syndromes

3) chronic leukemia

4) polycythemia vera

5) myelofibrosis

**Correct answer: 2**

014. HYPERPLASIA OF BONE MARROW, SPONIOUS, TUBULAR BONES, GRAY-RED OR “PIOID” BONE MARROW IS DETERMINED BY

1) myelodysplastic syndromes

2) myelofibrosis

3) chronic myeloid leukemia

4) Hodgkin's disease

5) acute anemia

**Correct answer: 3**

015. TUMORS OF THE MYELOID GROWTH OF THE BONE MARROW, CONSISTED OF MYELOPOIESIS PRECURSOR CELLS - THIS IS

1) myelodysplastic syndromes

2) myeloproliferative diseases

3) Hodgkin's disease

4) lymphomas

5) myelofibrosis

**Correct answer: 2**

016.ATROPHIC CHANGES IN THE GASTROINTESTINAL TRACT, POLISHED TONGUE, HEMOSIDEROSIS OF INTERNAL ORGANS - THESE ARE SYMPTOMS

1) pernicious anemia

2) lymphomas

3) anemia due to bleeding

4) leukemia

5) myelofibrosis

**Correct answer: 1**

017. THE BASIS OF THE CLASSIFICATION OF LEUKEMIA IS

1) clinical and anatomical principle

2) anatomical principle

3) histo (cyto) genetic principle

4) etiological principle

5) pathogenetic principle

**Correct answer: 3**

018.LEUKEMIA BY CYTOGENESIS

1) malignant benign

2) acute and chronic

3) subleukemic, aleukemic

4) erythroid and leukemoid

5) myeloid and lymphoid

**Correct answer: 5**

019.THE BLOOD FORMING ORGANS RELATES

1) leather

2) brain

3) bone tissue

4) bone marrow

5) blood

**Correct answer: 4**

020.IN MEGALOBLASTIC ANEMIA IN THE STOMACH MUCOSA IS DETERMINED

1) metaplasia

2) dysplasia

3) malignancy

4) erosion

5) atrophy

**Correct answer: 5**

021. NOSOLOGY IS THE STUDY OF

1) causes of death

2) theories of diagnosis

3) private pathology

4) diseases and groups of diseases

5) adaptation and compensation

**Correct answer: 4**

022.DIAGNOSTIC CELLS FOR HODGKIN'S LYMPHOMA - THIS IS

1) xanthoma cells

2) Pirogov-Langhans giant cells

3) Reed-Sternberg cells

4) Mikulicz cells

5) lymphoblasts

**Correct answer: 3**

023. IN HODGKIN'S LYMPHOMA THE SLEEN IS CALLED

1) porphyry

2) cherry

3) greasy

4) sago

5) glaze

**Correct answer: 1**

024.DIAGNOSTIC SIGN OF EXCERNSATION OF CHRONIC LEUKEMIA

1) hemolysis

2) blast crisis

3) jaundice

4) proteinuria

5) hemosiderosis

**Correct answer: 2**

DISEASES OF THE CARDIOVASCULAR SYSTEM (part 1)

**Test tasks:**

001.DOES NOT APPLY TO DISEASES OF THE CARDIOVASCULAR SYSTEM

1) atherosclerosis

2) hypertension

3) cerebrovascular diseases

4) rheumatism

5) cardiomyopathy

**Correct answer: 4**

002.STAGE OF HYPERTENSION

1) transient

2) clinical

3) latent

4) cerebral

5) irreversible changes

**Correct answer: 1**

003.LEADING RISK FACTOR FOR THE DEVELOPMENT OF ATHEROSCLEROSIS

1) obesity and physical inactivity

2) smoking

3) stressful situations

4) hyperlipoproteinemia

5) hereditary predisposition

**Correct answer: 4**

004. WHEN ATHEROSCLEROSIS IS MAINLY AFFECTED

1) muscular arteries

2) capillaries

3) veins of elastic type

4) muscular type veins

5) arteries of elastic and muscular-elastic type

**Correct answer: 5**

005.STAGE OF ATHEROSCLEROSIS, LIMITED TO INCREASED ENDOTHELIUM PERMEABILITY WITH INCREASED PINOCYTOSIS OF ENDOTHELIOCYTES, ACCUMULATION OF LIPID DROPS IN THEM

1) atheromatosis

2) prelipid stage

3) stage of lipoidosis

4) stage of complicated lesions

5) stage of liposclerosis

**Correct answer: 2**

006.STAGE OF ATHEROSCLEROSIS WITH PROGRESS OF FAT STAINS, DEVELOPMENT OF ATHEROSCLEROTIC PLAQUES

1) stage of lipoidosis

2) atheromatosis

3) prelipid stage

4) stage of complicated lesions

5) stage of liposclerosis

**Correct answer: 5**

007.STAGE OF ATHEROSCLEROSIS, ACCOMPANIED BY INFILTRATION OF THE INNER LINER OF ARTERIES WITH CHOLESTEROL, LIPOPROTEINS, PLASMA PROTEINS, MONOCYTES

1) prelipid stage

2) atheromatosis

3) stage of liposclerosis

4) stage of lipoidosis

5) stage of complicated lesions

**Correct answer: 4**

008. SAPTONIFICATION AND DISSOLUTION OF LIPIDS WITH FORMATION OF CHOLESTEROL CRYSTALS IN THE CENTER OF THE PLAQUE

1) stage of complicated lesions

2) stage of liposclerosis

3) prelipid stage

4) stage of lipoidosis

5) atheromatosis

**Correct answer: 5**

009.STAGE OF ATHEROSCLEROSIS, INCLUDING ULCERATIONS AND HEMORRHAGES, WHICH ARE PRECEDED BY RUPTURE OF THE PLAQUE COVER

1) stage of lipoidosis

2) prelipid stage

3) stage of complicated lesions

4) atheromatosis

5) stage of liposclerosis

**Correct answer: 3**

010.MOST COMMON FORM OF ATHEROSCLEROSIS

1) atherosclerosis of the cerebral arteries

2) atherosclerosis of the arteries of the lower extremities

3) atherosclerosis of the aorta

4) atheromatosis

5) intestinal atherosclerosis

**Correct answer: 3**

011. ISCHEMIC HEART DISEASE IS BASED ON

1) intestinal atherosclerosis

2) atherosclerosis of the arteries of the lower extremities

3) atherosclerosis of the aorta

4) atherosclerosis of the cerebral arteries

5) atherosclerosis of the coronary arteries

**Correct answer: 5**

012. THEORY OF THE DEVELOPMENT OF ATHEROSCLEROSIS, WHICH ASSIGNS A MAIN ROLE IN ITS DEVELOPMENT TO EXOGENOUS HYPERCHOLESTEROLEMIA AND HYPERLIPIDEMIA

1) neuro-metabolic theory

2) infiltration theory of atherosclerosis N.N. Anichkova

3) monoclonal

4) immunological theory

5) receptor theory

**Correct answer: 2**

013. SYNONYM OF SECONDARY ARTERIAL HYPERTENSION

1) essential

2) idiopathic

3) vascular

4) symptomatic

5) related

**Correct answer: 4**

014.CHRONIC DISEASE, THE MAIN MANIFESTATION OF WHICH IS INCREASED BLOOD PRESSURE

1) essential hypertension

2) renal hypertension

3) symptomatic hypertension

4) secondary hypertension

5) cardiovascular hypertension

**Correct answer: 1**

015.CONSEQUENCES OF ATHEROSCLEROSIS OF THE BRAIN ARTERIES

1) dissecting aneurysm

2) focal sclerosis

3) scar changes

4) ischemic heart attack

5) hydrocephalus

**Correct answer: 4**

016. MACROSCOPIC CHANGES IN THE KIDNEY IN ATHEROSCLEROSIS

1) fine-grained surface

2) cysts in the cortex

3) coarse surface

4) total sclerosis

5) hydronephrosis

**Correct answer: 3**

017. DOES NOT APPLY TO CLINICAL AND MORPHOLOGICAL FORMS OF ATHEROSCLEROSIS

1) brain

2) hepatic

3) renal

4) intestinal

5) arteries of the lower extremities

**Correct answer: 2**

018. HIGH BLOOD PRESSURE AND ITS RAPID GROWTH ARE CHARACTERISTIC FOR

1) benign hypertension

2) cerebral form of hypertension

3) renal form of hypertension

4) cardiac form of hypertension

5) malignant hypertension

**Correct answer: 5**

019. ACUTE DISORDERS OF CEREBRAL CIRCULATION ARE CHARACTERIZED

1) cerebrovascular diseases

2) renal forms of hypertension

3) hypertensive crises

4) Leriche syndrome

5) cardiac forms of hypertension

**Correct answer: 1**

020.MAIN LOCAL MORPHOLOGICAL MANIFESTATION OF ATHEROSCLEROSIS

1) hyalinosis

2) aneurysm

3) plaque

4) wall atrophy

5) vasculitis

**Correct answer: 3**

021. THE MOST CHARACTERISTIC CHANGES IN THE VASCULAR STAGE OF HYPERTENSION DISEASE

1) lipoidosis

2) atheromatosis

3) aortic sclerosis

4) arteriolosclerosis or arteriolohyalinosis

5) hypertrophy of the right ventricle of the heart

**Correct answer: 4**

022.IN MENKEBERG'S DISEASE IT IS AFFECTED

1) outer lining of the arteries

2) tunica media of arteries

3) internal elastic membrane

4) all layers of the artery wall

5) endothelium

**Correct answer: 2**

023. FEATURES OF ATHEROSCLEROSIS IN HYPERTENSION DISEASE

1) calcification often occurs

2) fibrous plaques protrude above the intimal surface

3) in the center of the plaque - atheromatosis

4) fibrous plaques of round or oval shape

5) fibrous plaques are located circularly

**Correct answer: 5**

024. THEORIES OF THE DEVELOPMENT OF ATHEROSCLEROSIS

1) viral-genetic

2) dysontogenetic

3) physical and chemical

4) neuro-metabolic theory

5) neuro-endocrine

**Correct answer: 4**

025. MAIN TARGET ORGAN IN MALIGNANT FORM OF HYPERTENSION DISEASE

1) heart

2) CNS

3) kidneys

4) liver

5) adrenal glands

**Correct answer: 3**

DISEASES OF THE CARDIOVASCULAR SYSTEM (part 2)

**Test tasks:**

001.GROUP OF DISEASES CAUSED BY ABSOLUTE OR RELATIVE CORONARY INSUFFICIENCY

1) coronaropathy

2) rheumatic diseases

3) cerebrovascular diseases

4) coronary heart disease

5)cardiomyopathy

**Correct answer: 4**

002. ANGINOUS PAIN, ECG CHANGES, NO CHANGES IN LABORATORY INDICATORS ARE THE MOST CHARACTERISTICS FOR

1) myocarditis

2) angina pectoris

3) endocarditis

4) myocardial infarction

5) heart defects

**Correct answer: 2**

003. VARIANT OF PRIMARY CARDIOMYOPATHY

1) restrictive

2) atrophic

3) toxic

4) gouty

5) ischemic

**Correct answer: 1**

004.MOST COMMON CAUSE OF SUDDEN CORONARY DEATH

1) thrombosis of the coronary arteries

2) thromboembolism of the coronary arteries

3) spasm of the coronary arteries

4) atherosclerotic stenosis of the coronary arteries

5) obliteration of the coronary arteries

**Correct answer: 3**

005. PATIENTS WITH LONG-TERMED ANGINE DEVELOPES

1) large-focal cardiosclerosis

2) coronary insufficiency

3) myocardial hypertrophy

4) chronic cardiac aneurysm

5) small focal cardiosclerosis

**Correct answer: 5**

006.DAMAGE TO ALL LAYERS OF THE CARDIAC MUSCLE OCCURS WHEN

1) transmural infarction

2) subepicardial infarction

3) intramural infarction

4) subendocardial infarction

5) total heart attack

**Correct answer: 1**

007. THE MAIN LINK IN THE PATHOGENESIS OF VENTRICULAR FIBRILLATION IN SUDDEN CORONARY DEATH IS

1) myocardial dystrophy

2) myocardial lipofuscinosis

3) dilatation of the left ventricular cavity

4) myocardial reperfusion

5) atrophy of cardiomyocytes

**Correct answer: 4**

008. DIFFUSE SMALL FOCAL CARDIOSCLEROSIS, CHRONIC CARDIAC ANEURYSM, LARGE FOCAL POST-INFARCTION CARDIOSCLEROSIS ARE CHARACTERISTIC FOR

1) dilated cardiomyopathy

2) vascular stage of essential hypertension

3) chronic ischemic heart disease

4) malignant form of hypertension

5) hypertrophic cardiomyopathy

**Correct answer: 3**

009. MICROSCOPIC MANIFESTATIONS OF MYOCARDIAL FIBRILLATION

1) fragmentation of muscle fibers

2) edema of the myocardial stroma

3) uneven myocardial plethora

4) myocardial necrosis

5) uneven myocardial hypertrophy

**Correct answer: 1**

010. STRAIGHT HYPERTROPHY OF THE MYOCARDIUM, PRIMARILY OF THE LEFT VENTRICLE, LEADING TO A REDUCTION OF ITS CAVITY IS CHARACTERISTIC FOR

1) dilated cardiomyopathy

2) hypertrophic cardiomyopathy

3) restrictive cardiomyopathy

4) right ventricular cardiomyopathy

5) left ventricular cardiomyopathy

**Correct answer: 2**

011.DIFFUSE MYOCARDIAL DAMAGE WITH EXPANSION OF THE CAVITIES OF THE HEART AND A SHARP REDUCTION IN ITS CONTRACTILITY AND INCREASING HEART FAILURE ARE CHARACTERISTIC FOR

1) hypertrophic cardiomyopathy

2) right ventricular cardiomyopathy

3) dilated cardiomyopathy

4) restrictive cardiomyopathy

5) left ventricular cardiomyopathy

**Correct answer: 3**

012. ROUGH FIBROSIS OF THE ENDOCARDIUM OF THE LEFT VENTRICLE WITH FOCUSES OF HYALINOSIS, CALCICATION, REDUCTION OF THE VENTRICULAR CAVITY ARE CHARACTERISTIC FOR

1) right ventricular cardiomyopathy

2) left ventricular cardiomyopathy

3) hypertrophic cardiomyopathy

4) restrictive cardiomyopathy

5) dilated cardiomyopathy

**Correct answer: 4**

013. DIRECT CAUSE OF MYOCARDIAL INFARCTION

1) hypertensive crisis

2) angina pectoris

3) ventricular fibrillation

4) functional overstrain of the myocardium with insufficient blood supply

5) rupture of the coronary artery

**Correct answer: 4**

014.INFLAMMATION OF THE INNER MINING OF THE HEART

1) pericarditis

2) pancarditis

3) myocarditis

4) endomyocarditis

5) endocarditis

**Correct answer: 5**

015.PERSISTENT DEVIATION IN THE STRUCTURE OF THE HEART, LEADING TO DISRUPTION OF ITS FUNCTION

1) armored heart

2) myocardial hypertrophy

3) cardiomegaly

4) heart defect

5) cardiomyopathy

**Correct answer: 4**

016.MYOCARDIAL INFARCTION IS NECROSIS

1) coliquation

2) ischemic

3) allergic

4) straight

5) trophoneurotic

**Correct answer: 2**

017. FORM OF NECROSIS FOCUS IN ACUTE MYOCARDIAL INFARCTION

1) elongated

2) triangular

3) incorrect

4) wedge-shaped

5) drain

**Correct answer: 3**

018. THE AREA OF NECROSIS IN THE MYOCARDIUM IS DETERMINED MACROSCOPICALLY AFTER THE ONset OF ISCHEMIA THROUGH

1) 1-2 hours.

2) 4-6 hours.

3) 18-24 hours

4) 72 hours

5) 8-16 hours.

**Correct answer: 3**

019. THE FIRST SIGNS OF NECROSIS OF THE HEART MUSCLE APPEAR

1) 18-20 hours after the onset of ischemia

2) after 48 hours

3) after 4 hours

4) after 2 hours

5) after a day

**Correct answer: 1**

020. MYOCARDIAL INFARCTION THAT DEVELOPED AFTER THE ONset OF ACUTE IS CONSIDERED REPEATED, THROUGH

1) 2-3 hours

2) 24 hours

3) 7 days

4) 2 weeks

5) 4 weeks

**Correct answer: 5**

021. A INFARCTION THAT DEVELOPES WITHIN 4 WEEKS AFTER THE ONset OF ACUTE OR REPEATED INFARCTION IS CALLED

1) sharp

2) subacute

3) chronic

4) recurrent

5) persistent

**Correct answer: 4**

022. COMPLICATIONS OF MYOCARDIAL INFARCTION IN THE LATE PERIOD

1) acute cardiac aneurysm

2) myomalacia

3) perforation of the interventricular septum

4) Dressler syndrome

5) separation of the papillary muscle

**Correct answer: 4**

023. CARDIAC FORM OF ATHEROSCLEROSIS AND HYPERTENSION DISEASE

1) cardiomyopathy

2) bull's heart

3) arteriosclerosis

4) Menkeberg's disease

5) coronary heart disease

**Correct answer: 5**

024.THE RESULT OF DISRUPTIONS IN THE FORMATION OF THE HEART AND THE VESSELS emanating from IT ARE

1) acquired heart defects

2) congenital cardiomyopathies

3) congenital heart defects

4) rheumatic heart defects

5) cardiac angiopathy

**Correct answer: 3**

025. CHANGES IN THE HEART VALVES AND GREAT VESSELS AS A RESULT OF PAST DISEASES

1) congenital heart defects

2) dilated cardiomyopathy

3) cardiosclerosis

4) acquired heart defects

5) coronary heart disease

**Correct answer: 4**

026. VALVE INSUFFICIENCY COMBINED WITH STENOSIS ARE A MANIFESTATION

1) combined heart disease

2) combined heart disease

3) heart failure

4) hypertrophic cardiomyopathy

5) eccentric hypertrophy

**Correct answer: 2**

RHEUMATIC DISEASES

**Test tasks:**

001.GROUP OF DISEASES WITH SYSTEMIC OR LOCAL DAMAGE OF CONNECTIVE TISSUE AND VESSELS AND IMMUNE DISORDERS

1) collagen diseases

2) rheumatic diseases

3) connective tissue diseases

4) vascular diseases

5) connective tissue vasculitis

**Correct answer: 2**

002. A FOCUS OF FIGRINOID NECROSIS, SURROUNDED BY MACROPHAGES WITH ROUND NUCLEI AND BASOPHILIC CYTOPLASM, T- AND B-LYMPHOCYTES - THIS IS STAGE

