**MODUL 1General Pathomorphology**

**Text tests**

1. All of the following diseases cause nephritic syndrome, EXCEPT:
	1. Lipoid nephrosis
	2. Diabetes mellitus
	3. Amyloidosis
	4. \* Obesity
	5. Malignant disease.
2. All of the following features characterize the bal looning degeneration of hepatocytes, EXCEPT:
	1. Swollen cells
	2. Edematous appearance
	3. Clumped cytoplasm
	4. \* Large droplets of fat
	5. Large clear spaces.
3. Ballooning degeneration of hepatocytes is caused by:
	1. \* Accumulation of water and cellular swelling
	2. Retaining of biliary material
	3. Accumulation of iron or copp
	4. Accumulation of fat droplets
	5. Accumulation of lipofuscin.
4. Ballooning degeneration of hepatocytes results from:
	1. \* Viral hepatitis
	2. Alcoholic liver disease
	3. Biliary material accumulation
	4. Obesity
	5. Diabetes mellitus.
5. Choose stage in necrosis morphogenesis:
	1. Paranecrosis irreversible change
	2. Coagulation
	3. Distrophy
	4. Autophagy
	5. \* Cell death
6. Choose stage in necrosis morphogenesis:
	1. Prinecrosis reversible change
	2. \* Necrobiosis irreversible degenerative changes;
	3. Coagulation
	4. Distrophy
	5. Autophagy
7. Choose stage in necrosis morphogenesis:
	1. \* Paranecrosis reversible change
	2. Prinecrosis reversible change
	3. Coagulation
	4. Distrophy
	5. Autophagy
8. Choose stage in necrosis morphogenesis:
	1. Paranecrosis irreversible change
	2. Coagulation
	3. Distrophy
	4. Autophagy
	5. \* Cell autolysis
9. Choose tipe of necrosis according to the cause:
	1. \* Traumatic necrosis
	2. Coagulative necrosis
	3. Liquefactive necrosis
	4. Caseous necrosis
	5. Gangrenous necrosis
10. Choose tipe of necrosis according to the cause:
	1. \* Toxic necrosis
	2. Coagulative necrosis
	3. Liquefactive necrosis
	4. Caseous necrosis
	5. Gangrenous necrosis
11. Choose tipe of necrosis according to the cause:
	1. \* Trophoneurotic
	2. Coagulative necrosis
	3. Liquefactive necrosis
	4. Caseous necrosis
	5. Gangrenous necrosis
12. Choose tipe of necrosis according to the cause:
	1. \* Vascular
	2. Coagulative necrosis
	3. Liquefactive necrosis
	4. Caseous necrosis
	5. Gangrenous necrosis
13. Choose tipe of necrosis according to the clinico-morphological forms:
	1. Vascular necrosis
	2. Toxic necrosis
	3. Trophoneurotic necrosis
	4. Traumatic necrosis
	5. \* Coagulation (dry) necrosis
14. Choose tipe of necrosis according to the clinico-morphological forms:
	1. Vascular necrosis
	2. Toxic necrosis
	3. Trophoneurotic necrosis
	4. Traumatic necrosis
	5. \* Colliquative (liquefactive) necrosis
15. Choose tipe of necrosis according to the clinico-morphological forms:
	1. Vascular necrosis
	2. Toxic necrosis
	3. Trophoneurotic necrosis
	4. Traumatic necrosis
	5. \* Gangrene necrosis
16. Coagulative necrosis is characterized by all of the following pathologic features, EXCEPT:
	1. Denaturation of cytoplasmic proteins
	2. Karyorrhaxis
	3. Karyopiknosis
	4. Breakdown of cell organelles
	5. \* Lipid deposition
17. Digestion of the cell by lysosome enzymes of immigrant leukocytes is termed:
	1. Autolysis
	2. Apoptosis
	3. \* Heterolysis
	4. Inflammation
	5. Metaplasia.
18. Early potentially reversible changes in myocardial cells induced by anoxia include all of the following conditions, EXCEPT:
	1. Failure of oxidative phosphorylation
	2. Depletion of ATP
	3. \* Inhibition of anaerobic glycolysis and glycogenolysis
	4. Decrease in cellular pH
	5. Increase in intracellular Na and water and loss of intracellular K.
19. Fatty change is seen by light microscopy as:
	1. Intracellular granules
	2. Basophilic granules
	3. Extracellular granules
	4. \* Vacuoles in the cytoplasm around the nucleus
	5. Eosinophilic granules.
20. Hepatic cell injury induced by CC14 is character ized by all of the following changes, EXCEPT:
	1. Lipid peroxidation
	2. Disaggregation of ribosomes
	3. \* Depletion of intracellular lipids
	4. Influx of calcium
	5. Mitochondrial damage.
21. Hie causes related to CCl4-induced hepatic cell injury are all of the following, EXCEPT.
	1. Processing by mixed function oxidases free radical formation
	2. Free radical formation lipid peroxidation of intracellular membranes
	3. \* Failure of protein synthesis-disaggregation of ribosomes
	4. Decreased apolipoprotein synthesis intracel lular lipid accumulation
	5. Plasma membrane damage mitochondrial calcification.
22. In long-standing hypertension and diabetes mellitus, the walls of arterioles, especially in the kidney, become:
	1. Serous
	2. Thined
	3. \* Hyalinized
	4. Ulcered
	5. Pigmented.
23. Necrotic cells are characterized by all of the following features, EXCEPT:
	1. Increased eosinophilia
	2. \* Hyaline-like droplets in the cytoplasm
	3. Glassy appearance
	4. Lysis of cytoplasm
	5. Fragmentation of cytoplasm
24. ?One of manifestations of metabolic derangements in cells is:
	1. Apoptosis
	2. \* The intracellular accumulation of abnormal amounts of various substance and necrosis
	3. Hypertrophy and necrosis
	4. Metaplasia
	5. Atrophy
25. One of the following changes in cells is apoptotic:
	1. Karyolysis
	2. \* Nuclear pyknosis
	3. Plasmolysis
	4. Breakdown of mitochondrias
	5. Cellular swelling
26. One of the following variants of necrosis can be found in myocardial infarct:
	1. \* Coagulative necrosis
	2. Liquefactive necrosis
	3. Caseous necrosis
	4. Gangrenous necrosis
	5. Fat necrosis.
27. One of the following variants of necrosis can be found in tuberculosis:
	1. \* Caseous necrosis
	2. Gangrenous necrosis
	3. Liquefactive necrosis
	4. Fat necrosis
	5. Fibrinoid necrosis.
28. One of the following variants of necrosis is associated with syphilis:
	1. Coagulative necrosis
	2. Liquefactive necrosis
	3. \* Caseous necrosis
	4. Gangrenous necrosis
	5. Fat necrosis.
29. One of the following variants of necrosis is associated with acute pancreatitis:
	1. Coagulative necrosis
	2. Liquefactive necrosis
	3. Caseous necrosis
	4. Gangrenous necrosis
	5. \* Fat necrosis
30. One of the possible causes of intracellular accumulation of metabolic substances and necrosis:
	1. \* Genetic defects
	2. Inflammation
	3. Embolism
	4. Necrosis
	5. Activation of oncogenes.
31. The following features characterize irreversible cell injury, EXCEPT:
	1. Nucleous pyknosis
	2. Karyolysis
	3. Karyorrhaxis
	4. \* Endoplasmic reticulum swelling
	5. Mitochondrial swelling.
32. The following features characterize reversible cell injury, EXCEPT:
	1. Blebs
	2. Endoplasmic reticulum swelling
	3. Dispersion of ribosomes
	4. \* Myelin figures
	5. Autophagy
33. The most common cause of fatty change in the heart is:
	1. Inflammation
	2. Neoplasia
	3. \* Hypoxia
	4. Amyloidosis
	5. Autoimmune diseases.
34. The nephrotic syndrome is characterized by all of the following manifestations, EXCEPT:
	1. Massive proteinuria
	2. Hypoalbuminemia
	3. Generalized edema
	4. Hyperlipidemia and lipiduria
	5. \* Hyperalbuminemia.
35. The stain used to identify fat is:
	1. Hematoxylin and eosin stain
	2. \* Sudan III stain
	3. Congo red stain
	4. PAS reaction
	5. Metachromatic stain.
36. The stain used to identify glycogen is:
	1. Hematoxylin and eosin stain
	2. Sudan III stain
	3. Congo red stain
	4. \* PAS reaction
	5. Metachromatic stain.
37. What stain is specific for iron:
	1. Hematoxylin and eosin
	2. Sudan III
	3. \* Prussian blue reaction
	4. Congo red
	5. PAS-reaction.
38. Which group of factors is most important in the cellular pathogenesis of irreversible cell injury?
	1. Lipid deposition, reduced protein synthesis, nuclear damage
	2. Mitochondrial condensation, glycolysis, sodium cell loss
	3. \* Mitochondrial hyperplasia, lysozyme release, membrane injury
	4. Reduced ATP, increased calcium influx, membrane injury
	5. Ribosome detachment, glycolysis, nuclear damage.
39. Which of the following events is most important in the development of irreversible cell injury?
	1. \* Cell membrane damage
	2. Increased cell water
	3. Myelin figure accumulation
	4. Loss of ribosomes
	5. Swelling of mitochondria
40. The pathological formation was revealed at the studying of the liver biopsy patterns. What is marked by the indicator on the illustration?
	1. The hypertrophied liver cells.
	2. Normal liver cells.
	3. \* The granulation with the filament of the connecting tissue.
	4. The lipid including.
	5. The parenchyma of the liver.
41. Pathologist explored the preparation of lymphatic node from a patient with a tuberculosis. What pathological process does a doctor see under the pointer?
