

Документ подписан простой электронной подписью
Информация о владельце:
ФИО: Косенок Сергей Михайлович
Должность: ректор
Дата подписания: 28.07.2025 08:33:35
Уникальный программный ключ:
e3a68f3eaa1e62674b54f4998099d3d6bfdcf836

Test task for diagnostic testing in the discipline:

Hospital surgery, pediatric surgery Semester 11

Curriculum	31.05.01 General Medicine
Specialty	General Medicine
Form of education	full-time
Designer Department	Surgical diseases
Graduate Department	Internal diseases

Competence	Task	Answers	The type of complexity
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate one correct answer 1. Acute appendicitis should be differentiated from all of the listed diseases, except: a) glomerulonephritis, b) acute pancreatitis, c) acute adnexitis, d) acute gastroenteritis, d) right-sided renal colic		Low
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate one correct answer 2. Clinically, acute appendicitis can be mistaken for: a) salpingitis, b) acute cholecystitis, c) Meckel's diverticulitis, d) ectopic pregnancy, d) any of these types of pathology.		Low
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate one correct answer 3. The most common cause of acute cholecystitis is:	1. Physical activity 2. Anomaly of the biliary tract 3. Violation of diet and nutrition regimen 4. Hematogenous infection 5. Trauma of abdominal organs	Low
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate one correct answer 4. Acute cholecystitis is characterized by a block of stones at the level of:	1. Cystic duct 2. Common bile duct 3. Ampulla of Vater 4. Intrahepatic ducts	Low
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8	Indicate one correct answer	1. Hyperkalemia 2. Hyperleukocytosis 3. Hyperamylasemia	Low

PC-9, PC-10, PC-11	5. The most characteristic sign in laboratory diagnostics of acute pancreatitis:	4. Hypercoagulability 5. Anemia	
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate one correct answer 6. Surgical treatment of acute pancreatitis is not indicated in:	1. Edematous pancreatitis 2. Fatty pancreatic necrosis 3. Hemorrhagic pancreatic necrosis	Medium
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate one correct answer 7. The polyclinic surgeon should remember that the most likely complication of ulcers of the anterior wall of the duodenum is: a) Malignancy; b) Perforation; c) Bleeding; d) Duodenostasis; d) Penetration into the head of the pancreas.		Medium
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Choose the correct combination of answers: 8. In what cases is it necessary to examine the gastrin level in patients with peptic ulcer: A) With multiple ulcers; B) With ulcer recurrence after surgical treatment; C) With basal hyperchlorhydria.		Medium
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate one correct answer 9. In case of general peritonitis of appendicular origin, the following access is used:	1. Volkovich-Dyakonov; 2. pararectal; 3. midline laparotomy.	Medium
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate one correct answer 10. For the sanitation of the abdominal cavity in case of general peritonitis, the following solutions can be used:	1. 3% hydrogen peroxide solution; 2. 20% glucose solution; 3. 0.02% furacilin solution.	Medium
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate all correct answer 11. The reactive stage of peritonitis continues:	1. 4 – 6 hours; 2. 24 hours; 3. 48 hours; 4. 72 hours; 5. more than 72 hours	Medium
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate all correct answer 12. The main route of spread of hospital infection:	1. airborne; 2. airborne dust; 3. implantation; 4. contact.	Medium
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8	Indicate all correct answer	1. Obstructive 2. Spastic 3. Strangulation	Medium

PC-9, PC-10, PC-11	13. Mechanical intestinal obstruction includes all of the following except:	4. Mixed	
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate all correct answer 14. The bone is considered dislocated	1. central; 2. peripheral	Medium
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate all correct answer 15. What are the criteria for a patient's readiness for surgery for diffuse peritonitis?	1. normalization of pulse 2. normalization of blood pressure 3. disappearance of shortness of breath 4. normalization of temperature 5. restoration of diuresis 6. normalization of the red blood picture 7. passage of stool and gases 8. decrease in temperature below 38 degrees C	Medium
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate all correct answer 16. What are the characteristic symptoms of a "cold" appendicular infiltrate?	1. constant abdominal pain 2. vomiting 3. high temperature 4. positive Shchetkin-Blumbeog symptom 5. lack of peristalsis 6. presence of a dense, painful, tumor-like formation in the abdominal cavity	High
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate all correct answer 17. What operation is not performed in the early stages of acute osteomyelitis?	1. opening of phlegmon; 2. dissection of periosteum; 3. trepanation of bone marrow cavity; 4. sequestrectomy; 5. bone grafting.	High
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate all correct answer 18. What is the danger of furuncles of the upper lip, nasolabial triangle, nose and suborbital region?	1. facial edema 2. development of mumps 3. development of purulent basal meningitis 4. nosebleed	High
GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11	Indicate all correct answer 19. Surgical treatment of Douglas abscess consists of opening through:	1. anterior abdominal wall 2. rectum 3. perineum 4. vagina (in girls)	High

<p>GPC-6, GPC-8 GPC-11, PC-5 PC-6, PC-7, PC-8 PC-9, PC-10, PC-11</p>	<p>Indicate all correct answer 20. What is the surgical tactic for "cold" appendicular infiltrate in older children (over three years old)?</p>	<p>1. conservative treatment of infiltrate, aimed at relieving inflammation and resorption of infiltrate 2. Volkovich-Dyakonov access, removal of the appendix, drainage of the abdominal cavity 3. median laparotomy, removal of the appendix, drainage of the abdominal cavity 4. transrectal or pararectal laparotomy, appendectomy, abdominal drainage 5. What are the surgical tactics for "cold" appendicular infiltrate in children</p>	<p>High</p>
--	--	--	-------------