1) flowering granuloma

2) fading granuloma

3) cicatricial granuloma

4) atrophying granuloma

5) acute granuloma

**Correct answer: 1**

003. CONNECTIVE TISSUE DAMAGE IN RHEUMATIC DISEASES PRESENTED

1) inflammatory cellular reactions

2) amyloidosis

3) atrophy

4) caseous necrosis

5) hydropic dystrophy

**Correct answer: 1**

004.SUPERFICIAL REVERSIVE DAMAGE TO CONNECTIVE TISSUE WITH ACCUMULATION OR REDISTRIBUTION OF GLYCOSAMYNGLYCANS

1) necrobiosis

2) fibrinoid swelling

3) hyalinosis

4) amyloidosis

5) mucoid swelling

**Correct answer: 5**

005. DISEASE WITH SYSTEMIC AUTOIMMUNE DISORGANIZATION OF CONNECTIVE TISSUE PRIMARILY OF THE CARDIOVASCULAR SYSTEM

1) systemic lupus erythematosus

2) rheumatism

3) Bekhterev's disease

4) dermatomyositis

5) systemic scleroderma

**Correct answer: 2**

006.CLINICAL AND MORPHOLOGICAL FORM OF RHEUMATISM

1) renal

2) vascular

3) subacute

4) cerebral

5) generalized

**Correct answer: 4**

007.PATHOMORPHOLOGICAL FORM OF VALVE ENDOCARDITIS

1) focal endocarditis

2) nodose endocarditis

3) diffuse endocarditis

4) bacterial endocarditis

5) chordal endocarditis

**Correct answer: 3**

008.Minor chorea - THIS

1) generalized form of rheumatism

2) cardiovascular form of rheumatism

3) polyarthritic form of rheumatism

4) cerebral form of rheumatism

5) nodose form of rheumatism

**Correct answer: 4**

009.NODES, REPRESENTED BY A FOCUS OF FIBRINOID NECROSIS, SURROUNDED BY INFILTRATE OF LYMPHOCYTES AND MACROPHAGES, ARE DETERMINED AT

1) polyarthritic form of rheumatism

2) disseminated form of rheumatism

3) cerebral form of rheumatism

4) cardiovascular form of rheumatism

5) nodose form of rheumatism

**Correct answer: 5**

010. PRIMARY DAMAGE TO PERIPHERAL SMALL JOINTS, WHICH IS BASED ON SYSTEMIC DISORGANIZATION OF CONNECTIVE TISSUE, IS CHARACTERISTIC FOR

1) nodose form of rheumatism

2) rheumatoid arthritis

3) polyarthritic form of rheumatism

4) arthrosis

5) systemic lupus erythematosus

**Correct answer: 2**

011. NAME A FACTOR THAT IS IMPORTANT FOR THE DEVELOPMENT OF RHEUMATIC DISEASES

1) physical inactivity

2) obesity

3) smoking

4) hypothermia

5) genetic factors

**Correct answer: 5**

012. INFECTIOUS PATIENT THAT PLAYS A PRIMARY ROLE IN THE DEVELOPMENT OF RHEUMATISM

1) herpes virus

2) Epstein-Barr virus

3) viridans streptococcus

4) β-hemolytic streptococcus

5) Staphylococcus aureus

**Correct answer: 4**

013.LUPUS FACTOR IS

1) complement

2) antinuclear antibodies to IgG

3) IgA

4) immune complexes

5) Australian antigen

**Correct answer: 2**

014.MOST COMMON CAUSE OF DEATH IN RHEUMATISM

1) pneumonia

2) chronic pulmonary heart failure

3) cerebral edema

4) chronic heart failure

5) acute heart failure

**Correct answer: 4**

015.IN RHEUMATISM, THE LESION IS MOST OFTEN DEVELOPED

1) right heart valves

2) mitral valve

3) mitral and aortic valves

4) aortic valve

5) tricuspid valve

**Correct answer: 2**

016. COMBINATION OF SCLEROSIS, HYALINOSIS, DEFORMATION OF VALVES

VALVES WITH DISORGANIZATION OF THEIR CONNECTIVE TISSUE, CELLULAR REACTIONS, THROMBOTIC OPERATIONS ARE CHARACTERISTIC FOR

1) recurrent warty endocarditis

2) diffuse endocarditis

3) fibroplastic endocarditis

4) acute warty endocarditis

5) valvulitis

**Correct answer: 1**

017.CHARACTERISTIC CHANGES IN THE SPLEEN IN SYSTEMIC LUPUS ERYTHEMATOSUS

1) amyloid deposits

2) hypoplasia of follicles

3) foci of necrosis

4) periarterial “bulbous” sclerosis

5) capsule hyalinosis

**Correct answer: 4**

018.IN THE FINAL PHASE OF DISORGANIZATION

CONNECTIVE TISSUE DEVELOPES

1) fibrinoid necrosis

2) swelling

3) sclerosis

4) cellular reactions

5) atrophy

**Correct answer: 3**

019. THE PRESENCE OF NUMEROUS RHEUMATIC GRANULOMAS IN THE PERIVASCULAR STROM OF THE MYOCARDIUM IS CHARACTERISTIC FOR

1) focal interstitial exudative myocarditis

2) nodular exudative myocarditis

3) nodular productive myocarditis

4) diffuse interstitial exudative myocarditis

5) diffuse nodular myocarditis

**Correct answer: 3**

020.THE FORM OF RHEUMATISM IS

1) renal

2) rheumatoid

3) pulmonary

4) cerebral

5) autoimmune

**Correct answer: 4**

021.CHARACTER OF INFLAMMATION IN RHEUMATIC PERICARDITIS

1)purulent

2) putrid

3) hemorrhagic

4) fibrinous

5) catarrhal

**Correct answer: 4**

022. MOST OFTEN DEATH IN SLE PATIENTS COMES FROM

1) heart failure

2)pulmonary insufficiency

3)cardiopulmonary insufficiency

4)renal failure

5) liver failure

**Correct answer: 4**

023. IN THE JOINT CAVITY "RICE BODIES" ARE FORMED WHEN

1)SCR

2) polyarthritic form of rheumatism

3) rheumatoid arthritis

4) ankylosing spondylitis

5) polyarteritis nodosa

**Correct answer: 3**

024.THE PHENOMENON OF "WIRE LOOPES" IS MICROSCOPICALLY DETERMINED IN

1)erythematous skin patches

2) coronary vessels

3) cerebral vessels

4) "warts" of the heart valves

5) the basement membrane of the capillaries of the renal glomeruli

**Correct answer: 5**

025. IDIOPATHIC MUSCLE INFLAMMATION IS THE BASE

1) Sjögren's syndrome

2) myocarditis

3)dermatomyositis

4) extra-articular lesions in rheumatoid arthritis

5) Bekhterev's disease

**Correct answer: 3**

026.BEKHTEREV'S DISEASE IS

1) ankylosing spondylitis

2) rheumatoid arthritis

3)dermatomyositis

4) polyarthritis with scleroderma

5) periarteritis nodosa

**Correct answer: 1**

LUNG DISEASES (part 1)

**Test tasks:**

001.INFLAMMATION OF PULMONARY TISSUE OF INFECTIOUS NATURE WITH

PRIMARILY DAMAGED TO THE ALVEOLUS, INTERSTITUM AND

MICROCIRCULATORY BED

1)bronchitis

2) pneumonia

3)bronchial asthma

4) pulmonary tuberculosis

5) chronic obstructive pulmonary disease

**Correct answer: 2**

002.LEADING IMPORTANCE IN THE ETIOLOGY OF PNEUMONIA IS ASSIGNED

1) β-hemolytic streptococcus

2) influenza virus

3) ureaplasma urealyticum

4) streptococus pneumoniae

5) mycoplasma pneumoniae

**Correct answer: 4**

003.STAGE OF LOUPIC PNEUMONIA, IN WHICH THE LUMEN

ALVEOLI ARE FILLED WITH LARGE QUANTITIES OF EXUDATE

POLYMORPHONUCLEAR LEUKOCYTES, MACROPHAGES, FIBRIN

1) carnification

2) tide

3) gray liver

4) red liver

5) permissions

**Correct answer: 3**

004. SYNONYM OF LOUPIC PNEUMONIA

1) bronchopneumonia

2) pleuropneumonia

3) interstitial pneumonia

4) serous-hemorrhagic pneumonia

5) fibrinous purulent pneumonia

**Correct answer: 2**

005. COMPLICATIONS OF ACUTE BRONCHITIS

1) pleuropneumonia

2) pneumothorax

3) amyloidosis

4) bronchopneumonia

5) lung cancer

**Correct answer: 4**

006. LOUPIC PNEUMONIA IS STAGED

1) brown liver

2) carnification

3) red softening

4) gray hepatization

5) gray softening

**Correct answer: 4**

007.MELTING AND PHAGOCYTOSIS OF FIBRINOUS EXUDATE

UNDER THE INFLUENCE OF PROTEOLYTIC ENZYMES, REMOVAL

EXUDATE OCCURS IN

1) low tide stage

2) high tide stage

3) red liver stage

4) stage of gray hepatization

5) resolution stage

**Correct answer: 5**

008.INFLAMMATION OF PULMONARY TISSUE IN THE FORM OF FOCHS ASSOCIATED

WITH A DAMAGED BRONCHIOLE

1) lobar pneumonia

2) bronchopneumonia

3) interstitial pneumonia

4) lung abscess

5) bronchiolitis

**Correct answer: 2**

009.INFLAMMATION OF PULMONARY TISSUE WITH PREMIUM

PROCESS IN THE STROM OF RESPIRATORY DEPARTMENTS

1) focal pneumonia

2) lobar pneumonia

3) interstitial pneumonia

4) lung abscess

5) bronchopneumonia

**Correct answer: 3**

010. LUNG ABSCESS IS

1) gangrene of the lung

2) focal pneumonia

3) pulmonary infarction

4) limited focus of purulent inflammation

5) pseudocyst

**Correct answer: 4**

011.NOSOCOMIAL PNEUMONIA IS

1) nosocomial pneumonia

2) focal pneumonia

3) heart attack pneumonia

4) bronchopneumonia

5) lobar pneumonia

**Correct answer: 1**

012. ACTS AS AN INDEPENDENT DISEASE

1) hypostatic pneumonia

2) aspiration pneumonia

3) heart attack pneumonia

4) septic pneumonia

5) lobar pneumonia

**Correct answer: 5**

013. IS OFTEN A COMPLICATION OF ANY DISEASE

1) fibrinous pneumonia

2) bronchopneumonia

3) pleuropneumonia

4) lobar pneumonia

5) lobar pneumonia

**Correct answer: 2**

014. PNEUMONIA, IN WHICH THE INFLAMMATORY PROCESS

STARTS WITH THE BRONCHUS

1) lobar pneumonia

2) pleuropneumonia

3) fibrinous pneumonia

4) lobar pneumonia

5) focal pneumonia

**Correct answer: 5**

015. ROUTE OF ENTRY UNcharacteristic of PNEUMONIA

MICROORGANISMS IN THE LUNG

1) airborne

2) nutritional

3) aspiration

4) hematogenous

5) contagious

**Correct answer: 2**

016.CLINICAL AND MORPHOLOGICAL FORM OF PNEUMONIA

1) aspiration pneumonia

2) hypostatic pneumonia

3) interstitial pneumonia

4) nosocomial pneumonia

5) septic pneumonia

**Correct answer: 3**

017.TYPE OF LUNG CANCER DEPENDING ON LOCALIZATION

1) medial

2) bronchogenic

3) subpleural

4) interstitial

5) peripheral

**Correct answer: 5**

018. POSSIBLE COMPLICATION OF LUNG ABSCESS

1) lung cancer

2) tuberculosis

3) pulmonary hemorrhage

4) brown induration of the lungs

5) bronchiectasis

**Correct answer: 3**

019.STAGED PROCESS IS CHARACTERISTIC FOR

PNEUMONIA

1) lobar

2) focal

3) interstitial

4) mycotic

5) viral

**Correct answer: 1**

020.IN LOUPIC PNEUMONIA IN THE SECOND AND THIRD STAGES

Airiness of the affected lobe

1) increased

2) reduced

3) absent

4) not changed

5) impossible to install

**Correct answer: 3**

021. INTO THE GRAY STAGE OF CROUPUS PNEUMONIA

EXUDATE CONSISTS OF

1) edematous fluid and bacteria

2) erythrocytes and fibrin

3) leukocytes and fibrin

4) granulation tissue

5) leukocytes and erythrocytes

**Correct answer: 3**

022. CHARACTERISTIC COMPLICATION IN PATIENTS WITH STROKE

1) bronchiectasis

2) lobar pneumonia

3) bronchopneumonia

4) fibrosing alveolitis

5) focal pulmonary emphysema

**Correct answer: 3**

023.IN THE CLASSICAL COURSE OF LOUPIC PNEUMONIA

1) stage 1 is distinguished

2) there are 2 stages

3) there are 3 stages

4) there are 4 stages

5) there is no staging

**Correct answer: 4**

024. NAME THE DURATION OF DEVELOPMENT OF THE STAGE OF HIGH TIDE

PNEUMONIA

1) within 1 day

2) within 2 days

3) within 4-6 days

4) within 9-11 days

5) within 11-15 days

**Correct answer: 1**

025.GRAY STAGE DEVELOPES

1) on the 1st day of illness

2) on the 2nd day of illness

3) on the 4-6th day of illness

4) on the 9-11th day of illness

5) on the 20-21st day of illness

**Correct answer: 3**

LUNG DISEASES (part 2)

**Test tasks:**

001."DRUMSTICKS" - THIS IS

1) altered bronchi

2) a type of bronchiectasis

3) bullae

4) rib deformation

5) modification of the phalanges of the fingers

**Correct answer: 5**

002. TYPE OF PULMONARY EMPHYSEMA

1) atrophic

2) chronic focal

3) subacute diffuse

4) restrictive

5) chronic lobar

**Correct answer: 2**

003. WHEN CHRONIC BRONCHITIS OCCURS

1) metaplasia of bronchial squamous epithelium

2) connective tissue metaplasia

3) metaplasia of the prismatic integumentary epithelium

4) aplasia of the bronchial wall

5) metaplasia of the alveolar epithelium

**Correct answer: 3**

004. PATHOLOGICAL SEGMENTAL DILATION OF THE BRONCHUS

1) bronchomegaly

2) bronchial obstruction

3) hyperplasia

4) aneurysm

5) bronchiectasis

**Correct answer: 5**

005.PERSISTENT EXPANSION OF AIR SPACES

DISTAL TO THE TERMINAL BRONCHIOLES

1) aneurysm

2) emphysema

3) bronchiectasis

4) bronchiolitis

5) hyperventilation

**Correct answer: 2**

006. LUNG DISEASE, CHARACTERIZED PARTLY

REVERSIBLE BRONCHIAL OBSTRUCTION

1) chronic obstructive pneumonia

2) bronchiectasis

3) transient obstructive pulmonary disease

4) restrictive obstructive pulmonary disease

5) chronic obstructive pulmonary disease

**Correct answer: 5**

007.CHRONIC INFLAMMATORY DISEASE WITH

ATTACKS OF REVERSIBLE BRONCHIAL OBSTRUCTION

1) chronic obstructive pulmonary disease

2) sarcoidosis

3) Hamman-Rich disease

4) bronchial asthma

5) bronchiectasis

**Correct answer: 4**

008. NON-PURPULAR INFLAMMATION OF THE RESPIRATORY INTERSTITUM

DEPARTMENTS WITH OUTCOME IN FIBROSIS

1) emphysematous pneumofibrosis

2) fibrosing alveolitis

3) chronic fibrosing bronchitis

4) fibrosing lung abscess

5) bronchiectasis

**Correct answer: 2**

009.SYSTEMIC DISEASE WITH DEVELOPMENT OF NON-CASEOUS GRANULOMAS IN THE LUNGS

1) syphilis

2) tuberculosis

3) fibrosing alveolitis

4) sarcoidosis

5) silicosis

**Correct answer: 4**

010. DAMAGE OF PULMONARY VASCULAR GENESIS

1) adult distress syndrome

2) pneumonia

3) heart attack

4) stroke

5) obstruction

**Correct answer: 3**

011. THE MOST IMPORTANT PREDISPOSING FACTOR IN THE PATHOGENESIS OF CHRONIC BRONCHITIS

1) severe hypothermia

2) smoking

3) recurrent pneumonia

4) genetic factors

5) chronic alcoholism

**Correct answer: 2**

012. "FIXED EYELASHES" SYNDROME IS

1) Guillain-Barre syndrome

2) Lyell's syndrome

3) Kartagener syndrome

4) malabsorption

5) Zollinger-Ellison syndrome

**Correct answer: 3**

013. OPTION OF CHRONIC BRONCHITIS

1) polyposis

2) erosive

3) dysplastic

4) restrictive

5) atopic

**Correct answer: 1**

014. TYPE OF BRONCHIECTASIS

1) delaminating

2) true

3) false

4) cylindrical

5) aneurysmal

**Correct answer: 4**

015. CHARACTERISTIC CHANGES IN THE EPITHELIUM OF THE BRONCHAL MUCOSA IN BRONCHIECTASIS

1) squamous metaplasia

2) leukoplakia

3) petrification

4) dysplasia

5) malignancy

**Correct answer: 1**

016. EXTRAPULMONARY COMPLICATION OF BRONCHIECTATIC

DISEASES

1) bronchopneumonia

2) amyloidosis

3) hyalinosis of the spleen capsule

4) cirrhosis of the liver

5) myocardial infarction

**Correct answer: 2**

017. ACTIVE COLLAPSE OF THE RESPIRATORY COMPARTMENT OF THE LUNG DUE TO OBTUTION OR COMPRESSION OF THE BRONCHUS IS

1) collapse

2) pneumofibrosis

3) pneumothorax

4) atelectasis

5) bullous emphysema

**Correct answer: 4**

018. EMPHYSEMA, WHICH IS OBSERVED AFTER REMOVAL

PARTS OF A LUNG OR OTHER LUNG

1) obstructive

2) chronic focal

3) bullous

4) intermediate

5) vicar

**Correct answer: 5**

019. EMPHYSEMA, WHICH DEVELOPES AROUND OLD TUBERCULOSIS FOCUSES, SCARS

1) idiopathic

2) intermediate

3) chronic focal

4) chronic obstructive

5) senile

**Correct answer: 3**

020. PATHOGENESIS OF CHRONIC OBSTRUCTIVE PULMONARY EMPHYSEMA IS ASSOCIATED WITH FAILURE

1) glucose-6-phosphatase

2) α1-antitrypsin

3) sulfite oxidases

4) Castle factor

5) β1-antitrypsin

**Correct answer: 2**

021. BRONCHIAL ASTHMA ASSOCIATED WITH ALLERGENS

ENVIRONMENTAL

1) vicar

2) social

3) iatrogenic

4) atopic

5) restrictive

**Correct answer: 4**

022. GROUP OF DISEASES TO WHICH IT RELATES

FIBROSING ALVEOLITIS

1) obstructive diseases

2) COPD

3) chronic suppurative processes

4) granulomatous diseases

5) restrictive diseases

**Correct answer: 5**

023. STAGE OF SARCOIDOSIS

1) stage of lymphocytic alveolitis

2) preclinical stage

3) stage of diffuse emphysema

4) resolution stage

5) honeycomb lung stage

**Correct answer: 1**

DISEASES OF THE GASTROINTESTINAL TRACT

**Test tasks:**

001.SYNONYM OF NECROTIZING SOLISH

1) follicular tonsillitis

2) gangrenous tonsillitis

3) ulcerative membranous tonsillitis

4) catarrhal tonsillitis

5) lacunar tonsillitis

**Correct answer: 2**

002. THE MUCOUS MEMBRANE OF THE PALATINAL TONSIS AND PALATAL ARCHES IS STRONGLY FULL-BLOODED, DULL, COVERED WITH MUCUUS

1) catarrhal sore throat

2) fibrinous sore throat

3) purulent sore throat

4) lacunar angina

5) follicular sore throat

**Correct answer: 1**

003. REJECTION OF THE ESOPHAGUS MUCOSA IN THE FORM OF AN IMPACT DEVELOPES WHEN

1) erosive esophagitis

2) necrotizing esophagitis

3) membranous esophagitis

4) catarrhal esophagitis

5) ulcerative esophagitis

**Correct answer: 3**

004. TONSILS ARE LARGE, FULL BLOODED, FOLLICLES ARE SIGNIFICANTLY INCREASED IN SIZE, IN THE CENTER OF THEM THERE ARE FOCUSES OF PURULENT MELTING WITH