	1. Exsudate edema of tissue
	2. Festering melting of tissue
	3. \* Caseous necrosis of tissue
	4. Waxen candle (Zenker's necrosis)
	5. White pulp of lymphatic node
42. The homogeneous masses in the center of microscope preparation of patient with tuberculosis testify about ...
	1. Serosal-hemorragic exudation in the lung tissue
	2. \* Necrosis of lung tissue
	3. The inflammatory reaction in the lung tissue
	4. Metaplasy of the lung tissue
	5. Venous hyperemia and swollen
43. The lung inflammation became the reason of death of 45-years-old man. A pathologist revealed the heat of the illness at the dissection. A lung is dense. What previous diagnosis will you put?
	1. Catarrhal inflammation.
	2. \* Croupous inflammation.
	3. Hemorrhagic inflammation.
	4. Festering inflammation.
	5. Necrosis.
44. At the section of thorax a pathologist found the rounded anomalous formation which are the soft consistency and which you see on illustration under a indicator. The diagnose is ...
	1. Tumour.
	2. \* Abscess.
	3. Scar.
	4. Foreign body.
	5. Ordinary lung.
45. The anomalous formation biopsy of the liver. What structure is marked by the indicator on the illustration.
	1. \* The necrotic masses.
	2. The leucocytes infiltrates.
	3. The connecting tissue.
	4. The young granulation.
	5. The parenchyma of the liver.
46. The material after appendectomy was investigated by the pathologist. What type of pathology do you see on the illustration?
	1. Exsudate inflammation.
	2. Proliferate inflammation.
	3. \* Festering diffuse inflammation.
	4. Fibrinoid inflammation.
	5. Hemorrhagic exsudate inflammation.
47. Pathologist investigated the byoptat (preparation of the tissue) from the inflammatory place of intestine. What structures does a pathologist see under a pointer?
	1. The connecting tissue of intestine with the inflammatory changes.
	2. Fatty tissue and leucocytes infiltrate.
	3. Festering melting.
	4. \* Fibrinoid exsudate.
	5. Villi of intestine.
48. The preparation of the tissue from the intestine was delivered for research. The pathologist sees under a pointer ...
	1. The connecting tissue of intestine with the inflammatory changes.
	2. Fatty tissue and leucocytes infiltrate.
	3. \* Festering melting of tissue.
	4. Fibrinoid exsudate.
	5. Villi of intestine.
49. The pathologist found the necrotizing areas of white color with connecting and granulation tissue around their (see illustration) at the investigation of the lung organ. Name the pathological process which is seen by the pathologist.
	1. Acute alterative inflammation
	2. Chronic heterospecific inflammatory process
	3. \* Chronic specific inflammatory process
	4. Acute specific inflammatory process
	5. Necrosis of tissue
50. Pathologist cut the lung of the dead man and discovered the small (size to 5mm) necrotizing areas of white color, that crumble easily (see the illustration). Name the most reliable diagnosis.
	1. Acute inflammation
	2. Necrotizing inflammation
	3. Chronic inflammation
	4. \* Caseous necrosis (specific inflammation)
	5. Necrosis of tissue
51. The dead man with kyphosis of lumbar portion of spine was discovered by the pathologyanatomist. The kyphosis developed during 3 years according to katamnesis (history of the disease). At the cutting pathologist saw the backbone which you see on the illustration. The pathologic areas are soft, white color and crumble easily. Your diagnosis...
	1. Osteodystrophy of the lumbar vertebrae.
	2. Traumatic damage of lumbar vertebrae.
	3. Benign tumor of vertebrae
	4. Malignant tumor of vertebrae
	5. \* Caseous necrosis of vertebrae.
52. The soft rounded pathological education, which you see on a photo, was found at a section in the left lung of 32-years-old man. Name the most reliable diagnosis.
	1. \* A chronic abscess of lung.
	2. An acute abscess of lung.
	3. A scar.
	4. A hemorrhagic infarct.
	5. A neoplasm.
53. The preparation of lymphatic node of tuberculosis patient was studied by pathologist. What pathological process does a doctor see on preparation? (See illustration)
	1. \* Specific inflammatory process
	2. Unspecific (heterospecific) inflammatory process
	3. Acute disorders of blood circulation
	4. Forming of young granulation tissue
	5. Festering diffuse inflammation
54. At research of lymphatic node from a patient with a tuberculosis a pathologist saw the structures which are marked by a pointer. Name these structures?
	1. Erythrocytes and hystiocytes
	2. Eosinophilic inflammatory infiltrate
	3. Pirogov-Langerhans giant cell
	4. \* Hystio-leucocytes infiltrates
	5. Fibroblasts and granulocytes
55. Pathologoanatomist found the structures in a lymphatic node of the tuberculosis patient (which are marked by a pointer on the illustration) at the microscope examination. Name this structures.
	1. Erythrocytes and hystiocytes
	2. Eosinophilic inflammatory infiltrate
	3. \* Pirogov-Langerhans giant cell
	4. Hystio-leucocytes infiltrates
	5. Fibroblasts and granulocytes
56. The abscess of lung was found at the pathoanatomical inspection. To define the type of inflammatory process with his original appearance.
	1. Proliferate inflammation.
	2. Serosal exsudate inflammation.
	3. Fibrinoid exsudate inflammation.
	4. Hemorrhagic exsudate inflammation.
	5. \* Festering exsudate inflammation.
57. The specific cells (which was found by the pathologist in the biopsy material (see an illustration)) gave the possibility to put the diagnose "rhinoscleroma". Whose scientist's name do these cells have?
	1. Bishout.
	2. Malory.
	3. Pirogov-Langerhans
	4. Virkhov.
	5. \* Mykulich
58. The intestine preparation was explored by the pathologoanatomist. What structures does he see under a pointer?
	1. \* Glands of the intestine with the necrotizing and inflammatory changes.
	2. Hystio-leucocytes inflammatory infiltrate.
	3. Plural abscesses.
	4. Necrotizing areas.
	5. Villi of intestine.
59. To define the type of inflammatory process with the real appearance of the trachea and bronchi surface (see the illustration).
	1. Festering inflammation.
	2. Hemorrhagic inflammation.
	3. Catarrhal inflammation.
	4. \* Fibrinoid inflammation
	5. Mixed
60. The pericardium structure changes was revealed at the dissection of man which died from cardiac illness. The consequences of which pathological process can you see?
	1. \* Fibrinoid inflammation.
	2. Amiloidosis of the heart.
	3. Amiloidosis of the pericardium.
	4. Lipidosis of the heart.
	5. The neoplasm.
61. The pathologist revealed the picture of inflammatory changes at the investigation of necropsy material (stain by haematoxillinum & eozinum). What is marked by the indicator on the illustration?
	1. Hystio-leucocytes infiltrates in the alveoli.
	2. \* Hystio-leucocytes infiltrates in the parenchyma of lungs.
	3. A fibrin in the parenchyma of lungs.
	4. A fibrin in the alveoli.
	5. Necrosis of the pulmonary tissue.
62. The pathology was revealed at the investigation of the liver biopsy. What is marked by the indicator on the illustration?
	1. The hypertrophied liver cells.
	2. The connecting tissue filaments.
	3. The inflammatory infiltrates around of abscess.
	4. Bloody lakes.
	5. \* The saved normal parenchyma of the liver.
63. Disease of lights became reason of the death of 30-years-old man. At research of necropsy material (stain by haematoxillinum & eozinum) a pathologist revealed the picture of inflammatory changes. What is marked by a indicator?
	1. Hystio-leucocytes infiltrates in the alveoli.
	2. Hystio-leucocytes infiltrates in the parenchyma of lungs.
	3. The fibrin filaments in the parenchyma of lungs.
	4. \* The fibrin filaments in the alveoli.