1) follicular sore throat

2) hemolytic sore throat

3) lacunar angina

4) fibrinous sore throat

5) catarrhal sore throat

**Correct answer: 1**

005.FOCIES OF NECROSIS OF DIFFERENT SIZES DEVELOP WITH THE FORMATION OF DEFECTS WITH UNEVEN EDGES WITH

1) catarrhal sore throat

2) fibrinous sore throat

3) tonsillopathy

4) gangrenous tonsillitis

5) ulcerative membranous sore throat

**Correct answer: 4**

006. CAUSED BY SYMBIOSIS OF A SPINDLE-SHAPED BACTERIA WITH COMMON SPIROCHETES OF THE ORAL CAVITY

1) necrotizing tonsillitis

2) ulcerative membranous tonsillitis

3) follicular tonsillitis

4) lacunar tonsillitis

5) catarrhal tonsillitis

**Correct answer: 2**

007.ESOPHAGITIS IS

1) inflammation of the stomach

2) inflammation of the esophagus

3) inflammation of the tonsils

4) inflammation of the pharynx

5) esophageal cancer

**Correct answer: 2**

008.IN REFLUX-ESOPHAGITIS, THE LEADING ETIOLOGICAL FACTOR IS

1) reflux of stomach contents into the esophagus

2) alcohol

3) medications

4) chronic inflammation in tuberculosis

5) circulatory disorders

**Correct answer: 1**

009. ACCOMPANIED BY HYPEREMIA, DIAPEDESIC HEMORRHAGES, SWELLING OF THE MUCOUS MEMBRANE AND DESQUAMATION OF ITS COVERING EPITHELIUM

1) ulcerative esophagitis

2) erosive esophagitis

3) catarrhal esophagitis

4) fibrinous esophagitis

5) hemorrhagic esophagitis

**Correct answer: 3**

010. CHARACTERIZED BY THE PRESENCE OF SURFACE DEFECTS IN THE MUCOSA, LIMITED TO ITS LIMITS

1) erosive esophagitis

2) necrotizing esophagitis

3) membranous esophagitis

4) catarrhal esophagitis

5) ulcerative esophagitis

**Correct answer: 1**

011. CHARACTERIZED BY PURULENT INFLAMMATION INVOLVING ALL LAYERS OF THE ESOPHAGUS WALL

1) membranous esophagitis

2) catarrhal esophagitis

3) necrotizing esophagitis

4) phlegmonous esophagitis

5) ulcerative esophagitis

**Correct answer: 4**

012. PROCESSES WITH MULTIPLE HEMORRHAGES IN ALL LAYERS OF THE ORGAN WALL

1) necrotizing esophagitis

2) gangrenous esophagitis

3) membranous esophagitis

4) phlegmonous esophagitis

5) hemorrhagic esophagitis

**Correct answer: 5**

013. MANIFESTS IN THE FORM OF COVERED FOCUSES OF NECROSIS AND ULCERS COVERED WITH PURULENT HEMORRHAGIC EXUDATE

1) hemorrhagic esophagitis

2) necrotizing esophagitis

3) phlegmonous esophagitis

4) fibrinous esophagitis

5) membranous esophagitis

**Correct answer: 2**

014. GASTROESOPHAGEAL REFLUX DISEASE IS

1) metaplasia of the multilayered squamous non-keratinizing epithelium of the stomach into the glandular

2) fibrinous gastritis and esophagitis

3) gastritis, which developed as a result of reflux of esophageal contents into the stomach

4) inflammation of the distal part of the esophagus, due to repeated reflux of gastric contents into it

5) inflammation of the proximal part of the esophagus, due to the reflux of bile into it

**Correct answer: 4**

015.METAPLASIA OF MULTILAYERED FLAT NON-KERENIZED EPITHELIA OF THE LOWER PART OF THE ESOPHAGUS INTO THE GLOUDIC GASTRIC EPITHELIA

1) GERD

2) membranous esophagitis

3) Barrett's esophagus

4) leukoplakia of the esophagus

5) distal Helicobacter esophagitis

**Correct answer: 3**

016.INFLAMMATION OF THE STOMACH MUCOUS

1) gastropathy

2) ventriculitis

3) gastroptosis

4) gastric dysplasia

5) gastritis

**Correct answer: 5**

017. GASTRITIS WITH EDEMA, HYPEREMIA OF THE MUCOUS MEMBRANE, WITH A LOT OF MUCOUS EXUDATE

1) fibrinous gastritis

2) corrosive gastritis

3) catarrhal gastritis

4) purulent gastritis

5) necrotic gastritis

**Correct answer: 3**

018.ON THE SURFACE OF THE MUCOUS MEMBER OF THE STOMACH IS A YELLOW-GRAY OR YELLOW-BROWN FILM WITH

1) purulent gastritis

2) catarrhal gastritis

3) necrotic gastritis

4) fibrinous gastritis

5) phlegmonous gastritis

**Correct answer: 4**

019. RARELY OCCURRED, IS A COMPLICATION OF INJURY, TUMOR OR ULCER

1) catarrhal gastritis

2) fibrinous gastritis

3) purulent gastritis

4) corrosive gastritis

5) necrotic gastritis

**Correct answer: 3**

020. DEVELOPES WHEN SUBSTANCES DESTROY THE MUCOUS MEMBRANE ENTER THE STOMACH

1) purulent gastritis

2) fibrinous gastritis

3) corrosive gastritis

4) necrotic gastritis

5) catarrhal gastritis

**Correct answer: 4**

021. STOMACH MUCOUS THICKNESS, COVERING EPITHELIUM WITH DYSTROPHIC CHANGES

1) fibrinous gastritis

2) purulent gastritis

3) chronic non-atrophic gastritis

4) necrotic gastritis

5) chronic atrophic gastritis

**Correct answer: 3**

022.LONG-TERM PRE-CANCERING DISEASE OF THE STOMACH

1) fibrinous gastritis

2) purulent gastritis

3) chronic non-atrophic gastritis

4) superficial gastritis

5) chronic atrophic gastritis

**Correct answer: 5**

023. IN THE PATHOGENESIS OF CHRONIC GASTRITIS, THE GREATEST IMPORTANCE IS

1) dystrophy, necrosis of the mucous membrane

2) intestinal metaplasia

3) dysplasia, neoplasia of the mucosal epithelium

4) disturbances of regeneration processes, h.pylori, atrophy

5) exudative inflammation of the gastric mucosa

**Correct answer: 4**

024. DIFFERENTIATES AN ACUTE ULCER FROM A CHRONIC ULCER

1) depth of necrosis

2) area of inflammation

3) the presence of hydrochloric acid hematin

4) absence of sclerosis

5) absence of inflammation

**Correct answer: 4**

025.INFLAMMATORY COMPLICATIONS OF ULCER DISEASE

1) penetration

2) gastritis, perigastritis

3) cicatricial stenosis of the stomach

4) perforation

5) malignancy

**Correct answer: 2**

026.MOST COMMON HISTOLOGICAL TYPE OF STOMACH CANCER

1) squamous cell carcinoma

2) small cell cancer

3) sarcoma

4) melanoma

5) adenocarcinoma

**Correct answer: 5**

027.LOCALIZATION OF THE FIRST HEMATOGENIC METASTASES OF STOMACH CANCER

1) small curvature

2) liver

3) lungs

4) greater curvature

5) brain

**Correct answer: 2**

028. DISEASE CAUSED BY DEFICIENCY OF ENZYMES INVOLVED IN GLUTEN METABOLISM

1) collagen colitis

2) Crohn's disease

3) Whipple's disease

4) celiac disease

5) pseudomembranous colitis

**Correct answer: 4**

029. DISEASE IN WHICH ETIOLOGY THE MAIN IMPORTANCE IS ATTACHED TO THE GRAM-POSITIVE MICROORGANISM TROPHERIMA WHIPPELI

1) Whipple's disease

2) Crohn's disease

3) nonspecific ulcerative colitis

4) celiac disease

5) enterocolitis

**Correct answer: 1**

030. CHRONIC RECURRENT INFLAMMATORY DISEASE WITH PRIMARILY INVASION OF THE MUCOUS MEMBRANE OF THE DISTAL COLON

1) hemorrhoids

2) Crohn's disease

3) nonspecific ulcerative colitis

4) celiac disease

5) pseudomembranous colitis

**Correct answer: 3**

031. CHRONIC INFLAMMATORY DISEASE OF DIFFERENT PARTS OF THE GASTROINTESTINAL TRACT WITH SEGMENTAL DAMAGE TO ALL LAYERS OF ORGAN WALLS

1) nonspecific ulcerative colitis

2) celiac disease

3) pseudomembranous colitis

4) Whipple's disease

5) Crohn's disease

**Correct answer: 5**

032. ACUTE INFLAMMATORY DISEASE OF THE BOWEL CAUSED BY CLOSTRIDIUM DIFFICILE

1) Crohn's disease

2) pseudomembranous colitis

3) appendicitis

4) enteritis

5) nonspecific ulcerative colitis

**Correct answer: 2**

033. DISEASE OF THE COLON, CHARACTERIZED BY SIGNIFICANT THICKENING OF THE BASAL MEMBRANE OF THE COVERING EPITHELIA OF THE COLON MUCOSA

1) collagen colitis

2) lymphocytic colitis

3) pseudomembranous colitis

4) fibrinous enteritis

5) enteritis

**Correct answer: 1**

034. DISEASE IN WHICH THERE IS AN INCREASE IN THE NUMBER OF INTEREPITHELIAL LYMPHOCYTES

1) collagen colitis

2) pseudomembranous colitis

3) lymphocytic colitis

4) celiac disease

5) enteritis

**Correct answer: 3**

035. INFLAMMATORY DISEASE OF THE GASTROINTESTINAL TRACT, WHICH IS CHARACTERIZED BY THE FORMATION OF GRANULOMAS FROM EPITHELIOID CELLS OR MACROPHAGES, GIANT CELLS OF THE LANGHANS TYPE

1) collagen colitis

2) Crohn's disease

3) hemorrhagic enteritis

4) pseudomembranous colitis

5) lymphocytic colitis

**Correct answer: 2**

036. SIGNIFICANT FULL-BLOODY OF VESSELS, STAZ IN CAPILLARIES AND VENULES, EDEMA, DIAPEDESIC HEMORRHAGES, EDGE STANDING OF LEUKOCYTES IN VESSELS ARE OBSERVED WITH

1) gangrenous appendicitis

2) phlegmonous appendicitis

3) superficial appendicitis

4) simple appendicitis

5) catarrhal appendicitis

**Correct answer: 4**

037. A FEW FOCUSES OF PURULENT INFLAMMATION, LIMITED TO THE LIMITS OF THE MUCOUS MEMBRANE, ARE OBSERVED WITH

1) gangrenous appendicitis

2) simple appendicitis

3) phlegmonous appendicitis

4) superficial appendicitis

5) chronic appendicitis

**Correct answer: 4**

038. DIFFUSE INFILTRATION OF ALL LAYERS OF THE WALL OF THE PROCESS BY SEGMENTONUCLEUULAR LEUKOCYTES IS NOTED WHEN

1) atrophic appendicitis

2) phlegmonous appendicitis

3) chronic appendicitis

4) superficial appendicitis

5) simple appendicitis

**Correct answer: 2**

039.INFLAMMATION OF THE MESENTERY OF THE PROCESS WITH THROMBOSIS OF ITS ARTERY RESULTS IN

1) gangrenous appendicitis

2) chronic appendicitis

3) phlegmonous appendicitis

4) simple appendicitis

5) apostematous appendicitis

**Correct answer: 1**

040. INFLAMMATION OF THE PERITONEUM IS

1) salpingitis

2) enterocolitis

3) peritonitis

4) mediastinitis

5) mesenteriolitis

**Correct answer: 3**

041. HEMATOGENIC METASTASES OF COLOR CANCER ARE MORE FREQUENTLY FOUND IN

1) kidneys

2) liver

3) bones

4) adrenal glands

5) lymph nodes

**Correct answer: 2**

042.SCAR OBLITERATION OF THE APPENDIX WITH ACCUMULATION OF SECRET OF THE GLAND EPITHELIA IN ITS LUMEN

1) process empyema

2) hydrocele

3) myxoglobulosis

4) dropsy of the appendix

5) mucocele

**Correct answer: 5**

043.INFLAMMATORY PROCESS IN NON-SPECIFIC ULCERATIVE COLITIS

1) begins in the duodenum and spreads distally

2) begins in the small intestine and spreads both proximally and distally

3) begins in the rectum and spreads proximally

4) begins in the small intestine and spreads proximally

5) begins in the rectum and spreads distally

**Correct answer: 3**

044. MICROSCOPICALLY, AS A RULE, THE INFLAMMATORY INFILTRATE IS LIMITED TO THE LIMITS OF THE PROPRIETARY PLATE OF THE MUCOSA WITH

1) lymphocytic colitis

2) nonspecific ulcerative colitis

3) pseudomembranous colitis

4) collagen colitis

5) Crohn's disease

**Correct answer: 2**

045. THE MUCOSA IS REPLACED BY A FILM OF DEAD CELLS OF THE MUCOSA, FIBRIN, LEUKOCYTES, MUCUUS

1) Crohn's disease

2) lymphocytic colitis

3) nonspecific ulcerative colitis

4) collagen colitis

5) pseudomembranous colitis

**Correct answer: 5**

046. HYPERKINESIS LEADS TO

1) development of diarrhea

2) constipation

3) malabsorption syndrome

4) peritonitis

5) strictures

**Correct answer: 1**

047. NUMBER OF IDENTIFIED MORPHOLOGICAL FORMS OF ACUTE APPENDICITIS

13

2) 5

3) 4

4) 6

5) 7

**Correct answer: 3**

048. THE DEVELOPMENT OF INTESTINAL CANCER MOST OFTEN OCCURS FROM

1) polyp

2) adenomas

3) ulcers

4) pseudopolyp

5) erosion

**Correct answer: 2**

049. RESULTING FROM FIBRINOUS PERITONITIS FORMATION

1) interintestinal abscesses

2) foci of fat necrosis

3) fistulas

4) abdominal adhesions

5) abdominal hernia

**Correct answer: 4**

050.LONG, LINEAR, LONGITUDINAL ULTRAS ARE CHARACTERISTIC OF

1) gastric ulcer

2) duodenal ulcer

3) symptomatic gastrointestinal ulcers

4) lymphocytic colitis

5) Crohn's disease

**Correct answer: 5**

051.INFLAMMATION OF THE SMALL INTESTINE OVER ITS ENTIRE EXTENT IS

1) eunit

2) enterocolitis

3) ileitis

4) enteritis

5) tiphlit

**Correct answer: 4**

052. CHRONIC INFLAMMATORY DISEASES OF THE INTESTINE INCLUDED

1) fibrinous enterocolitis

2) hemorrhagic colitis

3) Crohn's disease and ulcerative colitis

4) serous proctitis and sigmoiditis

5) erosive duodenitis, proctitis, sigmoiditis

**Correct answer: 3**

053. PYLEPHLEBITIC LIVER ABSCESSES

1) complication of Crohn's disease

2) complication of appendicitis

3) complication of ulcerative colitis

4) complication of fibrinous peritonitis

5) complication of pseudomembranous colitis

**Correct answer: 2**

LIVER DISEASES

**Test tasks:**

001. NOT RELATED TO LIVER FUNCTIONS

1) Cholesterol synthesis

2) Participation in digestive processes

3) Hormone synthesis

4) Deposition and metabolism of vitamins

5) Providing the energy needs of the body

**Correct answer: 3**

002. ACUTE PATHOLOGICAL PROCESS, CHARACTERIZED BY MASSIVE NECROSIS OF LIVER TISSUE AND LIVER FAILURE

1) massive regressive liver necrosis

2) massive progressive liver necrosis

3) yellow liver dystrophy

4) liver infarction

5) cirrhosis of the liver

**Correct answer: 2**

003.LIVER IS LARGE, FLABBY, FATTY DYSTROPHY IS REVEALED IN HEPATOCYTES - THIS

1) shock liver

2) stage of yellow dystrophy

3) liver infarction

4) cirrhosis of the liver

5) stage of red dystrophy

**Correct answer: 2**

004. THE LIVER IS REDUCED IN SIZE, THE TISSUE OF THE LIVER LOBE IS SUBJECT TO PHAGOCYTOSIS AND RESORBED - THIS

1) stage of yellow dystrophy

2) shock liver

3) “goose liver”