	5. The erythrocytes in the vessels (hyperemia).
64. Acute hepatitis is:
	1. fibrinous and necrotic
	2. alternatives and fibrinous
	3. and interstitial fibrinous
	4. None of the
	5. \* etiology of exudative and productive
65. After toxic dystrophy, viral or alcoholic hepatitis develops:
	1. postalkoholnyy cirrhosis
	2. total cirrhosis
	3. obstructive jaundice
	4. postvirusnyy cirrhosis
	5. \* healed yellow
66. All of the following diseases cause nephritic syndrome, EXCEPT:
	1. Lipoid nephrosis
	2. Diabetes mellitus
	3. Amyloidosis
	4. \* Obesity
	5. Malignant disease.
67. All of the following features characterize the bal looning degeneration of hepatocytes, EXCEPT:
	1. Swollen cells
	2. Edematous appearance
	3. Clumped cytoplasm
	4. \* Large droplets of fat
	5. Large clear spaces.
68. Among the complications of peptic ulcer by Samson emit:
	1. common processes
	2. local processes
	3. Local hemosyderoz
	4. dystrophic processes
	5. \* inflammation
69. Among the complications of peptic ulcer by Samson allocate:
	1. bleeding
	2. perforation
	3. Penetration
	4. anemia
	5. \* ulcer-scar Processes
70. Among the complications of peptic ulcer by Samson emit:
	1. atrophic gastritis
	2. hypertrophic gastritis
	3. chronic pancreatitis
	4. sepsis
	5. \* malignization ulcers
71. Among the complications of peptic ulcer by Samson emit:
	1. common processes
	2. local processes
	3. Local hemosyderoz
	4. dystrophic processes
	5. \* Combined complications
72. Are distinguished chronic cholestatic hepatitis, characterized by:
	1. hyalinosis hepatocytes
	2. sclerosis hepatocytes
	3. fibrosis hepatocytes
	4. disintegration of erythrocytes in vessels segments
	5. \* cholestasis, cholangitis and holanhiolitom
73. Are distinguished chronic persistent hepatitis, in which prevails:
	1. sclerosis hepatocytes
	2. hyalinosis hepatocytes
	3. fibrosis hepatocytes
	4. necrosis of hepatocytes
	5. \* cell infiltration of portal fields and vnutrishnochastochkovoyi stroma
74. Artificial particles differ in cirrhosis:
	1. largest
	2. placed
	3. hiperhromnistyu
	4. presence of fat droplets
	5. \* broken angioarchitectonics
75. As a result of chronic alcoholic hepatitis, disorders of nutrition and metabolism occurs:
	1. necrotic cirrhosis
	2. atrophic cirrhosis
	3. biliary cirrhosis
	4. posttoksychnyy cirrhosis
	5. \* Portal cirrhosis
76. Autoimunizatsiyu in viral hepatitis associated with:
	1. specific liver tromboplastynom
	2. liver specific albumin
	3. specific liver trombohenom
	4. basis of virus protein
	5. \* liver specific lipoprotein
77. Ballooning degeneration of hepatocytes is caused by:
	1. \* Accumulation of water and cellular swelling
	2. Retaining of biliary material
	3. Accumulation of iron or copp
	4. Accumulation of fat droplets
	5. Accumulation of lipofuscin.
78. Ballooning degeneration of hepatocytes results from:
	1. \* Viral hepatitis
	2. Alcoholic liver disease
	3. Biliary material accumulation
	4. Obesity
	5. Diabetes mellitus.
79. Choose stage in necrosis morphogenesis:
	1. Paranecrosis irreversible change
	2. Coagulation
	3. Distrophy
	4. Autophagy
	5. \* Cell death
80. Choose stage in necrosis morphogenesis:
	1. Prinecrosis reversible change
	2. \* Necrobiosis irreversible degenerative changes;
	3. Coagulation
	4. Distrophy
	5. Autophagy
81. Choose stage in necrosis morphogenesis:
	1. \* Paranecrosis reversible change
	2. Prinecrosis reversible change
	3. Coagulation
	4. Distrophy
	5. Autophagy
82. Choose stage in necrosis morphogenesis:
	1. Paranecrosis irreversible change
	2. Coagulation
	3. Distrophy
	4. Autophagy
	5. \* Cell autolysis
83. Choose tipe of necrosis according to the cause:
	1. \* Traumatic necrosis
	2. Coagulative necrosis
	3. Liquefactive necrosis
	4. Caseous necrosis
	5. Gangrenous necrosis
84. Choose tipe of necrosis according to the cause:
	1. \* Toxic necrosis
	2. Coagulative necrosis
	3. Liquefactive necrosis
	4. Caseous necrosis
	5. Gangrenous necrosis
85. Choose tipe of necrosis according to the cause:
	1. \* Trophoneurotic
	2. Coagulative necrosis
	3. Liquefactive necrosis
	4. Caseous necrosis
	5. Gangrenous necrosis
86. Choose tipe of necrosis according to the cause:
	1. \* Vascular
	2. Coagulative necrosis
	3. Liquefactive necrosis
	4. Caseous necrosis
	5. Gangrenous necrosis
87. Choose tipe of necrosis according to the clinico-morphological forms:
	1. Vascular necrosis
	2. Toxic necrosis
	3. Trophoneurotic necrosis
	4. Traumatic necrosis
	5. \* Coagulation (dry) necrosis
88. Choose tipe of necrosis according to the clinico-morphological forms:
	1. Vascular necrosis
	2. Toxic necrosis
	3. Trophoneurotic necrosis
	4. Traumatic necrosis
	5. \* Colliquative (liquefactive) necrosis
89. Choose tipe of necrosis according to the clinico-morphological forms:
	1. Vascular necrosis
	2. Toxic necrosis
	3. Trophoneurotic necrosis
	4. Traumatic necrosis
	5. \* Gangrene necrosis
90. Coagulative necrosis is characterized by all of the following pathologic features, EXCEPT:
	1. Denaturation of cytoplasmic proteins
	2. Karyorrhaxis
	3. Karyopiknosis
	4. Breakdown of cell organelles
	5. \* Lipid deposition
91. Duration of toxic liver dystrophy:
	1. 1 year
	2. 2 months
	3. 5 months
	4. about 1 week
	5. \* about three weeks
92. During the first days in toxic liver dystrophy characterized by fatty dystrophy of hepatocytes:
	1. on the periphery
	2. around vessels
	3. around ducts
	4. total dystrophy
	5. \* the center slice
93. During the first days in toxic liver dystrophy characterized by fatty dystrophy of hepatocytes in the center slice, then she quickly changed:
	1. cirrhosis
	2. \* necrosis and collapse autolitychnym
94. Early potentially reversible changes in myocardial cells induced by anoxia include all of the following conditions, EXCEPT:
	1. Failure of oxidative phosphorylation
	2. Depletion of ATP
	3. \* Inhibition of anaerobic glycolysis and glycogenolysis
	4. Decrease in cellular pH
	5. Increase in intracellular Na and water and loss of intracellular K.
95. Faecalis mass in patients with bleeding peptic ulcer gaining color and consistency of tar, the evacuation is called:
	1. coffee huscheyu
	2. raspberry jelly
	3. metrorahiyeyu
	4. conjee
	5. \* with ground (melaena)
96. Fatty change is seen by light microscopy as:
	1. Intracellular granules
	2. Basophilic granules
	3. Extracellular granules
	4. \* Vacuoles in the cytoplasm around the nucleus
	5. Eosinophilic granules.
97. For acute gastritis characteristic of erosion -
	1. single
	2. No erosion
	3. point
	4. smuhopodibni
	5. \* Multiple
98. For chronic gastritis characterized by the presence in blood of antibodies to gastric parietal cells -
	1. reflux gastritis
	2. focal acute gastritis
	3. Helicobacter-associated chronic gastritis
	4. acute diffuse gastritis
	5. \* autoimmune chronic gastritis
99. For pathogenesis in this type of gastritis -
	1. chemical gastritis
	2. exogenous toxic gastritis
	3. autoimmune gastritis
	4. erosive gastritis
	5. \* bacterial gastritis
100. Formation of false particles in liver cirrhosis leads to:
	1. necrosis of hepatocytes
	2. sclerosis hepatocytes
	3. Communities hemosyderozu
	4. ischemic foci
	5. \* disturbed circulation in the liver
101. Give the definition of Peptic ulcer -
	1. ulcer, which reaches the muscular layer
	2. superficial mucosal ulcer
	3. damage submucosa
	4. damage to all layers of stomach
	5. \* violation of the integrity of epithelial cover under the influence of acid and pepsin
102. Hepatic cell injury induced by CC14 is character ized by all of the following changes, EXCEPT:
	1. Lipid peroxidation
	2. Disaggregation of ribosomes
	3. \* Depletion of intracellular lipids
	4. Influx of calcium
	5. Mitochondrial damage.
103. Hepatitis - acute or chronic liver disease, characterized by dystrophic changes and nekrobiotychnymy:
	1. stroma in combination with inflammatory infiltration of parenchyma
	2. capillary bed in conjunction with inflammatory infiltration of parenchyma
	3. peryportalnoyi stroma in combination with inflammation of hepatocytes
	4. in the capsule and on the periphery of the body
	5. \* parenchyma in combination with stromal inflammatory infiltration
104. Hepatitis B, which accompanies infectious diseases, intoxications, called:
	1. intoksykatsiynym hepatitis
	2. stagnant hepatitis
	3. primary infectious hepatitis
	4. necrotic
	5. \* secondary hepatitis
105. Hepatitis, which can accompany gastrointestinal tract pathology, called:
	1. intoksykatsiynym hepatitis
	2. stagnant hepatitis
	3. primary infectious hepatitis
	4. combined
	5. \* secondary hepatitis
106. Hie causes related to CCl4-induced hepatic cell injury are all of the following, EXCEPT.
	1. Processing by mixed function oxidases free radical formation
	2. Free radical formation lipid peroxidation of intracellular membranes
	3. \* Failure of protein synthesis-disaggregation of ribosomes
	4. Decreased apolipoprotein synthesis intracel lular lipid accumulation
	5. Plasma membrane damage mitochondrial calcification.
107. In long-standing hypertension and diabetes mellitus, the walls of arterioles, especially in the kidney, become:
	1. Serous
	2. Thined
	3. \* Hyalinized
	4. Ulcered
	5. Pigmented.
108. In patients with peptic ulcer bleeding observed vomiting "coffee huscheyu, its color is due to the presence of:
	1. hydrochloric hemosiderin;
	2. hematoidin salt;
	3. hydrochloric hemomelaninu
	4. hydrochloric hematoporfirynu
	5. \* hydrochloric hematin;
109. In patients with peptic ulcer bleeding vomiting occurs:
	1. with ground
	2. with tenesmus
	3. with convulsions
	4. with admixtures of bile
	5. \* "Coffee huscheyu"
110. In remission at the edges of chronic ulcers appears:
	1. necrosis and hemorrhage;
	2. necrosis and inflammation;
	3. fibrynoyidnyy necrosis, inflammation, krovylyvy.
	4. multilayered epithelium
	5. \* scar tissue bottom of the ulcer is covered with a thin layer of epithelium;
111. In seeming speck liver cirrhosis often:
	1. No sine
	2. no connective tissue partitions
	3. No regeneration
	4. existing fat droplets
	5. \* A central vein in developing connective membrane sinusoid
112. In the acute phase of ulcer disease in days and the edges of ulcers appears:
	1. overgrowth of granulation tissue, amputation neuroma;
	2. mucosal hypertrophy, plethora;
	3. scar tissue from hipervaskulyaryzatsiyeyu.
	4. epithelial metaplasia
	5. \* Area fibrynoyidnoho necrosis with purulent exudate;
113. In the course of toxic liver dystrophy distinguish stage:
	1. Yellow hypertrophy
	2. Yellow hypothrophy
	3. Yellow gonadal
	4. amiloidosis
	5. \* yellow atrophy
114. In the course of toxic liver dystrophy distinguish stage:
	1. Yellow hypertrophy
	2. Yellow hypothrophy
	3. Yellow gonadal
	4. yellow necrosis
	5. \* yellow atrophy
115. In the course of toxic liver dystrophy distinguish stage:
	1. red aplasia
	2. red anaplasia
	3. red aheneziyi
	4. red infarct
	5. \* red atrophy
116. In the course of toxic liver dystrophy distinguish stage:
	1. cicatrization
	2. Restitution
	3. substitution
	4. cicatrization
	5. \* restoration
117. In the red stage dystrophy in toxic liver dystrophy becomes:
	1. gray
	2. Muscat
	3. fat
	4. green
	5. \* yellow with a red krapom
118. In the red stage dystrophy in toxic liver dystrophy often develops:
	1. renal failure
	2. heart failure
	3. cholangiocellular failure
	4. ICE syndrome
	5. \* liver failure
119. In ulcer-destructive ulcer complications include:
	1. stenosis
	2. tetaniyu
	3. hlorhidropeniyu
	4. malignization
	5. \* perforation
120. In ulcer-destructive ulcer complications include:
	1. stenosis
	2. tetaniyu
	3. hlorhidropeniyu
	4. malignization
	5. \* Penetration
121. In viral hepatitis liver cells damaged by the mechanism:
	1. anaphylactic reaction
	2. apoptosis
	3. response alternatives
	4. ischemic necrosis
	5. \* allergic-type reactions tsytolitychnoho
122. In viral hepatitis liver cells damaged by the mechanism:
	1. apoptosis
	2. response alternatives
	3. anaphylactic reaction
	4. hypoxia
	5. \* slow-type hypersensitivity
123. Liver cirrhosis in at (bulk has:
	1. almost no changes
	2. uniformly reduced
	3. not reduced
	4. significantly increased
	5. \* reduced
124. Liver in toxic dystrophy of the liver becomes less feeble, yellow comes in stages:
	1. red atrophy
	2. Sclerosis
	3. fibrosis
	4. necrotic foci
	5. \* yellow atrophy
125. Morphological features of secondary biliary cirrhosis are:
	1. necrosis of hepatocytes
	2. necrosis peryportalnyh tracts
	3. necrosis portal tracts
	4. fatty dystrophy of hepatocytes
	5. \* expansion and rupture bile capillaries, which causes peripheral necrosis of hepatocytes
126. Name changes in the gastric mucosa, which arise as a result of regular intake of alcohol -
	1. slyzoprodukuyuchyh atrophy cells
	2. appearance kelyhopodibnyh cells
	3. rare occurrence of erosions
	4. polimorfnoyadernymy infiltration of leukocytes
	5. \* peeling of epithelial cells and reduce mucus secretion
127. Name changes of gastric juice in chronic autoimmune gastritis -
	1. No change
	2. hiperhlorhidriya
	3. dilution of gastric juice
	4. thickening of gastric juice
	5. \* hipohlorhidriya until ahlorhidriyi
128. Necrotic cells are characterized by all of the following features, EXCEPT:
	1. Increased eosinophilia
	2. \* Hyaline-like droplets in the cytoplasm
	3. Glassy appearance
	4. Lysis of cytoplasm
	5. Fragmentation of cytoplasm
129. One of manifestations of metabolic derangements in cells is:
	1. Apoptosis
	2. \* The intracellular accumulation of abnormal amounts of various substance and necrosis
	3. Hypertrophy and necrosis
	4. Metaplasia
	5. Atrophy
130. One of the following changes in cells is apoptotic:
	1. Karyolysis
	2. \* Nuclear pyknosis
	3. Plasmolysis
	4. Breakdown of mitochondrias
	5. Cellular swelling
131. One of the following variants of necrosis can be found in myocardial infarct:
	1. \* Coagulative necrosis
	2. Liquefactive necrosis
	3. Caseous necrosis
	4. Gangrenous necrosis
	5. Fat necrosis.
132. One of the following variants of necrosis can be found in tuberculosis:
	1. \* Caseous necrosis
	2. Gangrenous necrosis
	3. Liquefactive necrosis
	4. Fat necrosis
	5. Fibrinoid necrosis.
133. One of the following variants of necrosis is associated with syphilis:
	1. Coagulative necrosis
	2. Liquefactive necrosis
	3. \* Caseous necrosis
	4. Gangrenous necrosis
	5. Fat necrosis.
134. One of the following variants of necrosis is associated with acute pancreatitis:
	1. Coagulative necrosis
	2. Liquefactive necrosis
	3. Caseous necrosis
	4. Gangrenous necrosis
	5. \* Fat necrosis
135. One of the possible causes of intracellular accumulation of metabolic substances and necrosis:
	1. \* Genetic defects
	2. Inflammation
	3. Embolism
	4. Necrosis
	5. Activation of oncogenes.
136. Overgrowth of connective tissue on the course portal tracts in the form of sprouts, the penetration of particles in the liver, dividing them into small artificial characteristic:
	1. necrotic cirrhosis
	2. toxic cirrhosis
	3. biliary cirrhosis
	4. focal hepatic
	5. \* portal cirrhosis
137. Penetration is accompanied by changes in adjacent tissues of the gastrointestinal juice by:
	1. local inflammation
	2. local inflammation
	3. kariolizysu
	4. fester
	5. \* digesting its tissues and inflammation
138. Penetration ulcers (penetratio) - is entering its:
	1. the thick mucous
	2. the thick muscle membrane
	3. to serosa
	4. in peritoneal
	5. \* beyond the stomach or duodenum in other organs
139. Pericardial hepatitis divided into:
	1. hemorrhagic and fibrinous
	2. hnylisnyy and membranous
	3. hemorrhagic and necrotic
	4. purulent and hnylisnyy
	5. \* serous and purulent
140. Portal cirrhosis of morphology are:
	1. velykovuzlykovoyu form of cirrhosis
	2. hypertrophic form of cirrhosis
	3. diffuse form of cirrhosis
	4. focal form of cirrhosis
	5. \* dribnovuzlovoyu form
141. Precancerous stomach are:
	1. sharp erosion surface
	2. ulcer
	3. acute catarrhal gastritis
	4. carcinomatosis
	5. \* chronic gastric ulcer
142. Precancerous stomach are:
	1. sharp erosion surface
	2. ulcer
	3. acute catarrhal gastritis
	4. intestinal metaplasia
	5. \* severe dysplasia of gastric mucosal epithelium.
143. Primary biliary cirrhosis is the result:
	1. calculous cholecystitis
	2. abscess cholecystitis
	3. purulent hepatitis hranulematoznoho
	4. toxic liver dystrophy
	5. \* nehniynoho destructive (necrotizing) and cholangitis holanhiolitu
144. Primary hepatitis occurs following:
	1. bacteria
	2. mushrooms
	3. simpler
	4. Streptococci
	5. \* Gepatotropnye viruses
145. Primary hepatitis occurs following:
	1. bacteria
	2. mushrooms
	3. simpler
	4. staphylococci
	5. \* Alcohol
146. Primary hepatitis occurs following:
	1. bacteria
	2. mushrooms
	3. simpler
	4. Streptococci
	5. \* drugs
147. Primary hepatitis occurs following:
	1. bacteria
	2. mushrooms
	3. simpler
	4. staphylococci
	5. \* stagnation of bile
148. Primary incurred erosions heal over -
	1. 2-4 hours
	2. 4-6 hours
	3. 8-10 hours
	4. 12-18 hours
	5. \* 24-48 hours
149. processes, EXCEPT:
	1. Atherosclerosis
	2. Xanthomas
	3. \* Apoptosis
	4. Inflammation and necrosis
	5. Cholesterolosis.
150. Related to clinical changes with autoimmune gastritis is -
	1. Multiple erosions
	2. single erosion
	3. peptic ulcer
	4. mucosal atrophy
	5. \* pernitsiozna anemia
151. Secondary biliary cirrhosis caused by:
	1. hepatitis
	2. alcoholic hepatitis
	3. active hepatitis
	4. excess copper in the blood
	5. \* cholestasis due to extrahepatic biliary tract obstruction (stone, tumor)
152. Secondary biliary cirrhosis caused by:
	1. hepatitis
	2. alcoholic hepatitis
	3. active hepatitis
	4. chronic lead intoxication
	5. \* biliary tract infection (holanhiolitychnyy cirrhosis)
153. Select from the above most accurate determination of erosion -
	1. swelling of the submucosa
	2. emergence phenomena intestinal metaplasia
	3. pronounced vasorelaxation mucosa
154. Select one of the listed diseases is an endogenous toxic gastritis -
	1. chronic bronchitis
	2. typhus
	3. esophageal cancer
	4. Viral hepatitis C
	5. \* glomerulonephritis with the presence of uremia
155. Shnitslerovski metastasis of gastric cancer - a metastasis:
	1. mesenteric lymph nodes;
	2. parasternalni lymph nodes
	3. mediastinalni lymph nodes;
	4. left supraclavicular lymph nodes
	5. \* adrectal fiber
156. Specific features of eosinophilic gastritis is -
	1. appearance kelyhopodibnyh cells
	2. mucosal atrophy and numerous eosinophil in inflammatory infiltrates
	3. mucosal erosion and numerous eosinophil in inflammatory infiltrates
	4. number of eosinophil in inflammatory infiltrates and edema formation pidslyzovoho