4) stage of red dystrophy

5) cirrhosis of the liver

**Correct answer: 4**

005. A FEW HOURS AFTER TAKING ALCOHOL DEVELOPES

1) stage of yellow dystrophy

2) alcoholic hepatitis

3) alcoholic cirrhosis

4) alcoholic steatosis

5) stage of red dystrophy

**Correct answer: 4**

006.LIVER IS REGULAR SIZE, DENSE, PALE ON THE CUT, WITH A YELLOW TINT, SMALL FOCUSES OF SCLEROSIS, IS

1) alcoholic hepatitis

2) stage of yellow dystrophy

3) alcoholic hepatosis

4) stage of red dystrophy

5) alcoholic steatosis

**Correct answer: 1**

007.LIVER IS REDUCED, DENSE, WITH A FINE BUGGY SURFACE, ON THE CUT CONSISTS OF SMALL NODULES, - THIS

1) shock liver

2) alcoholic hepatitis

3) alcoholic hepatosis

4) alcoholic steatosis

5) alcoholic cirrhosis

**Correct answer: 5**

008.HEPATITIS IS

1) stage of yellow dystrophy

2) liver dystrophy

3) toxic liver damage

4) liver steatosis

5) inflammation of the liver of various etiologies

**Correct answer: 5**

009. DUCTULAR STAGE OF PRIMARY BILIARY CIRRHOSIS IS CHARACTERISTIC

1) stepped necrosis

2) proliferation of bile ducts and periductal fibrosis

3) cirrhosis of the liver

4) non-purulent destructive cholangitis

5) stromal fibrosis with the development of fibrous septa penetrating into the lobule

**Correct answer: 2**

010. CHARACTERIZED BY INFLAMMATION WITHIN

PORTAL TRACTS WITH A PREMIUMINESS IN

INFILTRATES OF LYMPHOCYTES

1) drug-induced hepatitis

2) chronic active hepatitis

3) alcoholic hepatitis

4) chronic inactive hepatitis

5) autoimmune hepatitis

**Correct answer: 4**

011. ROUTE OF TRANSMISSION OF VIRAL HEPATITIS B

1) fecal-oral

2) dusty

3) sexual

4) airborne

5) transmission

**Correct answer: 3**

012. CAUSED BY A VIRUS OF THE HEPADNAVIRIDAE FAMILY

1) hepatitis B

2) alcoholic hepatitis

3) hepatitis C

4) hepatitis A

5) drug-induced hepatitis

**Correct answer: 1**

013. CAUSED BY A VIRUS OF THE FAMILY FLAVIVIRIDAE

1) alcoholic hepatitis

2) hepatitis A

3) hepatitis C

4) drug-induced hepatitis

5) hepatitis B

**Correct answer: 3**

014. CHRONIC AUTOIMMUNE DISEASE OF THE LIVER,

WHICH IS BASED ON DESTRUCTIVE NON-PURPUS

CHOLANGITIS AND CHOLESTASIS

1) hepatosis

2) drug-induced hepatitis

3) hepatitis A

4) primary biliary cirrhosis

5) hepatomegaly

**Correct answer: 4**

015. CHRONIC INFLAMMATORY

LIVER DISEASE IN WHICH THE BLOOD SERUM

FIND AUTOANTIBODIES

1) hepatitis A

2) hepatosis

3) autoimmune hepatitis

4) drug-induced hepatitis

5) primary biliary cirrhosis

**Correct answer: 3**

016. CHRONIC LIVER DISEASE WITH NON-PURPUS

INFLAMMATION OF EXTRAHEPATIC AND INTRAHEPATIC

BILY DUCTS, LEADING TO THEIR SCLEROSIS AND

OBLITERATIONS

1) primary sclerosing hepatitis

2) drug-induced hepatitis

3) secondary sclerosing cholangitis

4) primary sclerosing cholangitis

5) cholecystitis

**Correct answer: 4**

017. CHANGES IN COLOR OF SKIN, SCLERAS, SEROSA AND

MUCOUS MEMBRANES, INTERNAL ORGANS IN CONNECTION WITH

INCREASING BILIRUBIN CONCENTRATION IN SERUM

CALLED

1) vitiligo

2) melanosis

3) cyanosis

4) nevus

5) jaundice

**Correct answer: 5**

018. AFTER MUSHROOMS POISONING, THE PATIENT APPEARED

SIGNS OF LIVER FAILURE,

PROGRESSIVE LIVER REDUCTION IS

1) sclerosis

2) hepatitis A

3) hepatosis

4) progressive liver atrophy

5) progressive liver necrosis

**Correct answer: 5**

019. SPECIFIC FOR ALCOHOL HEPATITIS

SIGN

1) presence of Mallory bodies

2) the presence of Councilman bodies

3) foci of necrosis

4) foci of amyloidosis

5) granulomas

**Correct answer: 1**

020. MASSIVE PROGRESSIVE LIVER NECROSIS

IT HAS

1) three stages

2) four stages

3) two stages

4) six stages

5) five stages

**Correct answer: 3**

021. STAGE OF RED DYSTROPHY OF THE LIVER TAKES PLACE

AT

1) alcoholic liver steatosis

2) liver amyloidosis

3) liver hemosiderosis

4) massive progressive liver necrosis

5) liver cirrhosis

**Correct answer: 4**

022. OPTICALLY EMPTY VACUOLES IN HEPATOCYTES

TO BE DETERMINED

1) with liver steatosis

2) with liver necrosis

3) with balloon dystrophy

4) in Councilmen's corpuscles

5) in Kupffer cells

**Correct answer: 1**

023. A DISTINGUISHING FEATURE IN PATHOMORPHOLOGY

CHRONIC VIRAL HEPATIAS IS

1) necrosis of hepatocytes

2) cholestasis

3) fibrosis of the portal tracts

4) inflammatory infiltration of the portal tracts

5) balloon degeneration of hepatocytes

**Correct answer: 3**

024. LYMPHO-MACROPHAGAL INFILTRATION

PORTAL TRACTS AND MACROPHAGE GRANULOMA

CHARACTERISTIC FOR

1) hepatitis A

2) liver cancer

3) viral hepatitis C

4) autoimmune hepatitis

5) sclerosing cholangitis

**Correct answer: 4**

025. STEP NECROSIS OF HEPATOCYTES

CHARACTERIZE

1) cirrhosis of the liver

2) viral hepatitis A

3) viral hepatitis C

4) chronic inactive hepatitis

5) chronic active hepatitis

**Correct answer: 5**

026. CHRONIC DISEASE ACCOMPANIED BY NECROSIS AND DYSTROPHY OF LIVER CELLS, ADVANCED FIBROSIS AND NODUAL REGENERATION

1) liver fibrosis

2) liver steatosis

3) hepatitis

4) cirrhosis of the liver

5) massive liver necrosis

**Correct answer: 4**

027.FORMED AFTER IMPLEMENTATION OF FIBROUS SEPTA FROM PORTAL TRACTS INTO THE LOBILES

1) portal cirrhosis

2) mixed cirrhosis

3) autoimmune cirrhosis

4) postnecrotic cirrhosis

5) large nodular cirrhosis

**Correct answer: 1**

028. DURING LONG-TERM INTRA- OR EXTRAHEPATIC CHOLESTASIS IS FORMED

1) large nodular cirrhosis

2) mixed cirrhosis

3) autoimmune cirrhosis

4) postnecrotic cirrhosis

5) biliary cirrhosis

**Correct answer: 5**

029.ENLARGED LIVER AND SLEEN, ACCOMPANIED BY LEUKOPENIA, THROMBOCYTOPENIA, ANEMIA

1) portal hypertension

2) hepatolienal syndrome

3) hepatorenal syndrome

4) postnecrotic syndrome

5) hepatosplenomegaly

**Correct answer: 2**

030. OPTION OF DESTRUCTIVE PANCREATITIS

1) fibrinous

2) hemorrhagic

3) catarrhal

4) serous

5) diphtheritic

**Correct answer: 2**

031. MALIGNANT TUMOR FROM THE EPITHELIUM OF THE BALL DUCTS

1) cholangiosarcoma

2) hepatoma

3) hepatocellular carcinoma

4) cholangiocellular cancer

5) cholangoma

**Correct answer: 4**

032. INFLAMMATION OF THE GALL BLADDER OF DIFFERENT ETIOLOGY

1) hepatitis

2) cholangitis

3) cholestasis

4) cholelithiasis

5) cholecystitis

**Correct answer: 5**

033. CHARACTERIZED BY EDEMA, FULL BLOODY OF THE GALL BLADDER WALL, INFLAMMATORY INFILTRATION OF THE MUCOUS MEMBRANE BY LYMPHOCYTES, LEUKOCYTES

1) acute catarrhal cholecystitis

2) chronic atrophic cholecystitis

3) purulent cholecystitis

4) gangrenous cholecystitis

5) phlegmonous cholecystitis

**Correct answer: 1**

034. CHARACTERIZED BY DIFFUSE INFLAMMATORY INFILTRATION BY POLYMORPHONONUCLEAR LEUKOCYTES OF ALL LAYERS OF THE GALLBLADDER WALL

1) acute catarrhal cholecystitis

2) chronic atrophic cholecystitis

3) phlegmonous cholecystitis

4) gangrenous cholecystitis

5) atrophic cholecystitis

**Correct answer: 3**

035. ACCOMPANIED BY ABUNDANT INFLAMMATORY INFILTRATION AND NECROSIS OF THE GALLBLADDER WALL

1) acute catarrhal cholecystitis

2) purulent cholecystitis

3) chronic cholecystitis in the acute phase

4) gangrenous cholecystitis

5) phlegmonous cholecystitis

**Correct answer: 4**

036. INFILTRATION BY MONONUCLEAR CELLS, ATROPHY OR HYPERTROPHY OF THE MUCOSA, PETRIFICATION, SCLEROSIS OF THE GALLBLADDER WALL CHARACTERIZE

1) chronic cholecystitis without exacerbation

2) acute catarrhal cholecystitis

3) purulent cholecystitis

4) phlegmonous cholecystitis

5) chronic cholecystitis in the acute phase

**Correct answer: 1**

037. IN THE PATHOGENESIS OF ACUTE PANCREATITIS, THE GREATEST IMPORTANCE IS

1) ischemia of acinar tissue

2) smoking

3) biliopancreatic reflux

4) parenchymal lipomatosis

5) viral infection

**Correct answer: 3**

038.MAIN MORPHOLOGICAL CHANGES IN

ACUTE HEMORRHAGIC PANCREATITIS

1) steatonecrosis of parapancreatic tissue

2) blood-soaked foci of necrosis

3) foci of purulent inflammation

4) hyperplasia of small ducts

5) hemorrhagic infiltration of areas of sclerosis

**Correct answer: 2**

039.CHARACTERISTIC MORPHOLOGICAL CHANGES DURING

LIVER CIRRHOSIS

1) purulent inflammation of the portal tracts

2) ectasia of the bile ducts

3) hyaline-droplet degeneration of hepatocytes

4) regenerated nodes from hepatocytes

5) Councilman's corpuscles

**Correct answer: 4**

040.MOST COMMON CAUSE OF DEATH IN PATIENTS

LIVER CIRRHOSIS

1) heart failure

2) esophageal bleeding

3) pulmonary embolism

4) cachexia

5) generalized infection

**Correct answer: 2**

041. MANIFESTATIONS OF PORTAL HYPERTENSION

1) expansion of the veins of the anterior abdominal wall

2) hydrothorax

3) hydropericardium

4) nutmeg liver

5) cyanotic induration of the spleen

**Correct answer: 1**

042. DIMENSIONS OF REGENERATE NODES IN LARGE KNOTS

LIVER CIRRHOSIS

1) up to 3mm

2) up to 5mm

3) from 3mm to 5cm

4) from 3mm to 10mm

5) from 3mm to 5mm

**Correct answer: 3**

043.INFLAMMATORY INFILTRATION OF ALL LAYERS OF THE WALL

GALL BLADDER IS CHARACTERISTIC FOR

1) gangrenous cholecystitis

2) fibrinous cholecystitis

3) phlegmonous cholecystitis

4) catarrhal cholecystitis

5) chronic cholecystitis

**Correct answer: 3**

044. MORPHOGENETIC FORM OF LIVER CIRRHOSIS

1) cryptogenic

2) biliary

3) alcoholic

4) viral

5) portal

**Correct answer: 5**

045. FORM OF LIVER CIRRHOSIS, CONSIDERING ITS ETIOLOGY

1) portal

2) biliary

3) mixed

4) post-necrotic

5) small knot

**Correct answer: 2**

046.CLINICAL AND MORPHOLOGICAL FORM OF ACUTE PANCREATITIS

1) interstitial

2) indurative

3) granulomatous

4) polycystic

5) abscessing

**Correct answer: 1**

047. MAIN MORPHOLOGICAL MANIFESTATIONS OF CHRONIC PANCREATITIS

1) sequesters

2) parenchymal lipomatosis

3) sclerosis, atrophy;

4) fatty pancreatic necrosis

5) swelling

**Correct answer: 3**

KIDNEY DISEASES (part 1)

**Test tasks:**

001.GROUP OF DISEASES WITH PRIMARY DAMAGE TO THE glomeruli of the kidneys

1) tubulointerstitial diseases

2) tubulopathy

3) nephropathy

4) glomerulopathy

5) vascular kidney disease

**Correct answer: 4**

002.GROUP OF INDEPENDENT DISEASES WITH PRIMARY DAMAGE TO THE glomeruli of the kidneys

1) diabetic glomerulopathy

2) primary glomerulopathies

3) secondary glomerulopathies

4) interstitial glomerulopathy

5) primary glomeruloses

**Correct answer: 2**

003.MINIMAL CHANGE DISEASE, MEMBRANOSAL GLOMERULOPATHY, FOCAL SEGMENTAL GLOMERULAR SCLEROSIS RELATES TO

1) tubulopathies

2) secondary non-inflammatory glomerulopathies

3) primary inflammatory glomerulopathies

4) secondary inflammatory glomerulopathies

5) primary non-inflammatory glomerulopathies

**Correct answer: 5**

004.MEMBRANOPROLIFERATIVE, MESANGIOPROLIFERATIVE, RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS REFERS TO

1) secondary non-inflammatory glomerulopathies

2) secondary inflammatory glomerulopathies

3) primary non-inflammatory glomerulopathies

4) primary inflammatory glomerulopathies

5) tubulopathies

**Correct answer: 4**

005. DISEASE, THE MAIN MORPHOLOGICAL MANIFESTATION OF WHICH IS DIFFUSE PROLIFERATION OF ENDOTHELIAL AND MESANGIAL CELLS OF glomeruli

1) acute post-infectious glomerulonephritis

2) membranoproliferative glomerulonephritis

3) focal segmental glomerular sclerosis

4) mesangioproliferative glomerulonephritis

5) membranous glomerulopathy

**Correct answer: 1**

006. ACCOMPANIED BY PROLIFERATION OF THE EPITHELIUM OF THE CAPSULE OF GLULUSERS AND MACROPHAGES WITH THE FORMATION OF CRESSUMNS, COMPRESSING THE glomeruli of the kidneys

1) acute post-infectious glomerulonephritis

2) membranoproliferative glomerulonephritis

3) focal segmental glomerular sclerosis

4) mesangioproliferative glomerulonephritis

5) rapidly progressive glomerulonephritis

**Correct answer: 5**

007.CHARACTERIZED BY PROLIFERATION OF MESANGIAL CELLS AND DIFFUSE THICKENING OF THE GRULUS BASAL MEMBRANE

1) acute post-infectious glomerulonephritis

2) membranoproliferative glomerulonephritis

3) focal segmental glomerular sclerosis

4) mesangioproliferative glomerulonephritis

5) membranous glomerulopathy

**Correct answer: 2**

008. FOCAL OR DIFFUSE PROLIFERATION OF MESANGIOCYTES WITH ACCUMULATION OF MESANGIAL MATRIX, FOCAL THICKENING OF THE BASAL MEMBRANE OF CAPILLARIES ARE CHARACTERISTIC FOR

1) acute post-infectious glomerulonephritis

2) membranoproliferative glomerulonephritis

3) focal segmental glomerular sclerosis

4) mesangioproliferative glomerulonephritis

5) membranous glomerulopathy

**Correct answer: 4**

009. LAST STAGE OF DEVELOPMENT OF MANY FORMS OF GLOMERULONEPHRITIS WITH COMPLETE SCLEROSIS, HYALINOSIS OF MOST GULULUS AND INTERSTITIAL FIBROSIS

1) diffuse fibroplastic glomerulonephritis

2) fibrous glomerulonephritis

3) focal segmental glomerular sclerosis

4) interstitial glomerulonephritis

5) sclerotic glomerulopathy

**Correct answer: 1**

010.GLOMERULOPATHY, THE MAIN MORPHOLOGICAL MANIFESTATION OF WHICH IS THE LOSS OF SMALL PROCESSES OF PODOCYTES

1) diffuse fibroplastic glomerulonephritis

2) membranoproliferative glomerulonephritis

3) minimal change disease

4) mesangioproliferative glomerulonephritis

5) membranous glomerulopathy

**Correct answer: 3**

011. DISEASE ACCOMPANIED BY DEPOSITION OF IMMUNE COMPLEXES ON THE EPITHELIAL SIDE OF THE GLULULAR MEMBRANE

1) diffuse fibroplastic glomerulonephritis

2) membranoproliferative glomerulonephritis

3) disease of small changes

4) mesangioproliferative glomerulonephritis

5) membranous glomerulopathy

**Correct answer: 5**

012.GLOMERULOPATHY ACCOMPANIED BY INTRACAPILLARY SCLEROSIS AND HYALINOSIS IN INDIVIDUAL GULULUS AND THEIR SEGMENTS

1) diffuse fibroplastic glomerulonephritis

2) membranoproliferative segmental glomerulonephritis

3) focal segmental glomerular sclerosis

4) mesangioproliferative segmental glomerulonephritis

5) membranous glomerulosclerosis

**Correct answer: 3**

013. PRIMARY GLOMERULOPATHY BY ETIOLOGY

1) acute and chronic

2) sclerotic and necrotic

3) inflammatory and non-inflammatory

4) bacterial and immunocomplex

5) abacterial and allergic

**Correct answer: 3**

014. IS A CONSEQUENCE OF VARIOUS INFECTIONS, CHANGES ARE REPRESENTED BY A DIFFUSE INCREASE IN THE NUMBER OF CELLS IN Glomeruli