	5. \* number of eosinophil in inflammatory infiltrates and mucus
157. Specific hepatic lipoproteins in viral hepatitis is formed by:
	1. reduction of virus in hepatocytes
	2. Restitution in holanhiotsytah virus and acts as antigen
	3. retraktsiyi virus in hepatocytes and acts as autoantibody
	4. virus infiltration nuclei of hepatocytes
	5. \* viral replication in hepatocytes and acts as a self-antigen
158. The appearance of the stomach epitelioyidnoklitynnyh hranulom characteristic -
	1. eosinophilic gastritis
	2. gastric ulcer
	3. Zollinhera-Ellison syndrome
	4. reflux gastritis
	5. \* sarcoidosis
159. The basis of cirrhosis is:
	1. dystrophy portal tracts
	2. necrosis of bile duct epithelium
	3. necrosis and regeneration of pathological bile duct epithelium
	4. hepatic vascular hyalinosis
	5. \* dystrophy and necrosis of hepatocytes
160. The death of hepatocytes in cirrhosis leads to:
	1. Pathologic restitution portal tracts
	2. incomplete substitution of hepatocytes
	3. hyperplasia and hypertrophy of hepatic bile ducts
	4. liver infarctions
	5. \* enhanced regeneration of stored parenchyma
161. The following features characterize irreversible cell injury, EXCEPT:
	1. Nucleous pyknosis
	2. Karyolysis
	3. Karyorrhaxis
	4. \* Endoplasmic reticulum swelling
	5. Mitochondrial swelling.
162. The following features characterize reversible cell injury, EXCEPT:
	1. Blebs
	2. Endoplasmic reticulum swelling
	3. Dispersion of ribosomes
	4. \* Myelin figures
	5. Autophagy
163. The group of inflammatory complications of peptic ulcer include:
	1. stenosis
	2. tetaniyu
	3. hlorhidropeniyu
	4. anemia
	5. \* gastritis
164. The group of inflammatory complications of peptic ulcer include:
	1. stenosis
	2. tetaniyu
	3. hlorhidropeniyu
	4. anemia
	5. \* Duodenitis
165. The group of inflammatory complications of peptic ulcer include:
	1. stenosis
	2. tetaniyu
	3. hlorhidropeniyu
	4. necrosis
	5. \* peryduodenit
166. The group of ulcer complications, ulcer scar 12 - ring ulcer include:
	1. bleeding
	2. perforation
	3. Penetration
	4. metaplastychni processes
	5. \* duodenal narrowing gap
167. The group-ulcer scar of gastric ulcer complications include:
	1. bleeding
	2. perforation
	3. Penetration
	4. narrowing of the esophagus
	5. \* narrowing of the upper and the source of stomach
168. The group-ulcer scar of gastric ulcer complications include:
	1. bleeding
	2. perforation
	3. Penetration
	4. mucosal atrophy
	5. \* deformation of the stomach
169. The liver in primary biliary cirrhosis increased and its surface:
	1. velykohorbysta
	2. velykozernysta
	3. posmuhovana
	4. bands of scar-
	5. \* smooth or fine grained
170. The liver in primary biliary cirrhosis:
	1. not increased red
	2. increased brown-red
	3. increased yellow
	4. gray-red, reduced
	5. \* increased in terms of gray-green
171. The liver in secondary biliary cirrhosis:
	1. not increased
	2. dough consistency
	3. increased soft
	4. gray-red, reduced
	5. \* increased spacing
172. The liver in secondary biliary cirrhosis:
	1. brown due to hemosiderin
	2. red due to diapedesis erytrotstiv
	3. yellow color due to fat accumulation in hepatocytes
	4. gray with a red krapom
	5. \* green due to bile soaking
173. The most common cause of fatty change in the heart is:
	1. Inflammation
	2. Neoplasia
	3. \* Hypoxia
	4. Amyloidosis
	5. Autoimmune diseases.
174. The nephrotic syndrome is characterized by all of the following manifestations, EXCEPT:
	1. Massive proteinuria
	2. Hypoalbuminemia
	3. Generalized edema
	4. Hyperlipidemia and lipiduria
	5. \* Hyperalbuminemia.