1) acute tubular necrosis

2) glomerulonephritis with crescents

3) mesangiocapillary glomerulonephritis

4) diffuse fibroplastic glomerulonephritis

5) acute post-infectious glomerulonephritis

**Correct answer: 5**

015. ACCOMPANIED BY PROLIFERATION OF THE EPITHELIUM OF THE CAPSULE OF GULMULAS AND MACROPHAGES

1) diffuse fibroplastic glomerulonephritis

2) acute post-infectious glomerulonephritis

3) glomerulonephritis with crescents

4) mesangiocapillary glomerulonephritis

5) acute tubular necrosis

**Correct answer: 3**

016.CHARACTERIZED BY THICKENING AND DIFFUSE DOUBLING OF THE BASAL MEMBRANE, PROLIFERATION OF MESANGIAL CELLS

1) mesangiocapillary glomerulonephritis

2) glomerulonephritis with crescents

3) nephrosclerosis

4) acute tubular necrosis

5) acute post-infectious glomerulonephritis

**Correct answer: 1**

017. CHARACTERIZED BY COMPLETE SCLEROSIS AND HYALINOSIS OF MOST GULULUS

1) acute post-infectious glomerulonephritis

2) glomerulonephritis with crescents

3) mesangiocapillary glomerulonephritis

4) acute tubular necrosis

5) diffuse fibroplastic glomerulonephritis

**Correct answer: 5**

018. POST-INFECTIOUS GLOMERULONEPHRITIS MOSTLY CAUSES

1) β-hemolytic streptococcus group A

2) Yersinia pestis

3) Bacillus anthracis

4) Mycobacterium tuberculosis

5) Treponema pallidum

**Correct answer: 1**

019. RENAL FAILURE IN GLOMERULOPATHIES IS CAUSED

1) glomerular hypertrophy

2) necrotic nephrosis

3) β-hemolytic streptococcus

4) immunocomplex reactions

5) complete obliteration and sclerosis of the glomeruli (nephrosclerosis)

**Correct answer: 5**

020. NOT APPLICABLE TO SECONDARY GLOMERULOPATHIES

1) diabetic glomerulosclerosis

2) amyloid nephropathy

3) lupus nephropathy

4) post-infectious glomerulonephritis

5) glomerulonephritis with bacterial endocarditis

**Correct answer: 4**

021.THE OUTCOME OF RAPIDLY PROGRESSIVE GLOMERULONEPHRITIS IS

1) primary wrinkled bud

2) secondary wrinkled kidney

3) tertiary wrinkled kidney

4) nephrolithiasis

5) uremia

**Correct answer: 2**

022.THE OUTCOME OF FOCAL SEGMENTAL GLOMERULAR SCLEROSIS IS

1) primary wrinkled bud

2) nephrosclerosis

3) chronic heart failure

4) secondary glomerulopathy

5) compensatory renal hypertrophy

**Correct answer: 2**

023.INFLAMMATORY GLOMERULOPATHIES ARE

1) glomerulonephritis

2) nephropathy

3) tubulopathy

4) mesangiitis

5) angionephritis

**Correct answer: 1**

024. A LARGE MOTIFIED KIDNEY IS CHARACTERISTIC FOR

1) heart failure

2) chronic venous stagnation

3) acute post-infectious glomerulonephritis

4) membranous glomerulopathy

5) nephrosclerosis

**Correct answer: 3**

025. AS A RESULT OF SOME GLOMERULOPATHY DEVELOPES

1) large sebaceous bud

2) large white kidney

3) primary wrinkled bud

4) large variegated bud

5) secondary wrinkled kidney

**Correct answer: 5**

026. DISAPPEARANCE OF SMALL PODOCYTE FEET IN Glomeruli IS DETERMINED WHEN

1) fibroplastic glomerulonephritis

2) proteinuria

3) glomerulosclerosis

4) minimal change diseases

5) mesangioproliferative glomerulonephritis

**Correct answer: 4**

027.GLOMERULONEPHRITIS OFTEN DEVELOPES WITH

1) gastric ulcer

2) SLE

3) focal pneumonia

4) Dressler syndrome

5) essential hypertension

**Correct answer: 2**

KIDNEY DISEASES (part 2)

**Test tasks:**

001.MORPHOLOGICAL EQUIVALENT OF ACUTE RENAL FAILURE

1) glomerulonephritis with crescents

2) uremia

3) acute tubular necrosis

4) pyonephrosis

5) tubulorrhexis

**Correct answer: 3**

002. COMBINATION OF INFLAMMATORY CHANGES IN THE RENAL pelvis, calyces and stroma

1) pyelitis

2) urolithiasis

3) paranephritis

4) pyelonephritis

5) interstitial nephritis

**Correct answer: 4**

003. THE KIDNEY IS INCREASED IN SIZE, SWOLLED, THE CAVITIES OF THE PELUBES AND CALYCLES ENLARGED, IN THEIR LUMENS IS CLOUDY URINE OR PUS, THE MUCOUS MEMBRANE OF THE PELUBES AND CALES IS DULL, WITH HEMORRHAGES WITH

1) acute glomerulonephritis

2) chronic glomerulonephritis

3) acute pyelonephritis

4) chronic pyelonephritis

5) diffuse fibroplastic glomerulonephritis

**Correct answer: 3**

004.SCLEROSIS AND DEFORMATION OF THE PELVUS, FIELDS OF SCAR TISSUE AMONG UNCHANGED RENAL PARANCHYMA ARE CHARACTERISTIC FOR

1) primary wrinkled kidney

2) chronic glomerulonephritis

3) chronic tubular necrosis

4) chronic pyelonephritis

5) diffuse fibroplastic glomerulonephritis

**Correct answer: 4**

005. COMPACTMENT AND DEFORMATION OF THE KIDNEYS DUE TO PROGRESS OF CONNECTIVE TISSUE

1) nephrosclerosis

2) nephronecosis

3) nephroptosis

4) amyloidosis

5) nephrolithiasis

**Correct answer: 1**

006.END STAGE RENAL FAILURE

1) hyperuricemia

2) proteinuria

3) nephrotic syndrome

4) nephrosclerosis

5) uremia

**Correct answer: 5**

007.NEPHROLITHIASIS IS

1) formation of stones in urine

2) formation of kidney stones

3) formation of stones in the bladder

4) formation of stones in the ureters

5) formation of stones in the urethra

**Correct answer: 2**

008.BENIGN TUMOR FROM TUBE EPITHELIUM

1) transitional cell papilloma

2) renal cell carcinoma

3) nephroblastoma

4) adenoma

5) angiomyolipoma

**Correct answer: 4**

009.INFLAMMATION OF THE RENAL PELUS

1) glomerulonephritis

2) pyelitis

3) jade

4) perinephritis

5) paranephritis

**Correct answer: 2**

010. TUBULOREXIS

1) destruction of the glomerular basement membrane

2) destruction of the basement membrane of arteries

3) destruction of the basement membrane of the tubule

4) disintegration of the tubular epithelium into clumps

5) blocky cylinders in the lumens of the tubules

**Correct answer: 3**

011. SECONDARY WRINKLED KIDNEYS DEVELOP IN THE OUTCOME

1) hypertension

2) atherosclerosis

3) benign tumor

4) diseases of the kidneys themselves

5) kidney infarction

**Correct answer: 4**

012.MOST COMMON LOCATION OF RENAL CELL (HYPERNEPHROID) CANCER METASTASES

1) light

2) bones

3) liver

4) adrenal gland

5) brain

**Correct answer: 1**

013. GROUP OF DISEASES WITH IMMUNE INFLAMMATION OF INTERSTITIAL TISSUE AND KIDNEY TUBULES

1) chronic pyelonephritis

2) acute tubulointerstitial nephritis

3) interstitial paranephritis

4) chronic tubulointerstitial nephritis

5) pyelonephritis

**Correct answer: 2**

014. GROUP OF DISEASES WITH INFLAMMATORY RENAL DAMAGE WITH DIFFUSE INTERSTITIAL FIBROSIS AND TUBULAR ATROPHY

1) chronic tubulointerstitial nephritis

2) acute tubulointerstitial nephritis

3) interstitial perinephritis

4) acute pyelonephritis

5) nephrosclerosis

**Correct answer: 1**

015. ACUTE PATHOLOGICAL CONDITION, MANIFESTED BY NECROSIS OF THE RENAL TUBULUS EPITHELIUM, LEADING TO ACUTE RENAL FAILURE

1) acute tubular necrosis

2) necrotizing amyloidosis

3) necrotizing pyelonephritis

4) interstitial nephritis

5) chronic tubular necrosis

**Correct answer: 1**

016. INFECTIOUS DISEASE, MAINLY OF BACTERIAL ETIOLOGY, WITH THE DEVELOPMENT OF INFLAMMATION IN THE PELVUS, CALICES AND INTERNAL TISSUE OF THE KIDNEYS

1) tubulointerstitial nephritis

2) pyelonephritis

3) interstitial nephritis

4) infectious nephrosclerosis

5) perinephritis

**Correct answer: 2**

017. CHRONIC TUBULOINTERSTITIAL INFLAMMATORY PROCESS WITH UNEVEN DEFORMING SCLEROSIS OF THE CALYCYCLES AND ADJACENT PARANCHYMA

1) amyloidosis

2) apostematous pyelonephritis

3) chronic pyelonephritis

4) diabetic nephropathy

5) kidney carbuncle

**Correct answer: 3**

018. COMPLICATIONS OF NEPHROLITHIASIS

1) glomerulonephritis

2) urolithiasis

3) pyelonephritis

4) nephroptosis

5) kidney cancer

**Correct answer: 3**

019. MALIGNANT TUMOR FROM TUBULAR EPITHELIA

1) nephroblastoma

2) angiomyolipoma

3) transitional cell carcinoma

4) renal cell carcinoma

5) kidney adenoma

**Correct answer: 4**

020. BENIGN TUMOR FROM TUBULAR EPITHELIUM

1) kidney adenocarcinoma

2) tubular carcinoma

3) angiomyolipoma

4) renal cell carcinoma

5) kidney adenoma

**Correct answer: 5**

021. ACUTE RENAL FAILURE IS BASED ON

1) acute tubular necrosis

2) chronic renal failure

3) nephroptosis

4) hydronephrosis

5) uremia

**Correct answer: 1**

022. TUBULAR EPITHELIUM IS SUBJECT TO NECROSIS, WHICH IS ACCOMPANIED BY ITS DETACHMENT FROM THE BASAL MEMBRANE, CLOGGING THE TUBULAR lumen WITH CYLINDERS B

1) initial stage of acute tubular necrosis

2) stage of diuresis restoration

3) oligoanuric stage of acute tubular necrosis

4) polyanuric stage of acute tubular necrosis

5) final stage of acute tubular necrosis

**Correct answer: 3**

023. TUBULOINTERSTITIAL LESIONS

1) diseases with predominant damage to the renal glomeruli

2) diseases with predominant damage to the stroma and tubules

3) diseases with predominant damage to the renal pelvis

4) diseases with predominant damage to the glomerular interstitium

5) diseases with predominant damage to the juxtamedullary glomeruli

**Correct answer: 2**

024. A PRIMARY WRINKLED KIDNEY ARISES RESULTING FROM

1) kidney tuberculosis

2) glomerulopathy

3) amyloidosis

4) vascular diseases

5) nephrolithiasis

**Correct answer: 4**

025. NEPHROLITHIASIS WITH THE LOCATION OF STONES IN THE PELUS LEAD TO

1) primary wrinkled kidney

2) polycystic kidney disease

3) kidney hypertrophy

4) pyeelectasia and hydronephrosis

5) anuria

**Correct answer: 4**

INFECTIOUS DISEASES

**Test tasks:**

001. SOURCE OF INFECTION IN FLU

1) virus carrier

2) sick person and pets

3) sick person and birds

4) sick person

5) pig

**Correct answer: 4**

002.TRANSMISSION WAY FOR FLU

1) fecal-oral

2) airborne

3) airborne and contact

4) airborne and sexual

5) hematogenous

**Correct answer: 2**

003.IMMUNOSUPRESSIVE EFFECT OF THE FLU VIRUS IS DANGEROUS

1) allergies

2) dystrophic changes in organs

3) the addition of a secondary infection

4) autoimmunization

5) atrophy of lymphoid tissue

**Correct answer: 3**

004.NATURE OF DAMAGE TO THE MUCOUS MEMBRANE OF THE UPPER RESPIRATORY TRACT IN MILD FORM OF FLU

1) purulent laryngotracheobronchitis

2) serous-hemorrhagic tracheitis

3) serous or mucous catarrhal laryngotracheobronchitis

4) mucopurulent laryngotracheobronchitis

5) hemorrhagic laryngotracheobronchitis

**Correct answer: 3**

005. OUTCOME OF CHANGES IN THE MUCOUS MEMBRANE OF THE UPPER RESPIRATORY TRACT IN MILD FORM OF FLU

1) formation of ulcers

2) adhesive process

3) complete regeneration of the mucous membrane

4) atrophy

5) formation of polyps

**Correct answer: 3**

006. A KIND OF SEVERE FLU

1) septic

2) toxic

3) generalized

4) lightning fast

5) with extrapulmonary complications

**Correct answer: 2**

007. NAME OF LUNG IN SEVERE FORM OF FLU WITH PULMONARY COMPLICATIONS

1) primary wrinkled

2) big red

3) large motley

4) apostematous

5) large cell phone

**Correct answer: 3**

008.CHARACTERISTIC CHANGES IN THE BRONCHI IN SEVERE FORM OF FLU

1) mucous catarrh

2) serous endobronchitis

3) destructive panbronchitis

4) deforming bronchitis

5) polious bronchitis

**Correct answer: 3**

009. MEASLES CAUSE

1) Koch stick

2) rickettsia

3) DNA-containing virus

4) RNA-containing virus

5) streptococcus

**Correct answer: 4**

010.MOST LIKELY CAUSE OF DEATH DUE TO LARRYNAL DAMAGE IN MEASLES

1) false croup, asphyxia

2) destructive laryngitis

3) true croup, asphyxia

4) polypous laryngitis

5) fibrinous laryngitis

**Correct answer: 1**

011. WHEN MEASLES OCCURS ON THE MUCOUS MEASURE OF THE CHEEK

1) exanthema

2) abscess

3) enanthema

4) leukoplakia

5) mild dysplasia

**Correct answer: 3**

012. SKIN CHANGES IN MEASLES ARE CALLED

1) exanthema

2) petechiae

3) enanthema

4) hemorrhages

5) dermatitis

**Correct answer: 1**

013. COMPLICATED MEASLES IS CHARACTERIZED

1) the presence of exanthema

2) the presence of enanthema

3) development of acute glomerulonephritis

4) the presence of productive bronchitis

5) development of noma

**Correct answer: 5**

014. PRIMARY CHARACTER OF INFLAMMATION IN THE PRIMARY LOCATION IN DIPHTHERIA

1) purulent

2) serous

3) fibrinous

4) productive

5) granulomatous

**Correct answer: 3**

015. SOURCE OF INFECTION BY DIPHTHERIA

1) sick person and intermediate host

2) sick person, pets

3) a sick person or a bacteria carrier

4) intermediate host

5) bacteria carrier

**Correct answer: 3**

016. COMMON CAUSE OF DEATH IN DIPHTHERIA AT 2-3 WEEKS OF DISEASE

1) glomerulonephritis

2) early cardiac paralysis

3) late cardiac paralysis

4) hemorrhage in the brain

5) diaphragmatic paralysis

**Correct answer: 2**

017. COMMON CAUSE OF DEATH IN DIPHTHERIA AT 2 MONTH OF ILLNESS

1) glomerulonephritis

2) early cardiac paralysis

3) toxic myocarditis

4) late cardiac paralysis

5) hemorrhage in the brain

**Correct answer: 4**

018.DIPHTHERIA TOXIN PRIMARILY AFFECTS THE SYSTEM

1) sexual

2) muscular

3) hematopoietic

4) cardiovascular

5) digestive

**Correct answer: 4**

019. CHANGES IN THE HEART DURING DIPHTHERIA AT THE BEGINNING OF THE 2ND WEEK OF THE DISEASE

1) acute warty endocarditis

2) small focal cardiosclerosis

3) fibrinous pericarditis

4) interstitial myocarditis

5) myocardial hypertrophy

**Correct answer: 4**

020. WHEN DIPTHERIA DEVELOPES IN THE NERVOUS SYSTEM

1) meningitis

2) purulent encephalitis

3) hydrocephalus

4) parenchymal neuritis

5) cerebral infarction

**Correct answer: 4**

021. CAUSE OF SCARLATINA

1) RNA virus

2) diplococcus

3) klebsiella

4) Staphylococcus aureus

5) group A streptococcus

**Correct answer: 5**

022.MAIN ROUTE OF TRANSMISSION OF MENINGOCOCCAL INFECTION

1) contact

2) nutritional

3) parenteral

4) transmission

5) airborne

**Correct answer: 5**

023. CHANGES IN THE ADRENAL GLAND IN WATERHOUSE-FRIDERIKSEN SYNDROME

1) adenoma

2) serous inflammation

3) purulent inflammation

4) hemorrhagic necrosis

5) hyalinosis

**Correct answer: 4**

024.IN ACUTE MENINGOCOCCAL MENINGITIS, ON 2-3 DAYS OF DISEASE IN THE MENING MEMBER IS DETERMINED

1) hemorrhagic rash

2) mucous exudate

3) purulent exudate

4) hemorrhagic exudate

5) serous exudate

**Correct answer: 3**

025.TYPE OF INFLAMMATION IN ACUTE MENINGOCOCCAL NASOPHARINGITIS

1) fibrinous

2) catarrhal

3) granulomatous

4) putrid

5) hemorrhagic

**Correct answer: 2**

026. CHANGES IN THE HEART DURING DIPHTHERIA AT THE 2nd MONTH OF THE ILLNESS

1) interstitial myocarditis

2) small focal cardiosclerosis

3) acute warty endocarditis

4) fibrinous pericarditis

5) heart defect

**Correct answer: 2**

VIRAL INFECTIONS OF CHILDREN

**Test tasks:**

001. SOURCE OF INFECTION IN CYTOMEGALIA

1) Virus carrier

2) Dogs

3) Birds

4) Sick person

5) Pig

**Correct answer: 4**

002.MOST COMMON TRANSMISSION ROUTE IN INFECTIOUS MONONUCLEOSIS

1) Fecal-oral

2) Airborne

3) Contact

4) Sexual

5) Hematogenous

**Correct answer: 2**

003.IMMUNOSUPRESSIVE EFFECT OF HERPES VIRUS IS DANGEROUS:

1) Allergies

2) Dystrophic changes in organs

3) Attachment of a secondary infection

4) Autoimmunization

5) Dyscirculatory disorders

**Correct answer: 3**

004.NATURE OF DAMAGE TO THE MUCOUS MEMBRANE OF THE UPPER RESPIRATORY TRACT IN MILD FORM OF HERPES

1) Purulent tracheitis

2) Serous-hemorrhagic tracheitis

3) Pustular rash

4) Mucopurulent bronchitis

5) Hemorrhagic bronchitis

**Correct answer: 3**

005. OUTCOME OF CHANGES IN THE MUCOUS MEMBRANE OF THE UPPER RESPIRATORY TRACT IN MILD FORM OF HERPES

1) Formation of ulcers

2) Adhesive process

3) Complete regeneration of the mucous membrane

4) Atrophy

5) Polyp formation

**Correct answer: 3**

006. A KIND OF SEVERE FORM OF CYTOMEGALIA

1) Septic

2) Inclusive

3) Vasopathic

4) Cytopathic

5) Paralytic

**Correct answer: 2**

007. NAME OF CHANGES IN CELLS IN CYTOMEGALIA

1) Basophil cells

2) Pirogov-Langans

3) owl's eye

4) type of foreign bodies

5) foam cells

**Correct answer: 3**

008. THE MOST DANGEROUS DAMAGES BY ENTEROVIRUSES COXSACKIE AND ECHO INFECTIONS

1) Striated muscle fibers

2) Enterocytes of the small intestine

3) Central nervous system

4) The mucous membrane of the colon.

**Correct answer: 3**

009. THE CAUSE OF COXSACKIE AND ECHO INFECTION IS TENDEN TO

1) locally destructive growth

2) metastases

3) cause local inflammation

4) viremia

**Correct answer: 4**

010.MOST COMMON CAUSE OF DEATH CAUSED BY ENTEROVIRUS COXSACKIE AND ECHO INFECTION

1) exicosis with toxicosis

2) hypovolemic shock

3) polyclastic (necrotizing) encephalitis

4) Acute pulmonary failure

5) Acute cardiopulmonary failure

**Correct answer: 3**

011. WHEN HERPES APPEARS ON THE MUCOUS MEMBRANE OF THE CHEEKS

1) Exanthema

2) Petechiae

3) Aphtha (ulcer)

4) Hemorrhages

5) Mild dysplasia

**Correct answer: 3**

012. SKIN CHANGES IN CHICKENPOX ARE CALLED:

1) pustular rash

2) Petechiae

3) Enanthema

4) Hemorrhages

5) Papillomatosis

**Correct answer: 1**

013. COMPLICATED CHICKEN POX IS CHARACTERIZED BY:

1) The presence of exanthema

2) The presence of enanthema

3) The presence of acute bronchitis

4) The presence of productive bronchitis

5) The presence of focal pneumonia with a tendency to merge

**Correct answer: 5**

014. PRIMARY CHARACTER OF INFLAMMATION IN THE PRIMARY LOCATION IN CYTOMEGALIA

1) Purulent

2) Serous

3) Fibrinous

4) Productive

5) Granulomatous

**Correct answer: 2**

015. SOURCE OF INFECTION WITH CHICKENPOX

1) Animal carrier

2) Sick animal

3) Human carrier

4) Intermediate host

5) Rodents

**Correct answer: 3**

016.MOST COMMON OUTCOME OF CHICKENPOX

1) Glomerulonephritis

2) recovery

3) Late cardiac paralysis

4) Brain hemorrhage

5) Diaphragmatic paralysis

**Correct answer: 2**

017. COMMON CAUSE OF DEATH IN GENERALIZED HERPETIC INFECTION

1) Necronephrosis

2) Early cardiac paralysis

3) False croup

4) Necrotizing encephalitis

5) Brain hemorrhage

**Correct answer: 4**

018. INFECTIOUS MONONUCLEOSIS PRIMARILY AFFECTS THE SYSTEM

1) Sexual

2) Muscular

3) Cardiovascular

4) Immune

5) Digestive

**Correct answer: 4**

019. THE CAUSES OF DEATH IN INFECTIOUS MONONUCLEOSIS ARE MOST OFTEN RUPTURES OF THE SPLEN AND PERIPHERAL RESPIRATORY PARALYSIS RESULTING FROM POLYRADICULONEURITIS

1) Acute warty endocarditis

2) Small focal cardiosclerosis

3) Fibrinous pericarditis

4) Intermediate myocarditis

5) Splenic ruptures

**Correct answer: 5**

020. WHEN INFECTIOUS MONONUCLEOSIS DEVELOPES IN THE NERVOUS SYSTEM

1) Encephalitis

2) Amyloidosis

3) Hydrocephalus

4) Polyradiculoneuritis

5) Schwannoma

**Correct answer: 4**

021. CAUSES OF DEATH IN INFECTIOUS MONONUCLEOSIS ARE

1) Infectious-toxic shock

2) Purulent meningitis

3) Edema and swelling of the brain

4) Acute heart failure

5) Peripheral respiratory paralysis

**Correct answer: 5**

022.ONE OF THE WAYS OF TRANSMISSION OF HERPETIC INFECTION:

1) Nutritional

2) Parenteral

3) Transmission

4) Sexual

**Correct answer: 4**

TUBERCULOSIS

**Test tasks:**

001. CHRONIC INFECTIOUS GRANULOMATOUS DISEASE WITH DAMAGE TO VARIOUS ORGANS, MAINLY LUNGS

1) Crohn's disease

2) yersiniosis

3) syphilis

4) tuberculosis

5) scleroma

**Correct answer: 4**

002. TUBERCULOSIS CAUSE

1) campylobacter

2) mycobacterium

3) yersinia

4) vibrio

5) salmonella

**Correct answer: 2**

003.THE MAIN SOURCE OF TUBERCULOSIS INFECTION IS

1) patient who excretes bacteria, animals and birds.

2) only a sick person and a person who excretes bacteria

3) only a patient who excretes bacteria

4) only patient and convalescent

5) only bacilli carrier

**Correct answer: 1**

004. IMMEDIATE TYPE HYPERSENSITIVITY REACTIONS, TENDENCY TO HEMATOGENIC GENERALIZATION, VASCULITIS, ARTHRITES ARE CHARACTERISTIC FOR

1) cavernous tuberculosis

2) pseudotuberculosis

3) tertiary tuberculosis

4) secondary tuberculosis

5) primary tuberculosis

**Correct answer: 5**

005. THE MOST TYPICAL MORPHOLOGICAL MANIFESTATION OF TUBERCULOUS INFLAMMATION

1) granuloma

2) alterative tissue reaction

3) exudative tissue reaction

4) infiltration

5) gumma

**Correct answer: 1**

006. CELL CHARACTERISTIC FOR TUBERCULOSIS GRANULOMA

1) epithelial cell

2) eosinophil

3) mast cell

4) epithelioid cell

5) neutrophil

**Correct answer: 4**

007.IN THE CENTER OF A TUBERCULOSIS GRANULOMA CAN BE IDENTIFIED

1) fibrinoid necrosis

2) caseous necrosis

3) waxy necrosis

4) coliquation necrosis

5) Zenker's necrosis

**Correct answer: 2**

008. MANDATORY DAMAGE TO LYMPH NODES OCCURS WHEN

1) fibrous-focal tuberculosis

2) primary tuberculosis complex

3) cirrhotic tuberculosis

4) tuberculoma

5) acute cavernous tuberculosis

**Correct answer: 2**

009. PREFERENTIAL PATH OF INFECTION DISTRIBUTION IN SECONDARY TUBERCULOSIS

1) lymphogenous.

2) lymphoglandular

3) hematogenous

4) contact and intracanalicular

5) perineural

**Correct answer: 4**

010. POSSIBLE LOCALIZATION OF PRIMARY TUBERCULOSIS COMPLEX

1) liver and kidneys

2) bones and muscles

3) heart and joints

4) intestines

5) brain and spinal cord

**Correct answer: 4**

011.CLINICAL AND MORPHOLOGICAL FORM OF TUBERCULOSIS IN WHICH SPONDYLITIS DEVELOPES

1) primary

2) secondary

3) hematogenous

4) miliary

5) tertiary

**Correct answer: 3**

012. TUBERCULOSIS OF BONES AND JOINTS

1) more common in adults

2) more common in children

3) more common in old age

4) does not occur

5) occurs equally often in all age groups

**Correct answer: 2**

013.MOST COMMON LOCATION OF EXTRAPULMONARY LESIONS IN HEMATOGENIC TUBERCULOSIS

1) kidneys

2) muscles

3) heart

4) skull bones

5) spinal cord

**Correct answer: 1**

014. ACUTE TUBERCULOSIS SEPSIS IS

1) complication of caseous pneumonia

2) a form of secondary tuberculosis

3) form of hematogenous tuberculosis

4) complication of caseous pneumonia

5) form of primary tuberculosis

**Correct answer: 3**

015.REACTIONS ARE ASSOCIATED WITH THE PROGRESSION PHASE OF PRIMARY TUBERCULOSIS

1) proliferation, sclerosis

2) alteration, exudation

3) petrification, encapsulation

4) infiltrative-productive

5) organization

**Correct answer: 2**

016. HEMATOGENIC TUBERCULOSIS DEVELOPES FROM

1) Gon foci

2) Abrikosov foci

3) foci of screenings after primary tuberculosis

4) Aschoff-Puhl lesions

5) Assmann-Redeker lesions

**Correct answer: 3**

017. ACUTE GENERAL MILIARY TUBERCULOSIS IS A VARIETY

1) primary tuberculosis

2) generalized hematogenous tuberculosis

3) secondary tuberculosis

4) acute focal

5) infiltrative

**Correct answer: 2**

018. PRIMARY TUBERCULOSIS COMPLEX IS

1) reaction to tuberculin

2) Ghosn outbreak

3) focus of caseous pneumonia with perifocal inflammation

4) morphological expression of primary tuberculosis

5) inflammation at the site of introduction of Koch's bacillus

**Correct answer: 4**

019.FORM – PHASE OF SECONDARY TUBERCULOSIS

1) hematogenously disseminated

2) with extrapulmonary lesions

3) miliary tuberculosis

4) infiltrative

5) macrofocal tuberculosis

**Correct answer: 4**

020. PRIMARY PULMONARY LOCALIZATION OF SECONDARY TUBERCULOSIS

1) I and II segments on the right

2) I and II segments on the left

3) V, VI segments

4) only III, VIII, IX segments

5) only segment II on the right

**Correct answer: 1**

021. TUBERCULOMA IS

1) form of primary tuberculosis

2) mesenchymal tumor

3) form of hematogenous tuberculosis

4) form of secondary tuberculosis

5) healed cavity

**Correct answer: 4**

022. THE INNER LAYER OF THE CAVERN WALL IN CAVERNOUS TUBERCULOSIS CONSISTS OF

1) lung tissue

2) caseous masses

3) connective tissue

4) bronchial epithelium

5) granulation tissue

**Correct answer: 2**

023.FIBROCAVERNOUS TUBERCULOSIS IS

1) form of primary tuberculosis

2) complication of primary tuberculosis

3) form of secondary tuberculosis

4) complication of secondary tuberculosis

5) form of hematogenous tuberculosis

**Correct answer: 3**

BACTERIAL INTESTINAL INFECTIONS

**Test tasks:**

001.SALMONELLA TYPHI CAN BE ISOLATED FROM BLOOD FOR THE FIRST TIME (BEMOCULTURE)

1) 20 days after infection

2) from 15 to 25 days from the moment of infection

3) in the fourth week of illness

4) in the first week of illness

5) a month after the first symptoms of the disease

**Correct answer: 4**

002. ACUTE CYCLICAL INFECTIOUS DISEASE CHARACTERIZED BY SPECIFIC DAMAGE TO THE INTESTINAL LYMPHATIC SYSTEM

1) salmonellosis

2) typhoid fever

3) dysentery

4) yersiniosis

5) cholera

**Correct answer: 2**

003.THE FIRST WEEK OF TYPHUS STAGE HAS OCCURRED

1) medullary swelling

2) clean ulcers

3) ulcerations

4) necrosis

5) healing of ulcers

**Correct answer: 1**

004.STAGE OF TYPHUS, STARTING WITH REJECTION OF NECROTICA MASSES

1) necrosis

2) medullary swelling

3) clean ulcers

4) cleansing ulcers

5) ulcerations

**Correct answer: 5**

005.PERFORATION OF CLEAR ULCERS IN TYPHUS IS COMMONLY OBSERVED

1) within 7 days from the moment of infection

2) at 4-5 weeks of illness

3) in the first week of illness

4) in the second week of infection

5) at 6-7 weeks of illness

**Correct answer: 2**

006.STAGE OF TYPHUS, IN WHICH THE COMPLETION OF REJECTION OF NECROTICA MASSES OCCURS, FORMATION OF OVAL OR ROUND ULCERS WITH Smooth, Slightly ROUNDED EDGES

1) clean ulcers

2) medullary swelling

3) necrosis

4) ulcerations

5) formation of ulcers

**Correct answer: 1**

007. DISEASE IN WHICH SOMETIMES WAXY NECROSIS OF RECTIVE ABDOMINAL MUSCLES DEVELOPES

1) yersiniosis

2) typhoid fever

3) salmonellosis

4) dysentery

5) cholera

**Correct answer: 2**

008. INFECTIOUS DISEASE WITH PRIMARILY AFFECTS THE DISTAL SECTION OF THE COLON, OCCASING WITH SYMPTOMS OF GENERAL INTOXICATION AND DIARRHEA

1) salmonellosis

2) yersiniosis

3) cholera

4) dysentery

5) typhoid fever

**Correct answer: 4**

009. ACUTE INFECTIOUS DISEASE INVOLVING THE GASTROINTESTINAL TRACT, RELATED TO QUARANTINE INFECTIONS

1) shigellosis

2) typhoid fever

3) yersiniosis

4) salmonellosis

5) cholera

**Correct answer: 5**

010. CHANGES IN THE MUCOUS MEMBRANE OF THE SMALL INTESTINE IN TYPHOUS AT 1 WEEK OF DISEASE

1) diphtheritic enteritis

2) catarrhal enteritis

3) phlegmonous enteritis

4) ulcerative enteritis

5) hemorrhagic enteritis

**Correct answer: 2**

011. THE MOST CHARACTERISTIC INTESTINAL COMPLICATION OF TYPHUS

1) cicatricial stenosis of the intestine

2) amyloidosis

3) pyelonephritis

4) intestinal perforation

5) intestinal obstruction

**Correct answer: 4**

012.SALMONELLOSIS REFERS TO

1) biocenoses

2) quarantine infections

3) anthroponoses

4) anthropozoonoses

5) especially dangerous infections

**Correct answer: 4**

013. WHEN SHIGELLOSIS IS MOST OFTEN AFFECTED

1) jejunum

2) ileum

3) ascending colon

4) transverse colon

5) sigmoid colon

**Correct answer: 5**

014.STAGE 2 SHIGELLOSIS IS CHARACTERISTIC BY INFLAMMATION

1) phlegmonous

2) ulcerative

3) fibrinous

4) catarrhal

5) hemorrhagic

**Correct answer: 3**

015. CHANGES IN THE COLON MUCOSA IN STAGE 3 SHIGELLOSIS

1) catarrhal colitis

2) fibrinous colitis

3) ulcerative colitis

4) purulent colitis

5) serous colitis

**Correct answer: 3**

016.CHARACTERISTIC EXTRAINTESTINAL COMPLICATION OF CHRONIC DYSENTERY

1) paraproctitis

2) pyelonephritis

3) peritonitis

4) purulent perichondritis of the larynx

5) waxy necrosis of the rectus abdominis muscles

**Correct answer: 2**

017.NON-SPECIFIC COMPLICATION OF CHOLERA

1) diphtheritic colitis

2) cholera uremia

3) typhoid cholera

4) sepsis

5) extracapillary glomerulonephritis

**Correct answer: 4**

018. SPECIFIC COMPLICATION OF CHOLERA

1) pyelonephritis

2) pneumonia

3) typhoid cholera

4) sepsis

5) cholera meningitis

**Correct answer: 3**

019. SECOND PERIOD OF CHOLERA

1) alhydic

2) typhoid cholera

3) cholera gastroenteritis

4) cholera enteritis

5) fibrinous colitis

**Correct answer: 3**

020.CLINICAL AND ANATOMICAL FORM OF SALMONELLOSIS

1) alhydic

2) typhoid

3) intestinal

4) typhoid

5) cholera

**Correct answer: 2**

021. GRANULOMAS, REminiscent of tuberculosis, are characteristic of

1) yersiniosis

2) cholera

3) shigellosis

4) salmonellosis

5) typhoid fever

**Correct answer: 1**

022. BACTERIOCHOLIA IS CHARACTERISTIC FOR

1) shigellosis

2) salmonellosis

3) cholera typhoid

4) dysentery

5) typhoid fever

**Correct answer: 5**

023. FORM OF YERSINIOSIS

1) abdominal

2) intestinal

3) typhoid

4) gastrointestinal,

5) septic

**Correct answer: 1**

024. DISEASE CHARACTERIZED BY EXTRAINTESTINAL COMPLICATIONS – AMYLOIDOSIS

1) typhoid fever

2) cholera

3) shigellosis

4) yersiniosis,

5) salmonellosis

**Correct answer: 3**

STAPHYLOCOCCAL AND STREPTOCOCCAL PYODERMA. SEPSIS

**Test tasks:**

001.INFLAMMATORY DISEASES OF THE SKIN CAUSED BY PUS-BASED MICROORGANISMS

1) streptococcosis

2) condylomatosis

3)psoriasis

4) staphyloderma

5)eczema

**Correct answer: 4**

002. PURULENT INFLAMMATION OF THE HAIR FOLLICLE

1) conflict

2) folliculitis

3) hidradenitis

4) impetigo

5) trichophytosis

**Correct answer: 2**

003.FOLLICULITIS WITH CHRONIC RECURRENT COURSE, WITH LOCALIZATION ON THE HAIRY PARTS OF THE BODY

1) sycosis

2) hidradenitis

3) trichophytosis

4) impetigo

5) ecthyma

**Correct answer: 1**

004. PURULENT INFLAMMATION WITH NECROSIS AND MELTING OF THE HAIR FOLLICLE, SEBABY GLAND AND PERIFOLLICULAR CONNECTIVE TISSUE

1) folliculitis

2) sycosis

3) boil

4) ecthyma

5) apostematosis

**Correct answer: 3**

005. FOCUS OF INFLAMMATION CONSISTING OF SEVERAL BOILS LOCATED AROUND

1) pyodermatitis

2) folliculitis

3) impetigo

4) sycosis

5) carbuncle

**Correct answer: 5**

006. PURULENT INFLAMMATION OF APOCRINE SWEAT GLANDS LOCATED IN THE ARMRITS

1) sycosis

2) hidradenitis

3) impetigo

4) pyoderma

5) carbuncle

**Correct answer: 2**

007.FOLLICULITIS, SYCOSIS, FURUNCLE, CARBUNCLE, HYDRADENITIS ARE REFERRED TO

1) streptococcosis

2) yersiniosis

3) dermatoses

4) staphyloderma

5) streptoderma

**Correct answer: 4**

008.THIN-WALLED BLAZDER APPEARING IN STREPTODERMA, WITH TRANSPARENT, CLOUDY OR BLOODY CONTENTS, SURROUNDED BY A COROLONA OF erythema

1) conflict

1) folliculitis

2) sycosis

3) carbuncle

4) hidradenitis

**Correct answer: 1**

009. ACUTE STREPTOCOCCAL INFECTION WITH DAMAGE TO THE SKIN AND SUBCUTANEOUS FIBER INVOLVING LYMPHATIC VESSELS IN THE PROCESS