175. The stain used to identify fat is:
	1. Hematoxylin and eosin stain
	2. \* Sudan III stain
	3. Congo red stain
	4. PAS reaction
	5. Metachromatic stain.
176. The stain used to identify glycogen is:
	1. Hematoxylin and eosin stain
	2. Sudan III stain
	3. Congo red stain
	4. \* PAS reaction
	5. Metachromatic stain.
177. Acute total venous hyperemia occurs when:
	1. \* Myocardial infarction
	2. Cardiosclerosis
	3. Pneumosclerosis
	4. Shortcomings of the heart
	5. Atherosclerosis of aorta
178. Acute total venous hyperemia occurs when:
	1. Shortcomings of the heart
	2. Cardiosclerosis
	3. Pneumosclerosis
	4. \* Acute decompensation of heart
	5. Atherosclerosis of aorta
179. Acute total venous hyperemia occurs when:
	1. \* Acute decompensation of heart
	2. Cardiosclerosis
	3. Pneumosclerosis
	4. Shortcomings of the heart
	5. Atherosclerosis of aorta
180. Acute venous hyperemia evident:
	1. \* Plazmorhagy
	2. Hyalinosis
	3. Sclerosis
	4. Leukoplakia
	5. Glikogenosis
181. Air embolism occurs when the damage:
	1. Wen heads
	2. Wen esophagus
	3. \* Wen neck
	4. Wan Light
	5. Wen abdominal
182. Angyonevrotic hyperemia occurs when:
	1. \* Violation of innervation of the vessel
	2. Increasing the number of eritrotsitov
	3. High blood pressure
	4. Decreased blood pressure
	5. Increasing venous pressure
183. As a result of arterial thrombosis
	1. Inflammation
	2. Edema
	3. Hyperemia
	4. Anemia
	5. \* Infarction
184. As often in the ICE syndrome with:
	1. \* Necrosis
	2. Sclerosis
	3. Hyperplasia
	4. Atrophy
	5. Hypertrophy
185. Bleeding due to rupture the wall of the vessel or the heart is called:
	1. \* Haemorrhagіa per rexіn
	2. Haemoptoe
	3. haemorrhagіa per dіabrosіn
	4. Haematemesіs
	5. Maelena
186. Bleeding from the lungs is called:
	1. \* Haemoptoe
	2. Epіstaxіs
	3. Haemothorax
	4. Haematemesіs
	5. Maelena
187. By etiology, Pathogenesis and distinguish the following type of shock:
	1. \* Traumatic
	2. Atrophic
	3. Gipotrophic
	4. Hypertrophic
	5. Hypertensive
188. By the favorable effects of edema include:
	1. Ossification fluid
	2. Organization of the liquid
	3. \* Dispersal fluid
	4. Suppuration fluid
	5. Petrificats fluid
189. By the hemodynamic changes in the shock are:
	1. Arterial hyperemia
	2. \* Sludge-syndrome
	3. Vakat hyperemia
	4. Inflammatory hyperemia
	5. Venous bleeding
190. By the morphological manifestations of the shock to:
	1. \* Liquid blood
	2. Reduced blood
	3. Muscat liver
	4. The accumulation of blood in heart
	5. Glikogen
191. Cardiac edema develops when:
	1. \* Cardiac decompensation
	2. Compensation heart
	3. Koronarosklerosis
	4. Increasing cardiac activity
	5. Cardiac hypertrophy
192. Chronic venous hyperemia lungs can occur if:
	1. Pneumonia
	2. Mitral heart disease
	3. Emphysema
	4. Atherosclerosis
	5. Chronic bronchitis
193. Death from shock pulmokoronary thromboembolism occurs when:
	1. \* Pulmonary artery
	2. Aorta
	3. Aorta and coronary arteries
	4. Pulmonary veins
	5. Coronary artery
194. Definition of a paradoxal embolism
	1. Movement embol against movement of blood movement embola current blood
	2. \* Movement embola a small circle in a large, light bypassing
	3. Stop motion embol
	4. Slow motion embol
	5. Movement embol current blood
195. Definition of retrograde embolism
	1. Movement embol through open oval ring
	2. \* Movement embol against the current of blood
	3. Movement embol current blood
	4. Movement embol through artherio-venous anastomoses
	5. Movement embol on lymphatic
196. Definition ortograd embolism
	1. \* Movement embol current blood
	2. Movement embol against the current of blood
	3. Movement embol a small circle in a large bypassing
	4. Movement embol on veins
	5. Embola Movement for arteries
197. Depending on the cause of edema in tissues are distinguished:
	1. \* Stagnation
	2. Hyaline
	3. Atrophic
	4. Glikogennye
	5. Hypertrophic
198. Depending on the cause of edema in tissues are distinguished:
	1. \* Kidney
	2. Hyaline
	3. Atrophic
	4. Glikogennye
	5. Hypertrophic
199. Describe mechanisms of development embolus
	1. The fatty dystrophy
	2. \* Closing space vessels
	3. Pinocytosis
	4. Karyorhexis
	5. Protein dystrophy
200. Determination of thrombosis:
	1. Circulation in the blood formed elements
	2. \* Lifetime blood clotting in the heart cavities and in the lumen of vessels
	3. Blood clotting in the serous cavities
	4. Post-mortem blood clotting
	5. Stop bleeding
201. Difficult blood flow in the veins which leads to varicose veins of esophagus:
	1. Veins light
	2. Hepatic arteries
	3. Portal veins
	4. Esophageal veins
	5. Esophageal arteries
202. Dilatation clot - thrombus it to:
	1. Left atrium
	2. \* Aneurysm
	3. The right atrium
	4. The right ventricle
	5. Left ventricle
203. Enter the basic morphological manifestations of
	1. Postponing amyloid
	2. Postponing calcium salts
	3. \* Growth of connective tissue
	4. Mucus
	5. Vascularization
204. Favorable consequence of a heart attack can be:
	1. Atrophy
	2. Embolism
	3. Miomalatia
	4. \* Scarring
	5. Hyperplasia
205. Gialine thrombus formed in:
	1. \* Kappilary
	2. The right atrium
	3. Left atrium
	4. Aorta
	5. Pulmonary artery
206. Give frequent hyaline localization of blood clots
	1. In the aorta
	2. In the coronary arteries
	3. In the hollows aortic aneurysm
	4. In the hepatic artery
	5. \* In vessels microcirculatory channel
207. Give unfavorable results investigation thrombosis
	1. Vascularization
	2. Stasis
	3. \* Purulent fusion
	4. Aseptic autolyze
	5. Fabric embolism
208. Heart attack - it is a fire:
	1. \* Vascular necrosis
	2. Toxic necrosis
	3. Allergic necrosis
	4. Traumatic necrosis
	5. Mixed necrosis
209. How dangerous obstruktive thrombus?
	1. Povnokriv'ya
	2. \* Of a heart attack
	3. Development of nephrotic syndrome
	4. Development of hemorrhagic syndrome
	5. Development of MS
210. Hyperemia occurs when:
	1. High blood pressure
	2. Increasing the number of eritrotsits
	3. \* Improving barometric pressure
	4. Decreased blood pressure
	5. Increasing venous pressure
211. If the damage of the vein occurs air embolism:
	1. Wen heads
	2. Wen esophagus
	3. \* Wen neck
	4. Wan Light
	5. Wen abdominal
212. In chronic venous hyperemia dystrophy develops in the liver:
	1. Mucosal
	2. Mucosal
	3. \* The fatty
	4. Mineral
	5. Carbohydrate
213. In chronic venous hyperemia light becomes:
	1. \* Brown
	2. Cyanotic
	3. Red
	4. Gray
	5. Pale
214. In chronic venous hyperemia liver becomes:
	1. Red
	2. Muscat
	3. Cyanosis
	4. Gray
	5. Pale
215. In chronic venous hyperemia observed:
	1. Tissue Atrophy
	2. Hyperplasia of tissues
	3. Hypertrophy
	4. Tissue necrosis
	5. \* Tissue Hypoxia
216. In chronic venous hyperemia observed:
	1. Hyperplasia of tissues
	2. Sclerosis tissue
	3. Hypertrophy
	4. Tissue necrosis
	5. Tissue Hypoxia
217. In chronic venous hyperemia skin becomes:
	1. \* Cyanosis
	2. Red
	3. Ikteric
	4. Gray
	5. Pale
218. In contrast to acute venous hyperemia, in chronic observed:
	1. Tissue Atrophy
	2. Hyperplasia of tissues
	3. Hypertrophy
	4. Tissue necrosis
	5. \* Tissue Hypoxia
219. In contrast to acute venous hyperemia, in chronic observed:
	1. Hyperplasia of tissues
	2. Sclerosis tissue
	3. Hypertrophy
	4. Tissue necrosis
	5. Tissue Hypoxia
220. In what has become easy with chronic venous hyperemia:
	1. \* Brown
	2. Cyanotic
	3. Red
	4. Gray
	5. Pale
221. In what part of clot from his organization
	1. \* Head
	2. Body
	3. Tail
	4. It does not matter
	5. Back
222. In what vein thrombosis occurs local hepatic venous hyperemia:
	1. \* Hepatic veins
	2. Hepatic artery
	3. Portal vein
	4. Cava-cava anastomoses
	5. Porto-cava anastomoses
223. Indicate how the disease occurs when bacterial embolism
	1. Atherosclerosis
	2. Malignant tumors
	3. \* Sepsis
	4. Bends
	5. Fractures
224. Indicate the reason for the appearance of blood clots in the aortic aneurysm
	1. \* Violation of the integrity of intima
	2. Thromboembolism
	3. Venous stagnation
	4. Expansion vessel
	5. Necrosis
225. Indicate where frequent hyaline thrombus
	1. In the aorta
	2. In the coronary arteries
	3. In the hollows aortic aneurysm
	4. In the hepatic artery
	5. \* In vessels microcirculatory channel
226. Indicate which distinguish edema in the tissues, depending on the cause:
	1. \* Kidney
	2. Hyaline
	3. Atrophic
	4. Glikogennye
	5. Hypertrophic
227. Inflammatory hyperemia occurs when:
	1. \* Increase the number of histamine in tissues
	2. Increasing the number of eritrocits
	3. High blood pressure
	4. Decreased blood pressure
	5. Increasing venous pressure
228. It is called a consequence of thrombosis, in which cracks appear in the thrombus, upper room furnished epithelium
	1. \* Sewage
	2. Petrification
	3. Epithelization
	4. Flebits
	5. Organization
229. Local hyperemia hepatic venous thrombosis occurs when:
	1. \* Hepatic veins
	2. Hepatic artery
	3. Portal vein
	4. Kava-cava anastomoses
	5. Porto-cava anastomoses
230. Name gastric bleeding:
	1. Haemorrhagіa per rexіn
	2. Haemoptoe
	3. haemorrhagіa per dіabrosіn
	4. Haematemesіs
	5. \* Maelena
231. Name of the macroscopic clot
	1. Erythrocytes, fibrin
	2. Leucocytes, platelets
	3. \* The head, body, tail
	4. The inclusion of calcium
	5. Pigments
232. Name the author triad thrombotic
	1. \* Virhov
	2. Apricot
	3. Rusakov
	4. Minakov
	5. Davidovsky
233. Name the most common type of embolism in hospital
	1. Bacterial
	2. Aerial
	3. Gas
	4. The fatty
	5. \* Thromboembolism
234. Please indicate what elements make up a mixed thrombus
	1. \* Erythrocytes, leukocytes, fibrin
	2. Leucocytes, fibrin, plasma proteins
	3. Fibrin platelets
	4. Plasma proteins, erythrocytes
	5. Platelets, erythrocytes
235. Please indicate what elements make up a white thrombus
	1. Plasma proteins
	2. \* Erythrocytes, fibrin, platelets
	3. Fibrin, leukocytes
	4. Leucocytes, platelets,
	5. Erythrocytes
236. Red thrombus frequently occur in:
	1. \* Veins
	2. Aorta
	3. Pulmonary artery
	4. Arterioles
	5. Kappilary
237. ?Reduced content of tissue fluid is called:
	1. \* Dehydration
	2. Destruction
	3. Degeneration
	4. Detoxication.
	5. Deprivation
238. Relating to the hemodynamic changes in the shock:
	1. Arterial hyperemia
	2. \* Sladzh-syndrome
	3. Vakatnaya hyperemia
	4. Inflammatory hyperemia
	5. Venous bleeding
239. Retrograde embolism characteristic:
	1. \* Embolism by outside bodies
	2. Embolism microbes
	3. Fat embolism
	4. Air embolism
	5. Gas embolism
240. Specify the macroscopic part of clot
	1. Erythrocytes, fibrin
	2. Leucocytes, platelets
	3. \* The head, body, tail
	4. The inclusion of calcium
	5. Pigments
241. Specify the most common type of embolism in hospital
	1. Bacterial
	2. Aerial
	3. Gas
	4. The fatty
	5. \* Thromboembolism
242. Specify the type of clot, depending on its composition:
	1. Organized by
	2. \* White, red
	3. On the corrugated surface
	4. Yellow
	5. Parietal
243. Specify the type of local arterial pathological hyperemia:
	1. \* Angyonevrotic
	2. Dystrophic
	3. Emotional
	4. Discirculatoryty
	5. Arterial hypertension
244. Specify the type of local arterial pathological hyperemia:
	1. Working
	2. Dystrophic
	3. \* Collateral
	4. --
	5. Arterial hypertension
245. Stagnant edema develops when:
	1. \* Throm
	2. Stagnation of bile
	3. Hypodynamy
	4. Stagnation of urine
	5. Tromboarteriolite
246. Stasis - it stops the current of blood in:
	1. Aorta
	2. Artery
	3. Hepatic veins
	4. Veins
	5. \* Kappilary
247. That becomes the skin in chronic venous hyperemia:
	1. \* Cyanosis
	2. Red
	3. Ikteric
	4. Gray
	5. Pale
248. The accumulation of fluid in the abdominal cavity is called:
	1. Agenezia
	2. Ascytis
	3. Gydroperikard
	4. Sarcoma
	5. Hypertension
249. The accumulation of fluid in the emptiness of the heart called the shirts:
	1. Gidrotoraks
	2. Ageneziya
	3. Gidrotoraks
	4. Sarcoma
	5. \* Gidroperikard
250. The accumulation of fluid in the main brain called:
	1. \* Hydrocephalus
	2. Agenezia
	3. Ascytis
	4. Sarcoma
	5. Hypertension.
251. The accumulation of fluid in the pleural emptiness is called:
	1. \* Gidrotoraks
	2. Ageneziya
	3. Gidroperikard
	4. Sarcoma
	5. Hypertension
252. The accumulation of fluid in the subcutaneous tissue is called:
	1. \* Anasarca
	2. Ageneziya
	3. Gipervolemiya
	4. Sarcoma
	5. Hypertension
253. The cause of sclerotic changes in chronic venous hyperemia is:
	1. \* Hypoxia
	2. Glykogenosis
	3. Hyalinosis
	4. Gydrotorax
	5. Hypertrophy
254. The main morphological manifestation of
	1. Postponing amyloid
	2. Postponing calcium salts
	3. \* Growth of connective tissue
	4. Mucus
	5. Vascularization
255. The more complicated the shin deep vein thrombosis?
	1. Myocardial infarction
	2. Lung gangrene
	3. Gangrene bottom
	4. Gangrene intestine
	5. \* Thromboembolism branch pulmonary artery
256. The most dangerous for the body is swelling:
	1. Bone marrow
	2. Subcutaneous tissue
	3. Lower limbs
	4. Skeletal
	5. \* Main Brain
257. The most dangerous for the body is swelling:
	1. \* Light
	2. Subcutaneous tissue
	3. Lower limbs
	4. Skeletal
	5. Bone marrow
258. The most frequently ICE syndrome develops when:
	1. Chronic pneumonia
	2. Cardiosclerosis
	3. Chronic gastritis
	4. \* Premature detachment of placenta and amniotic fluid embolism
	5. Chronic gastritis
259. There are the following local pathological arterial hyperemia:
	1. \* Angyonevrotic
	2. Dystrophic
	3. Emotional
	4. Discirculatoryty
	5. Arterial hypertension
260. There are the following local pathological arterial hyperemia:
	1. Working
	2. Dystrophic
	3. \* Collateral
	4. --
	5. Arterial hypertension
261. Thrombosis - is:
	1. Circulation in the blood formed elements
	2. \* Lifetime blood clotting in the heart cavities and in the lumen of vessels
	3. Blood clotting in the serous cavities
	4. Post-mortem blood clotting
	5. Stop bleeding
262. Thrombosis in the right atrium via tromboembolicheskie can lead to complications:
	1. Venous stagnation in the lungs
	2. myocardial infarction
	3. Dilatation of the heart ventricles
	4. brain infarction
	5. \* Pulmokoronary shock
263. Thrombotic triad called the author:
	1. \* Virhov
	2. Apricot
	3. Rusakov
	4. Minakov
	5. Davidovsky
264. Total venous plethora of pathology occurs when:
	1. Main Brain
	2. Heart
	3. Liver
	4. Aorta
	5. Hollow vein
265. Types clot, depending on its composition
	1. Organized by
	2. \* White, red
	3. On the corrugated surface
	4. Yellow
	5. Parietal
266. Types clot, depending on its composition
	1. Organized by
	2. White with gemmorhagical rim
	3. Obturating
	4. Yellow
	5. \* Mixed
267. Unfavorable results investigation thrombosis
	1. Vascularization
	2. Stasis
	3. \* Purulent fusion
	4. Aseptic autolysis
	5. embolism
268. Varicose veins of esophagus occurs when the blood on the current difficult :
	1. Veins light
	2. Hepatic arteries
	3. \* Portal veins
	4. Esophageal veins
	5. Esophageal arteries
269. Varicose veins of lower extremities may be difficult tromboembol:
	1. Portal vein
	2. Pulmonary veins
	3. Mesenteric arteries
	4. \* Pulmonary artery
	5. Bifurcation of the aorta
270. What are swelling in the tissues:
	1. \* Stagnation
	2. Hyaline
	3. Atrophic
	4. Glikogennye
	5. Hypertrophic
271. What are the mechanism of development of renal edema with glomerulonephritis:
	1. \* Delayed sodium
	2. Hypoxia
	3. The delayed potassium
	4. Hypodynamia
	5. Hypertension
272. What belongs to the morphological manifestation of shock:
	1. \* Liquid blood
	2. Reduced blood
	3. Muscat liver
	4. The accumulation of blood in heart
	5. Glikogen
273. What can complicate deep vein thrombosis ?
	1. Myocardial infarction
	2. Lung gangrene
	3. Gangrene bottom
	4. Gangrene intestine
	5. \* Thromboembolism branch pulmonary artery
274. What cause the appearance of blood clots in the aortic aneurysm
	1. \* Violation of the integrity of intima
	2. Thromboembolism
	3. Venous stagnation
	4. Expansion vessel
	5. Necrosis
275. What dystrophy develops in the liver in chronic venous hyperemia:
	1. Mucosal
	2. Mucosal
	3. \* The fatty
	4. Mineral
	5. Carbohydrate
276. What edema is the most dangerous for the organism:
	1. Bone marrow
	2. Subcutaneous tissue
	3. Lower limbs
	4. Skeletal
	5. \* Main Brain
277. What edema is the most dangerous for the organism:
	1. \* Light
	2. Subcutaneous tissue
	3. Lower limbs
	4. Skeletal
	5. Bone marrow
278. What elements make up a mixed thrombus
	1. \* Erythrocytes, leukocytes, fibrin
	2. Leucocytes, fibrin, plasma proteins
	3. Fibrin platelets
	4. Plasma proteins, erythrocytes
	5. Platelets, erythrocytes
279. What elements make up a white thrombus
	1. Plasma proteins
	2. \* Erythrocytes, fibrin, platelets
	3. Fibrin, leukocytes
	4. Leucocytes, platelets,
	5. Erythrocytes
280. What is a heart attack:
	1. \* Vascular necrosis
	2. Toxic necrosis
	3. Allergic necrosis
	4. Traumatic necrosis
	5. Mixed necrosis
281. What is a retrograde embolism:
	1. Movement embol through open oval ring
	2. \* Movement embol against the current of blood
	3. Movement embol current blood
	4. Movement embol through артеріо-venous anastomoses
	5. Movement embol on lymphatic
282. What is considered a retrograde embolism:
	1. \* Embolism by outside bodies
	2. Embolism microbes
	3. The fatty embolism
	4. Air embolism
	5. Gas embolism
283. What is manifested acute venous hyperemia:
	1. \* Plazmorhagy
	2. Hyalinosis
	3. Sclerosis
	4. Leukoplakia
	5. Glykogenosis
284. What is paradoxical embolism
	1. Movement embol against movement of blood movement embol current blood
	2. \* Movement embol a small circle in a large, light bypassing
	3. Stop motion embol
	4. Slow motion embol
	5. Movement embol current blood
285. What is stasis - is stopping power in the blood:
	1. Aorta
	2. Artery
	3. Hepatic veins
	4. Veins
	5. \* Kappilary
286. What is the benefit of a pleasant consequence of a heart attack:
	1. Atrophy
	2. Embolism
	3. Miomalacia
	4. \* Scarring
	5. Hyperplasia
287. What is the cause of sclerotic changes in chronic venous hyperemia:
	1. \* Hypoxia
	2. Glykogenosis
	3. Hyalinosis
	4. Gydrotorax
	5. Hypertrophy
288. What is the mechanism of development dystrophic edema:
	1. \* Reduced pressure
	2. Hypoxia
	3. Increasing pressure
	4. Hypodynamia
	5. Hypertension
289. What is the mechanism of development of renal edema with glomerulonephritis:
	1. \* Delayed sodium
	2. Hypoxia
	3. The delayed potassium
	4. Hypodynamia
	5. Hypertension
290. What is the name of bleeding due to rupture the wall of the vessel or heart:
	1. \* Haemorrhagіa per rexіn
	2. Haemoptoe
	3. haemorrhagіa per dіabrosіn
	4. Haematemesіs
	5. Maelena
291. What is the name of bleeding from the lungs:
	1. \* Haemoptoe
	2. Epіstaxіs
	3. Haemothorax
	4. Haematemesіs
	5. Maelena
292. What is the name of bleeding in the stomach:
	1. Haemorrhagіa per rexіn
	2. Haemoptoe
	3. haemorrhagіa per dіabrosіn
	4. Haematemesіs
	5. \* Maelena
293. What is the name of reducing the content of tissue fluid:
	1. Detoxication.
	2. Destruction
	3. Degeneration
	4. \* Dehydration
	5. Deprivation
294. What is the name of the accumulation of fluid in the subcutaneous tissue:
	1. Hypertension
	2. Ageneziya
	3. Gipervolemiya
	4. Sarcoma
	5. \* Anasarca
295. What is the name of the accumulation of fluid in the emptiness of heart shirt:
	1. Gidrotoraks
	2. Ageneziya
	3. Gidrotoraks
	4. Sarcoma
	5. \* Gidroperikard
296. What is the name of the accumulation of fluid in the pleural cavity:
	1. Sarcoma
	2. Ageneziya
	3. Gydroperikard
	4. \* Gydrotoraks
	5. Hypertension
297. What is the name of the accumulation of fluid in the abdominal cavity:
	1. Agenezia
	2. Ascytis
	3. Gydropericard
	4. Sarcoma
	5. Hypertension
298. What is the name of the accumulation of fluid in the main brain:
	1. \* Hydrocephalus
	2. Agenezia
	3. Ascytis
	4. Sarcoma
	5. Hypertension.
299. What kind of shock to distinguish etiology and Pathogenesis:
	1. \* Traumatic
	2. Atrophic
	3. Gipotrophic
	4. Hypertrophic
	5. Hypertensive
300. What mechanism in the development of renal edema in nephrotic syndrome:
	1. \* Gipoproteinemiya
	2. Hypoxia
	3. Hypotension
	4. Hypodynamia
	5. Hypertension
301. What mechanism in the development of renal edema in nephrotic syndrome:
	1. \* Gipoproteinemiya
	2. Hypoxia
	3. Hypotension
	4. Hypodynamia
	5. Hypertension