1) carbunculosis

2) impetigo

3) erysipelas

4) hidradenitis

5) sycosis

**Correct answer: 3**

010.SUBACUTE IS CALLED ENDOCARDITIS, WHICH OCCURS DURING

1) 5 months

2) up to 2 weeks

31 year

4) up to 3 months

5) 20 weeks

**Correct answer: 4**

011.MOST OFTEN IN INFECTIOUS ENDOCARDITIS, THE VALVE IS AFFECTED

1) combined lesion of the tricuspid valve and pulmonary valve

2) aortic valve

3) mitral valve

4) tricuspid valve

5) pulmonary valve

**Correct answer: 2**

012.CHERNOGUBOV'S DISEASE IS CALLED

1) viral endocarditis

2) rheumatic endocarditis

3) primary bacterial endocarditis

4) chronic endocarditis

5) secondary bacterial endocarditis

**Correct answer: 3**

013. GENERAL INFECTIOUS PROCESS WITH A CYCLIC COURSE, CAUSED BY VARIOUS MICROORGANISMS USUALLY ENTERING THE BLOOD FROM A LOCAL INFLAMMATORY FOCUS

1) streptococcosis

2) multiple organ failure syndrome

3) primary infectious complex

4) atypical generalized infection

5) sepsis

**Correct answer: 5**

014. FORM OF SEPSIS, HAVING A RAPID COURSE, WITHOUT SEPTIC PURULENT METASTASES, WITH A STRONG HYPERERGIC REACTION OF THE BODY

1)septicemia

2) septicopyemia

3) bacterial endocarditis

4)chroniosepsis

5) purulent-resorptive fever

**Correct answer: 1**

015. FORM OF SEPSIS, WHICH IS MOST CHARACTERIZED BY THROMBOEMBOLIC COMPLICATIONS

1) purulent-resorptive fever

2) septicopyemia

3)septicemia

4) bacterial endocarditis

5)therapeutic sepsis

**Correct answer: 4**

016. CLINICAL AND MORPHOLOGICAL SIGNS OF SEPSIS ARE CHARACTERISTIC, BUT THE ENTRY GATE IS UNKNOWN AT

1) umbilical sepsis

2) cryptogenic sepsis

3) surgical sepsis

4)therapeutic sepsis

5) urogenic sepsis

**Correct answer: 2**

017. PORTAL OF ENTRANCE IN SURGICAL SEPSIS IS

1) umbilical cord stump

2) retropharyngeal abscess

3) postoperative wound

4) carious tooth

5) endometrium in a state of purulent inflammation

**Correct answer: 3**

018.SEPSIS WITH LOCALIZATION OF THE ENTRY GATE IN THE KIDNEYS

1)surgical

2) umbilical

3) urogenic

4)therapeutic

5) cryptogenic

**Correct answer: 3**

019. IS NOT A FORM OF SEPSIS

1)spicy

2)septicopyemic

3) lightning fast

4) recurrent

5) chronic

**Correct answer: 2**

020. A FORM OF SEPSIS THAT OCCURS IN ACUTE OR CHRONIC PURULAR INFLAMMATION OF THE MIDDLE EAR

1)therapeutic

2) ear

3)otitis

4) otogenic

5) cryptogenic

**Correct answer: 4**

021. FORM OF SEPSIS IN WHICH THE LEADING PEOPLE ARE PURULAR PROCESSES AT THE GATE OF INFECTION AND BACTERIAL EMBOLISM WITH FORMATION OF METASTATIC ULNERS

1)septicemia

2) purulent-resorptive fever

3) septic endocarditis

4)chroniosepsis

5)septicopyemia

**Correct answer: 5**

022. FORM OF SEPSIS IN WHICH THE HEART VALVE APPARATUS SERVES AS THE ENTRANCE GATE, AND THE SEPTIC FOCUS IS LOCATED IN ITS LEAVES

1)septicopyemia

2) septicemia

3) cryptogenic sepsis

4) septic endocarditis

5) purulent-resorptive fever

**Correct answer: 4**

023. FORM OF SEPSIS CURRENTLY EXCLUDED FROM CLASSIFICATION

1)chroniosepsis

2) septicemia

3) cryptogenic sepsis

4) acute form of septic endocarditis

5)septicopyemia

**Correct answer: 1**

024. DURING AUTOPSY, SEPTICEMIA IS NOT DETECTED IN DEAD PEOPLE

1) DIC syndrome

2) shock buds

3) centrilobular necrosis in the liver

4) shock lungs

5) metastatic ulcers

**Correct answer: 5**

025. MULTIPLE PETECHIAL HEMORRHAGES IN THE SKIN AND SUBCUTANEOUS FIBER IN SEPTIC ENDOCARDITIS ARE

1) Janeway spots

2) Belsky-Filatov-Koplik spots

3) Minakov spots

4) Lukin-Libman spots

5) Vishnevsky spots

**Correct answer: 1**

DISEASES OF THE ENDOCRINE SYSTEM

**Test tasks:**

001.TYPE 1 DIABETES MELLITUS IS MANIFESTING

1) in old age

2) destruction of β-cells and absolute insulin deficiency

3) during pregnancy

4) as a complication of any disease affecting the pancreas and its islet apparatus

5) changes in β-cells leading to relative insulin deficiency and insulin resistance

**Correct answer: 2**

002.IN INSULITIS, THE INFLAMMATORY INFILTRATE PREMIUMS

1) T-lymphocytes

2) polymorphonuclear leukocytes

3) red blood cells

4) epithelioid cells

5) multinucleated giant cells

**Correct answer: 1**

003.COMPLICATIONS OF DIABETES MELLITUS DO NOT APPLY

1) tuberculosis

2) hyperglycemic coma

3) trophic ulcers of the extremities

4) pyoderma

5) thromboembolic syndrome

**Correct answer: 5**

004.SECONDARY DIABETES MELLITUS

1) type 2 diabetes

2) autoimmune diabetes

3) congenital diabetes mellitus

4) complication of pancreatic diseases

5) genetically determined diabetes mellitus

**Correct answer: 4**

005. GENETIC PRESPOSITION IS CHARACTERISTIC FOR

1) nonspecific diabetes

2) type 1 diabetes mellitus

3) diabetes in pregnancy

4) secondary diabetes

5) any diabetes mellitus

**Correct answer: 2**

006. RISK FACTORS FOR TYPE 2 DIABETES MELLITUS

1) obesity

2) exhaustion

3) viral infections

4) excess sugar in food

5) lack of sugar intake from food

**Correct answer: 1**

007. ATROPHY OF GLAND FOLLICLES, STRONG FIBROSIS OF THE STROM AND SURROUNDING TISSUE ARE CHARACTERISTIC FOR

1) sporadic goiter

2) diffuse toxic goiter

3) Riedel's thyroiditis

4) chronic lymphocytic thyroiditis

5) endemic goiter

**Correct answer: 3**

008. NOT INCLUDED IN MALIGNANT TUMORS OF THE THYROID GLAND

1) papillary carcinoma

2) follicular adenoma

3) follicular carcinoma

4) anaplastic carcinoma

5) medullary cancer

**Correct answer: 2**

009. REDUCED FUNCTION OF THE ADENOPHYPOPHYSUS IS MANIFESTED

1) acromegaly

2) macroglossia

3) pituitary dwarfism

4) gigantism

5) diabetes insipidus

**Correct answer: 3**

010.KIMMELSTIEL-WILSON SYNDROME IS

1) diabetic microangiopathy

2) diabetic macroangiopathy

3) diabetic neuropathy

4) diabetic retinopathy

5) diabetic nephropathy

**Correct answer: 5**

011.MORPHOLOGICAL MANIFESTATION OF DIABETIC MACROANGIOPATHY

1) vasculitis

2) hyalinosis

3) amyloidosis

4) aneurysm

5) Mönckeberg mediacalcinosis

**Correct answer: 5**

012.MORPHOLOGICAL MANIFESTATION OF DIABETIC MICROANGIOPATHY

1) atherosclerosis

2) hyalinosis

3) lipomatosis

4) calcification

5) arteritis

**Correct answer: 2**

013. HASHIMOTO GOITTER IS

1) acute purulent thyroiditis

2) subacute lymphocytic thyroiditis

3) giant cell thyroiditis

4) chronic lymphocytic thyroiditis

5) chronic fibrous thyroiditis

**Correct answer: 4**

014.CHRONIC FIBROUS THYROIDITIS IS

1) Hashimoto's goiter

2) thyroiditis due to tuberculosis

3) Riedel's thyroiditis

4) subacute lymphocytic thyroiditis

5) de Quervain's thyroiditis

**Correct answer: 3**

015.DE QUERVIN'S THYROIDITIS

 1) subacute granulomatous thyroiditis

 2) subacute lymphocytic thyroiditis

 3) infectious thyroiditis

 4) specific thyroiditis

 5) acute thyroiditis

**Correct answer: 1**

016.GOITER BY MACROSCOPIC APPEARANCE

 1) parenchymal

 2) fibronodular

 3) colloidal

 4) fibrous-focal

 5) diffuse nodular

**Correct answer: 5**

017.GOITER BY MICROSCOPIC STRUCTURE

 1) diffuse-nodular

 2) diffuse

 3) colloidal

 4) endemic

 5) mixed

**Correct answer: 3**

018. THE CAUSE OF ENDEMIC GOITTER IS

 1) excess iodine in water and food

 2) intoxication

 3) autoallergy

 4) lack of iodine in water and food

 5) vitamin deficiency

**Correct answer: 4**

019. GRAVES DISEASE IS

 1) Hashimoto's goiter

 2) sporadic goiter

 3) endemic goiter

 4) fibrous goiter

 5) diffuse toxic goiter

**Correct answer: 5**

020. PITUITARY NANISSM DEVELOPES WHEN

 1) somatotropic adenoma

 2) tumors of the pituitary gland with a decrease in its function

 3) Sheehan syndrome

 4) specific infections

 5) Simmonds syndrome

**Correct answer: 2**

021.PHEOCHROMOCYTOMA IS

 1) pituitary tumor

 2) pancreatic tumor

 3) kidney tumor

 4) adrenal tumor

 5) thyroid tumor

**Correct answer: 4**

022.SCLEROSIS OF THE ADRENAL GLANDS, ATROPHY OF THEIR CORTAL CONSISTED OF SMALL CELLS WITH LIPOFUSCIN AND LIPIDS ARE DETERMINED BY

 1) Addison's disease

 2) Itsenko-Cushing syndrome

 3) hyperthyroidism

 4) pheochromocytoma

 5) hyperaldosteronism

**Correct answer: 1**

023. CARCINOID IS THIS

 1) adenocarcinoma

 2) apudoma

 3) teratoma

 4) a type of carcinoma

 5) form of sarcoma

**Correct answer: 2**

DISEASES OF THE MALE AND FEMALE GENITAL SYSTEM. SYPHILIS

**Test tasks:**

001.INFLAMMATION OF THE SKIN OF THE HEAD OF THE PENIS AND THE INNER LAYER OF THE FORESKUS

1) balanitis

2) phimosis

3) Peyronie's disease

4) balanoposthitis

5)priapism

**Correct answer: 4**

002.PATHOLOGICAL Narrowing of the opening of the foreskin

1) balanostenosis

2) phimosis

3) oleogranuloma

4) balanoposthitis

5) balanitis

**Correct answer: 2**

003. DISEASE WITH PROGRESSIVE FIBROUS CHANGES IN THE TUNA PROTEIN OF THE PENIS, LEADING TO ITS CURVATION

1) phaloscoliosis

2) balanoposthitis

3) Peyronie's disease

4) phimosis

5) paraphimosis

**Correct answer: 3**

004.INADDEQUATELY PROLONGED, PAINFUL ERECTION NOT RELATED TO SEXUAL Arousal

1) fibromatosis of the penis

2) erectism

3) Peyronie's disease

4) hyperlibido

5) priapism

**Correct answer: 5**

005. ACUTE OR CHRONIC INFLAMMATION OF THE PROSTATE

1) prostatitis

2) prostate adenoma

3) adenosis

4) BPH

5) prostate hyperplasia

**Correct answer: 1**

006.INFLAMMATION, WITH SPECIFIC FIBROSIS, DEVELOPING DUE TO THE INTRODUCTION OF FOREIGN SUBSTANCES UNDER THE SKIN OF THE PENIS

1) lipomatosis

2) cellulite

3) oleogranuloma

4) priapism

5) fibromatosis

**Correct answer: 3**

007.DISHORMONAL DISEASE CHARACTERIZED BY PROSTATE ENLARGEMENT DUE TO HYPERTROPHY AND HYPERPLASIA OF GLANDIC AND STROMAL COMPONENTS

1) adenofibrosis

2) adenocarcinoma

3) HPG

4) benign hyperplasia

5) fibromatosis of the prostate

**Correct answer: 4**

008. FAILURE OF ONE OR BOTH TESTLES INTO THE Scrotum

1) varicocele

2) cryptorchidism

3) spermatocele

4) orchiepididymitis

5) monorchism

**Correct answer: 2**

009.TESTICAL INFLAMMATION

1) cryptorchidism

2) cryptorchitis

3) balanoposthitis

4) orchitis

5) epididymitis

**Correct answer: 4**

010. ACCUMULATION OF SERUSAL FLUID BETWEEN THE TESTICAL MEMBRANES

1) hydrocele

2) mucocele

3) serous cyst

4) varicocele

5) hidradenitis

**Correct answer: 1**

011. LUSTER RESIMBER OF A WART OR CAULIFLOWER

1) polyp

2) oleogranuloma

3) genital warts

4) candidiasis

5) chancre

**Correct answer: 3**

012.INflammation of the epididymis

1) salpingitis

2) cryptorchidism

3) oophoritis

4) orchitis

5) epididymitis

**Correct answer: 5**

013.ANOMALIZATION OF VEINS OF THE SPERMIC CORD

1) hydrocele

2) mucocele

3) spermatocele

4) varicocele

5) seminoma

**Correct answer: 4**

014.THE GREATEST IMPORTANCE IN THE ETIOLOGY OF PROSTATE CANCER IS ASSIGNED

1) chronic inflammation

2) viruses

3) dishormonal changes

4) congestion due to irregular sexual activity

5) physical inactivity

**Correct answer: 3**

015.THE LEADING ROLE IN THE DIAGNOSIS OF PROSTATE CANCER BELONGS

1) study of tumor markers

2) histological examination

3) X-ray diagnostics

4) TRUS of the prostate gland

5) MRI of the pelvic organs

**Correct answer: 2**

016. INFLAMMATION OF THE CERVIX

1)colpitis

2)urethritis

3) cervicitis

4)endocervicosis

5) endometritis

**Correct answer: 3**

017.BENIGN TUMOR OF SMOOTH MUSCLE TISSUE

1) leiosarcoma of the uterus

2) uterine leiomyoma

3) rhabdomyoma

4) hamartoma

5)lipoma

**Correct answer: 2**

018.INFLAMMATION OF THE FALLOPY TUBE

1) oophoritis

2) sactosalpinx

3) tubulitis

4) salpingitis

5) eustacheitis

**Correct answer: 4**

019. FOCAL BENIGN PROCESS OF HYPERPLASTIC CHARACTER OF THE MUCOUS MEMBRANE, IN THE FORM OF A FORMATION PROCESSING INTO THE UTERINE CAVITY

1) endometrial polyp

2) uterine leiomyoma

3) endometrial adenocarcinoma

4) endometriosis

5) endocervicosis

**Correct answer: 1**

020. WHEN ENDOMETRIAL HYPERPLASIA PREVAILS

1) progestins

2) estrogens

3) somatotropin

4) luteinizing hormone

5) progesterone

**Correct answer: 2**

021.ECTOPIC FOCI OF ENDOMETRIAL TISSUE

1) endometritis

2) hematometer

3) endometriosis

4)endocervicosis

5) endocervicosis

**Correct answer: 3**

022. DISPLACEMENT OF CERVICAL EPITHELIUM INSTEAD OF MULTILAYERED SQUAMOUS EPITHELIUM TO THE VAGINAL PART OF THE CERVIX

1) cervical ectopia

2) cervicitis

3)endometriosis of the cervix

4)CIN

5) cervical dysplasia

**Correct answer: 1**

023.FIBROCYSTIC DISEASE IS CHARACTERIZED

1) ductal and lobular hyperplasia

2) inflammation of the stroma

3) stromal vascular dystrophy

4) fibrosis of the nipple

5) infiltrative growth

**Correct answer: 1**

024. THE MOST COMMON BENIGN TUMOR OF THE BREAST

1) hamartoma

2) papilloma

3) cystoma

4) fibroadenoma

5) atheroma

**Correct answer: 4**

025. FOCAL BENIGN PROCESS OF A HYPERPLASTIC CHARACTER OF THE ENDOCERVIX IN THE FORM OF A FORMATION PROCESSING INTO THE lumen of the cervical canal

1) cervicitis

2) polyp of the endocervix

3) cervical ectopia

4) endometriosis

5) cervical cancer

**Correct answer: 2**

026. PRE-CANCER PROCESSES AND CERVICAL CANCER MOST OFTEN DEVELOP IN

1) exocervix

2) endocervix

3) supravaginal part

4) transformation zone

5) multilayered squamous epithelium of the vaginal part

**Correct answer: 4**

027.PATHOLOGICAL PROLIFERATION OF CELLS OF MULTILAYERED SQUAMOUS EPITHELIUM OF THE CERVIX WITH DISRUPTION OF THEIR DIFFERENTIATION AND DEVELOPMENT OF CELLULAR ATYPIA

1) cervicitis

2) cervical intraepithelial neoplasia

3) endocervix polyp

4) cervical ectopia

5) squamous metaplasia

**Correct answer: 2**

028.KOILOCYTOSIS IS A CONSEQUENCE

1) any degree of CIN

2) papillomavirus infection (HPV)

3) relative or absolute predominance of estrogens

4) atypical hyperplasia

5) trichomonas infection

**Correct answer: 2**

029. SEVERE DYSPLASTIC CHANGES IN THE EPITHELIUM CORRESPONDING

1) CIN 1

2) CIN 2

3) CIN 3

4) CIN 4

5) CIN 5

**Correct answer: 3**

030.MOST COMMON HISTOLOGICAL FORM OF CERVICAL CANCER

1) glandular cancer

2) adenocarcinoma

3) sarcoma

4) carcinoid

5) squamous cell carcinoma

**Correct answer: 5**

031.EXCESSIVE PROLIFERATION OF ENDOMETRIAL GLANDS AND THEIR EPITHELIA

1) endometrial polyp

2)endometriosis

3) endocervix polyp

4) endometrial hyperplasia

5) endometrial dysplasia

**Correct answer: 4**

032.REFERS TO ENDOMETRIOSIS

1)adenomatosis

2) adenomyosis

3) adenoids

4) adenoma

5) adenosis

**Correct answer: 2**

033. FIGURATIVE COMPARISON OF ENDOMETRIOID FOCI IN THE OVARIES

1) rusty cyst

2) chocolate cyst

3) Nabothian cyst

4) solitary cyst

5) mucous cyst

**Correct answer: 2**

034. PAGET'S DISEASE IS

1) nipple cancer

2) fibroadenoma

3) fibrocystic mastopathy

4) specific mastitis

5) induration of the mammary gland

**Correct answer: 1**

035.LEIOMYOMAS BY LOCALIZATION

1) intramucosal

2) intraserous

3) intraepithelial

4)paravasal

5) intramural

**Correct answer: 5**

036. “INTRACANALICULAR” and “PERICANALICULAR” ARE HISTOLOGICAL OPTIONS

1)breast cancer

2) fibroadenomas

3) leiomyomas

4) fibrocystic disease

5) cervical cancer

**Correct answer: 2**

037.KOILOCYTE IS

1) epithelial cell affected by papillomavirus

2) diagnostic cell of granulomatous inflammation

3) human papillomavirus

4) inflammatory infiltrate during papillomavirus infection

5) epithelial cell of the endocervix

**Correct answer: 1**

038. EDEMA, PLENESS AND MODERATE LEUKOCYTIC INFILTRATION OF THE FALLOPY TUBE IS NOTED WITH

1) acute serous salpingitis

2) acute phlegmonous salpingitis

3) chronic salpingitis

4) purulent salpingo-oophoritis

5) pyosalpinx

**Correct answer: 1**

039. FORMATION OF ADHESIONS ON THE OUTER SURFACE OF THE FALLOPY TUBE AND BETWEEN THE FOLDINGS OF THE ENDOSALPINX IS NOTED WHEN

1) acute serous salpingitis

2) acute phlegmonous salpingitis

3) chronic salpingitis

4) pyosalpinx

5) acute catarrhal salpingitis

**Correct answer: 3**

040. THE MOST COMMON HEMATOGENIC METASTASES OF BREAST CANCER ARE FOUND IN

1) lungs

2) kidneys

3)liver

4) bones

5) brain

**Correct answer: 1**

041. THE DEVELOPMENT OF BREAST CANCER IS OFTEN PRECEDED

1) mastitis

2) fibrocystic disease

3) fibroadenoma

4) Paget's disease

5) ductal hyperplasia

**Correct answer: 5**

042. FORMATION OF ABSCESSES WITH FIBROUS INDURATION OF BREAST TISSUE IS ACCOMPANIED

1) fibrocystic disease

2) fibroadenoma

3)breast cancer

4) chronic mastitis

5) acute mastitis

**Correct answer: 4**

043. FORMATION OF GUMM OCCURS IN

1) tertiary period of syphilis

2) the primary period of syphilis

3) throughout the course of the disease

4) moment of infection

5) recovery period

**Correct answer: 1**

044. COURSE OF SYPHILIS INCLUDES

1) two periods

2) four periods

3) five periods

4) three periods

5) incubation period and period of clinical manifestations

045. DEVELOPES 3-6 YEARS AFTER INFECTION WITH MANY ORGANS INVOLVED IN THE PROCESS

1) primary syphilis

2) secondary syphilis

3) visceral syphilis

4) congenital syphilis

5) quaternary syphilis

**Correct answer: 3**

046. DEVELOPES 8-10 WEEKS AFTER THE APPEARANCE OF CHANCRE

1) primary syphilis

2) secondary syphilis

3) tertiary syphilis

4) visceral syphilis

5) gummous syphilis

**Correct answer: 2**

047.HARD CHANCRE IS CHARACTERISTIC FOR

1) visceral syphilis

2) gummous syphilis

3) tertiary syphilis

4) secondary syphilis

5) primary syphilis

**Correct answer: 5**

048. CHRONIC DIFFUSE PRODUCTIVE-NECROTIC INFLAMMATION IN INTERNAL ORGANS AND VESSELS IS CHARACTERISTIC OF

1) primary syphilis

2) secondary syphilis

3) primary seronegative syphilis

4) tertiary syphilis

5) quaternary syphilis

**Correct answer: 4**

049.SYPHYLIDES - THIS IS

1) foci of inflammation at the entrance gates

2) rash in the secondary period

3) rash in the tertiary period

4) interstitial infiltrates in organs

5) gumma

**Correct answer: 2**

050.MESAORTITIS IS CHARACTERISTIC FOR

1) secondary syphilis

2) quaternary syphilis

3) primary syphilis

4) tertiary syphilis

5) congenital syphilis

**Correct answer: 4**

PATHOLOGY OF PREGNANCY AND POSTPARTUM PERIOD

**Test tasks:**

001. PLACENTAL BARRIER INTRODUCED

1) endothelium of the villus capillary, stroma surrounding the vessel, basement membrane of the villus epithelium, villus epithelium.

2) endothelium of the villous capillary, amnion, cytotrophoblast, basement membrane of the villous epithelium, villous epithelium.

3) amnion epithelium, its basement membrane, villous stroma, basement membrane of the villous epithelium, villous epithelium.

4) the endothelium of the villus capillary, its basement membrane, the stroma surrounding the vessel, the basement membrane of the villus epithelium, the villus epithelium.

5) endothelium of the villus capillary, its basement membrane, basement membrane of the villus epithelium, villus epithelium.

**Correct answer: 4**

002.WILLIT IS THIS

1) inflammation of the membranes of the placenta

2) inflammation of the umbilical cord

3) inflammation of the chorionic villi

4) inflammation of the amnion

5) inflammation of syncytiotrophoblast microvilli

**Correct answer: 3**

003. THE ASCENDING PATH OF INFECTION OF THE PLACENTA IS TO A GREAT EXTENT CHARACTERISTIC FOR

1) enterococci, staphylococci, streptococci, E. coli

2) herpes, cytomegalovirus infections

3) rubella, measles, syphilis

4) listeriosis, tuberculosis

**Correct answer: 1**

004.IN THE INITIAL STAGES, THE PLACENTA INFARCTION HAS A COLOR

1) brown

2) dark red

3) yellow

4) white with a hemorrhagic rim

5) waxy

**Correct answer: 2**

005.OVER TIME, THE PLACENTA INFARCTION TAKES COLOR

1) dark red

2) cyanotic

3) white with a hemorrhagic rim

4) brown-yellow

5) gray-yellow or gray-white

**Correct answer: 5**

006.ABSENCE OF INDEPENDENT SEPARATION OF THE AFTERMIND INDICATES

1) placenta accreta

2) partial placenta previa

3) complete placenta previa

4) placental infarction

5) placentitis

**Correct answer: 1**

007.PLACENTA PREVIA DEVELOPES IN THE CASE

1) placentitis

2) implantation of a blastocyst in the lower segment of the uterus

3) edometriosis

4) ectopic pregnancy

5) disorders of maturation of the villous chorion

**Correct answer: 2**

008. MAIN SYMPTOMS OF PRE-ECLAMPSIA

1) arterial hypotension, hypoproteinemia, hypercholesterolemia

2) dysproteinemia, proteinuria, edema

3) ptyalism, anemia, proteinuria

4) proteinuria, arterial hypertension, edema

5) uterine bleeding, edema

**Correct answer: 4**

009. Hydatidiform mole, Choriocarcinoma, Invasive Hydatidiform mole COMBINED INTO THE CONCEPT

1) diseases of an inflammatory nature

2) placental insufficiency

3) placenta tumors

4) trophoblastic disease

5) gestosis

**Correct answer: 4**

010. ABSENCE OF EMBRYO CHARACTERIZES

1) ectopic pregnancy

2) choriocarcinoma

3) trophoblastic tumor of the placental bed

4) complete hydatidiform mole

5) partial hydatidiform mole

**Correct answer: 4**

011. AN AREA OF VILLUS EMBRACED IN FIBRINOID, PRESERVING THE CAPILLARY BED AND PARTIALLY THE EPITHELIA IS

1) placental infarction

2) willit

3) choriocarcinoma

4) pseudoinfarction of the placenta

5) malformation of the placenta

**Correct answer: 4**

012.HEMORRHAGE IN THE BASAL PLATE LEADING TO PLACENTAL ABSORPTION CHARACTERIZES

1) pseudoinfarction of the placenta

2) choriocarcinoma

3) retroplacental hematoma

4) basal hematoma

5) hemorrhagic infarction of the placenta

**Correct answer: 3**

013. PROGRESS OF PLACENTA VILLUS INTO MYOMETRIUM WITH THE POSSIBILITY OF DEVELOPING METASTASES

1) invasive hydatidiform mole

2) choriocarcinoma

3) mesenchymal tumors of the placenta

4) complete hydatidiform mole

5) placenta accreta

**Correct answer: 1**

014. MALIGNANT TUMOR FROM CYTO- AND SYNCYTIOTROPHOBAST

1) trophocarcinoma

2) choriocarcinoma

3) trophoblastoma

4) cytocarcinoma

5) syncytiocarcinoma

**Correct answer: 2**

015. VESICULAR (EDEOUS) VILLI ARE DISTRIBUTED AMONG MORPHOLOGICALLY NORMAL PLACENTAL TISSUE IN

1) placenta accreta

2) choriocarcinoma

3) pathological immaturity of the chorion

4) complete hydatidiform mole

5) partial hydatidiform mole

**Correct answer: 5**

016. WHEN THE ASSIGNING PATH OF INFECTION OF THE AFTERMISSION IS CHARACTERISTIC, THE DEVELOPMENT OF INFLAMMATION

1) extraplacental membranes and chorionic plate

2) uteroplacental arteries

3) vessels of the villi

4) myometrium

5) basal plate

**Correct answer: 1**

017. FOR HEMATOGENIC INFECTION OF THE AFTERMISSION IS CHARACTERISTIC

1) extraplacental chorioamnionitis

2) basal deciduitis and villitis

3) myometritis

4) funiculitis

5) placental chorioamnionitis

**Correct answer: 2**

018. THE UMBRICAL CORD IS NORMALLY LONG

1) 40 cm - 70 cm

2) 50 cm - 80 cm

3) 50 cm - 75 cm

4) 30 cm - 70 cm

5) 25 – 60 cm

**Correct answer: 1**

019.HELLP - SYNDROME IS

1) pathology of the postpartum period

2) one of the manifestations of septic endometritis

3) severe form of preeclampsia

4) severe form of eclampsia

5) antiphospholipid syndrome

**Correct answer: 3**

020. THE MOST CHARACTERISTIC LOCALIZATION OF CHORIOCARCINOMA METASTASES

1) spleen

2) leather

3) lungs, vagina

4) heart

5) pelvic bones

**Correct answer: 3**

021.PLACENTA PREVIA IS COMPLICATED

1) placenta accreta

2) abnormalities of the placental disc

3) placentitis

4) uterine bleeding

5) placental infarction

**Correct answer: 4**

022.THE CAUSE OF FETAL HYPOTROPHY IS

1) acute placental insufficiency

2) bilobed placenta

3) short umbilical cord

4) fenestrated placenta

5) chronic placental insufficiency

**Correct answer: 5**

023. SPONTANEOUS ABORTIONS DEVELOP PRIMARILY DUE TO

1) preeclampsia

2) abnormalities of the placenta

3) chromosomal and gene mutations

4) placenta previa

5) ectopic implantation of blastocyst

**Correct answer: 3**

024. THE MAIN DIFFERENCE OF ECLAMPSIA FROM PRE-ECLAMPSIA

1) hypertension

2) edema, proteinuria

3) convulsive syndrome

4) centrilobular foci of necrosis in the liver

5) ptyalism

**Correct answer: 3**

025. IMMEDIATE CAUSE OF PLACENTAL INFARCTION

1) placentitis

2) disturbances of placental-fetal blood flow

3) disturbances of blood flow in the uteroplacental arteries

4) thrombosis of the umbilical cord artery

5) thrombosis of the arteries of the placental villi

**Correct answer: 3**

PRENATAL PATHOLOGY

**Test tasks:**

001.BLASTOGENESIS PERIOD LASTS

1) from the moment of fertilization to the 15th day of pregnancy

2) from the first to the 7th day of pregnancy

3) from 1 to 12 days of pregnancy

4) from 16 to 75 days of pregnancy

5) from ovulation to the 15th day of pregnancy

**Correct answer: 1**

002.EMBRYOGENESIS LASTS

1) from fertilization to the 15th day of pregnancy

2) from 15 to 28 days of pregnancy

3) from 16 to 75 days of pregnancy

4) second trimester of pregnancy

5) from 16 to 40 days of pregnancy

**Correct answer: 3**

003.FETOGENESIS LASTS

1) second half of pregnancy

2) up to 15 to 180 days of pregnancy

3) from the 1st day of pregnancy until birth

4) from the 76th day of pregnancy until birth

5) from 16 to 75 days of pregnancy

**Correct answer: 4**

004.PATHOLOGY OF THE EGG AND SPERMATOZOON ARISING BEFORE FERTILIZATION IS

1) cytopathies

2) gametopathies

3) blastopathy

4) embryopathies

5) fetopathy

**Correct answer: 2**

005.PATHOLOGY APPEARING DURING THE PERIOD OF IMPLANTATION AND Fragmentation IN THE FIRST 15 DAYS FROM THE MOMENT OF FERTILIZATION

1) chromosomal mutations

2) gene mutations

3) gametopathies

4) embryopathies

5) blastopathy

**Correct answer: 5**

006. THE PROCESS OF INDIVIDUAL DEVELOPMENT OF AN ORGANISM, STARTING FROM THE MOMENT OF FERTILIZATION OF THE EGG AND ENDING WITH ITS DEATH

1) blastogenesis

2) biocenosis

3) morphogenesis

4) phylogeny

5) ontogeny

**Correct answer: 5**

007.PATHOLOGY OF THE PERIOD FROM 16 TO 75 DAYS OF PREGNANCY

1) embryopathies

2) blastopathy

3) fetopathy

4) homopathies

5) gametopathies

**Correct answer: 1**

008.PATHOLOGY FROM 76 TO 280 DAYS OF PREGNANCY

1) pneumopathy

2) gametopathies

3) embryopathies

4) fetopathy

5) blastopathy

**Correct answer: 4**

009. CONGENITAL DEVELOPMENTAL DAMAGES MOSTLY RELATE TO

1) blastopathies

2) embryopathies

3) fetopathies

4) gametopathies

5) pathomorphosis

**Correct answer: 2**

010. TRISOMY OF 21 PAIRS OF CHROMOSOMES IS

1) embryopathy

2) Shereshevsky-Turner syndrome

3) Down syndrome

4) Patau syndrome

5) Edwards syndrome

**Correct answer: 3**

011. TRISOMY ON THE 13TH PAIR OF CHROMOSOMES IS

1) fetopathy

2) Edwards syndrome

3) Shereshevsky-Turner syndrome

4) Patau syndrome

5) Down syndrome

**Correct answer: 4**

012. SPINAL CORD HERNIA ASSOCIATED WITH DORAL VERTEBRAL SPLITTING

1) spina bifida

2) rachischisis

3) meningoencephalocele

4) hydrocephalus

5) encephalocystocele

**Correct answer: 1**

013.BRAIN HYPOPLASIA IS

1) microgyria

2) hypocephalia

3) hydrocephalus

4) anencephaly

5) microcephaly

**Correct answer: 5**

014. AN INCREASE IN THE NUMBER OF GRAIN GYRIUS WITH A DECREASE IN THEIR SIZE IS

1) hydrocephalus

2) anencephaly

3) microcephaly

4) microgyria

5) macrocephaly

**Correct answer: 4**

015.EXCESSIVE ACCUMULATION OF CSF IN THE VENTRICLES OF THE BRAIN OR IN THE SUBARACCHNOID SPACES, ACCOMPANIED BY AN ENLARGEMENT OF THE BRAIN SKULL

1) hydrocephalus

2) liquorocele

3) microgyria

4) spina bifida

5) rachischisis

**Correct answer: 1**

016. BULGING OF THE BRAIN SUBSTANCE AND ITS MEMBRANES THROUGH DEFECTS OF THE SKULL BONES, THEIR SUTURES AND THE SPINAL CANAL

1) hydrocephalus

2) anencephaly

3) microcephaly

4) microgyria

5) herniation of the brain and spinal cord

**Correct answer: 5**

017.FACTORS CAUSING DEVELOPMENTAL ANOMALIES

1) oncogenes

2) carcinogens

3) ontogens

4) teratogens

5) cytogens

**Correct answer: 4**

018. DISEASE CALLED GRANULOMATOUS SEPSIS

1) toxoplasmosis

2) listeriosis

3) congenital syphilis

4) cytomegaly

5) congenital rubella

**Correct answer: 2**

019. THE FIRST PLACE IN FREQUENCY AMONG OTHER DEFECTS IS occupied by

1) heart defects

2) CNS defects

3) respiratory defects

4) gastrointestinal abnormalities

5) defects of the genital organs

**Correct answer: 2**

020.CATARACTS, HEART DEFECTS, DEAFNESS - CLASSIC DIAGNOSTIC TRIAD

1) congenital listeriosis

2) congenital syphilis

3) congenital rubella

4) congenital toxoplasmosis

5) congenital cytomegaly

**Correct answer: 3**

021.HUTCHINSON TRIAD

1) hemorrhagic rash, hemolytic anemia, jaundice

2) hydrocephalus, chorioretinitis, foci of calcification in the brain

3) cataracts, heart defects, deafness

4) interstitial keratitis, deafness, dental damage

5) vasculitis, dermatitis, encephalitis

**Correct answer: 4**

022.LARGE CELLS, WITH AN ECCENTRICALLY LOCATED NUCLEUS AND LIGHT CYTOPLASM (OWL EYE LOOK) CHARACTERISTIC FOR

1) toxoplasmosis

2) syphilis

3) tuberculosis

4) cystic fibrosis

5) cytomegaly

**Correct answer: 5**

023. IN THE AREAS OF INFLAMMATION THERE ARE PSEUDO-CYSTS CONTAINING MANY PARASITES WITH

1) congenital toxoplasmosis

2) congenital syphilis

3) fetal listeriosis

4) granulomatous sepsis

5) congenital rubella

**Correct answer: 1**

024.ROAD OF INTRAuterine INFECTION BY RUBELLA VIRUS

1) lymphogenous

2) hematogenous

3) contact

4) canalicular

5) implantation

**Correct answer: 2**

025. HYPOXIA AND CYANOSIS (BLUE TYPE OF DEFECTS) IS MOST NOTED WITH

1) all defects such as Fallot

2) non-occlusion of the ductus botallus

3) stenosis and atresia of the aorta

4) ventricular septal defect

5) for all congenital heart defects

**Correct answer: 1**