302. What mechanism of development of dystrophic edema:
	1. \* Reduced pressure
	2. Hypoxia
	3. Increasing pressure
	4. Hypodynamia
	5. Hypertension
303. What occurs in the body, with thrombosis of the artery
	1. Inflammation
	2. Edema
	3. Hyperemia
	4. Anemia
	5. \* Infarction
304. What occurs in the tissues under anemia:
	1. Hypertrophy
	2. \* Sclerosis
	3. Gaemomelanosis
	4. Hyperplasia
	5. Cyanosis
305. What refers to the beneficial effects of edema:
	1. Ossification fluid
	2. Organization of the liquid
	3. \* Dispersal fluid
	4. Suppuration fluid
	5. Petrificats fluid
306. When hyperemia:
	1. High blood pressure
	2. Increasing the number of eritrocits
	3. \* Improving barometric pressure
	4. Decreased blood pressure
	5. Increasing venous pressure
307. When a disease is found bacterial embolism
	1. Atherosclerosis
	2. Malignant tumors
	3. \* Sepsis
	4. Bends
	5. Fractures
308. When anemia occurs in the tissues:
	1. Hypertrophy
	2. Sclerosis
	3. Gaemomelanosis
	4. Hyperplasia
	5. Cyanosis
309. When angionevrotic hyperemia:
	1. \* Violation inervatsii receptacle
	2. Increasing the number of erytrotsits
	3. High blood pressure
	4. Decreased blood pressure
	5. Increasing venous pressure
310. When developing cardiac edema:
	1. \* Koronarosklerosis
	2. Compensation heart
	3. Cardiac decompensation
	4. Increasing cardiac activity
	5. Cardiac hypertrophy
311. When developing stagnant edema:
	1. \* Thromb
	2. Stagnation of bile
	3. Hypodynamy
	4. Stagnation of urine
	5. Tromboarteriolite
312. When ICE syndrome thrombus is more common in:
	1. Veins
	2. Emptiness of heart
	3. \* Microvessels
	4. Aorta
	5. Great arteries
313. When in the ICE syndrome is often:
	1. \* Necrosis
	2. Sclerosis
	3. Hyperplasia
	4. Atrophy
	5. Hypertrophy
314. When inflammatory hyperemia:
	1. \* Increase the number of histamine in tissues
	2. Increasing the number of eritrotcits
	3. High blood pressure
	4. Decreased blood pressure
	5. Increasing venous pressure
315. When the engine develops a syndrome:
	1. \* Premature detachment of placenta and amniotic fluid embolism
	2. Cardiosclerosis
	3. Chronic gastritis
	4. Chronic pneumonia
	5. Chronic gastritis
316. When the total venous hyperemia - in pathology:
	1. Main Brain
	2. Heart
	3. Liver
	4. Aorta
	5. Hollow vein
317. When there is a general acute venous hyperemia:
	1. \* with myocardial infarction
	2. with cardiosclerosis
	3. with pneumosclerosis
	4. deficiencies in the heart
	5. with aortic atherosclerosis
318. When there is chronic venous hyperemia light:
	1. Pneumonia
	2. Mitral heart disease
	3. Emphysema
	4. Atherosclerosis
	5. Chronic bronchitis
319. When thromboembolism of the artery occurs pulmokoronarny shock:
	1. \* Pulmonary artery
	2. Aorta
	3. Aorta and coronary arteries
	4. Pulmonary veins
	5. Coronary artery
320. Where are formed hyaline thrombus:
	1. \* Kappilary
	2. The right atrium
	3. Left atrium
	4. Aorta
	5. Pulmonary artery
321. Where are formed red thrombus:
	1. \* Veins
	2. Aorta
	3. Pulmonary artery
	4. Arterioles
	5. Kappilary
322. Where are more frequent thrombus with ICE syndrome:
	1. Veins
	2. Emptiness of heart
	3. \* Microvessels
	4. Aorta
	5. Great arteries
323. Where are the white thrombus formation:
	1. \* Aorta
	2. Hollow vein
	3. Pulmonary veins
	4. Venules
	5. Kappilary
324. Where formed dilatation thrombus:
	1. Left atrium
	2. \* Aneurysm
	3. The right atrium
	4. The right ventricle
	5. Left ventricle
325. Which becomes the liver in chronic venous hyperemia:
	1. Red
	2. Muscat
	3. Cyanosis
	4. Gray
	5. Pale
326. White thrombus frequently occur in:
	1. \* Aorta
	2. Hollow vein
	3. Pulmonary veins
	4. Venules
	5. Kappilary
327. "Hairy heart" is an example of which of the following types of inflammation :
	1. Purulent;
	2. \* Fibrinous;
	3. Serous;
	4. Catarrhal;
	5. Hemorrhagic.
328. Abscess of the lung is an example of which of the following types of inflammation:
	1. \*Purulent;
	2. Fibrinous;
	3. Serous;
	4. Catarrhal;
	5. Granulomatous.
329. Activation of Hageman factor leads to activation of all of the following catalytic systems, EXCEPT:
	1. The complement system;
	2. \* P-450 ( mixed-function oxidase system );
	3. Kinin system;
	4. Fibrinolytic system;
	5. Coagulation system.
330. Acute gastritis with abundant mucus production is an example of which of the following types of inflammation:
	1. Purulent
	2. Fibrinous
	3. Serous
	4. \*Catarrhal
	5. Granulomatous
331. Acute inflammation includes all of the following types, EXCEPT:
	1. Purulent
	2. Fibrinous
	3. \*Granulomatous
	4. Serous
	5. Catarrhal.
332. Acute inflammation is characterized by all of the following features, EXCEPT:
	1. Relatively short duration
	2. \* Immigration of lymphocytes into theinjured area
	3. Immigration of leukocytes into the injured area
	4. Exudation of fluid
	5. Exudation of plasma proteins.
333. AH of the following factors promote neutrophil immigration into tissues during acute inflammatory responses, EXCEPT:
	1. Leukotriene B4;
	2. \*Nitric oxide;
	3. ntercellular adhesion molecule-1;
	4. Complement fragment C5a;
	5. Platelet-activating factor.
334. All of the following statements describing leukocyte emigration from vessels in areas of inflammation are true, EXCEPT:
	1. Leukocytes pass through gaps between thevascular endothelial cells;
	2. Neutrophils are the first cells to emigrate;
	3. Leukocytes develop pseudopods to aid inemigration;
	4. \* Lipofuscin accumulation accompaniesleukocyte emigration;
	5. Accompanying loss of red cells is passive.
335. All of these cells can be found in sarcoid granuloma, EXCEPT:
	1. Clusters of epithelioid cells
	2. Langhans-type giant cells
	3. Macrophages
	4. \*Granulocyte
	5. Lymphocytes
336. An 8-year-old child was done an intracutaneous tuberculin (Mantoux) test with a diagnostic purposE. Forty-eight hours following the injection of tuberculin, a dense hyperaemic papule, 20 cm in diameter, with necrosis in its centre formeD. Name the mechanism of hypersensitivity which lay in the basis of the above changes.:
	1. Immunocomplex cytotoxicity
	2. Anaphylaxis
	3. Antibody-dependent cytotoxicity
	4. \*Cellular cytotoxicity
	5. Granulomatosis
337. Anti-inflammatory drugs such as aspirin and indomethacin (non-steroidal drugs) inhibit:
	1. Lymphokine production
	2. Lysosomal degradation
	3. \* Leukotriene and prostaglandin production
	4. Vasoactive amine release
	5. Fibronectin production.
338. At the skin sarcoidosis can be found the type of necrosis as:
	1. Coagulation necrosis
	2. Liquefaction necrosis
	3. Enzymatic fat necrosis
	4. Caseous necrosis
	5. \*Fibrinoid necrosis
339. Cardinal signs of acute inflammation include all of the following, EXCEPT:
	1. Local heat;
	2. Redness;
	3. \* Pallor;
	4. Swelling;
	5. Pain.
340. Cell type that transforms into morphologically distinct cells capable of immunoglobulin production is which of the following:
	1. Neutrophils;
	2. Basophils;
	3. \*B-cells;
	4. T-cells;
	5. NK- cells.
341. Cells that are capable of phagocytosis of particulate matter include which of the following:
	1. \* Neutrophils, macrophages
	2. Lymphocytes, mast cells
	3. T-cells, NK- cells
	4. Basophils, stem cells
	5. Endothelial cells, plasma cells.
342. Continued recruitment of monocytes from the circulation in chronic inflammation results from the expression of all of the following, EXCEPT:
	1. IL-1I
	2. CSF-GC
	3. \* Oncogenes
	4. Fragments of the destroyed collagen and fibronectin
	5. Fibrinopeptides
343. During the inflammatory response, the proper order of white cell events is:
	1. Endothelial adherence, margination,phagocytosis, chemotaxis
	2. \*Margination, leukodiapedesis, chemotaxis,phagocytosis
	3. Margination, migration, chemotaxis, stasis
	4. Stasis, leukodiapedesis, margination, phagocytosis
	5. Leukodiapedesis, stasis, degranulation.
344. Fibrinous pericarditis occurs in all diseases, EXCEPT:
	1. Acute rheumatic fever;
	2. Systemic lupus erythematosus;
	3. Uremia;
	4. \*Atherosclerosis
	5. Acute myocardial infarction.
345. Fluid that collects during acute inflammation and that has a protein content exceeding 3 g/dl and a specific gravity exceeding 1.015 is referred to as:
	1. Edema;
	2. Effusion;
	3. Transudate;
	4. Serum;
	5. \*Exudate.
346. Granuloma in primary tuberculosis is com posed predominantly of which of the following:
	1. Fibroblasts
	2. \* Epithelioid cells
	3. Eosinophils
	4. Plasma cells
	5. Neutrophils
347. Gummatous infiltrate in tertiary syphilis can be found in which of the following organs:
	1. \*Aorta
	2. Testes
	3. Liver
	4. Bones and joints
	5. Skin and subcutaneous tissue
348. In an inflammatory response, neutrophils release molecules that induce all of the following effects, EXCEPT:
	1. Chemotaxis of monocytes
	2. \*Chemotaxis of lymphocytes
	3. Degranulation of mast cells
	4. Increased vascular permeability independentof histamine release
	5. Connective tissue digestion.
349. Inflammatory infiltrate associated with an acute bacterial bronchopneumonia consists predominantly of which of the following cells:
	1. Eosinophils
	2. Lymphocytes
	3. Monocytes/macrophages
	4. \*Neutrophils
	5. Plasma cells.
350. Inflammatory response leads to all of the following, EXCEPT:
	1. Isolation of infected tissues
	2. Inactivation of causative agents
	3. Neutralization of toxins
	4. Removal of devitalized tissue debris
	5. \*Obesity.
351. It is know that during the inflammatory response, the proper order of white cell events is:
	1. Endothelial adherence, margination,phagocytosis, chemotaxis;
	2. \*Margination, leukodiapedesis, chemotaxis,phagocytosis;
	3. Margination, migration, chemotaxis, stasis;
	4. Stasis, leukodiapedesis, margination, phagocytosis;
	5. Leukodiapedesis, stasis, degranulation.
352. It is know that in an inflammatory response, neutrophils release molecules that induce all of the following effects, EXCEPT:
	1. Chemotaxis of monocytes;
	2. \*Chemotaxis of lymphocytes;
	3. Degranulation of mast cells;
	4. Increased vascular permeability independentof histamine release;
	5. Connective tissue digestion.
353. Lobar pneumonia is an example of which of the following types of inflammation:
	1. Purulent;
	2. Fibrinous;
	3. Serous;
	4. Catarrhal;
	5. Granulomatous.
354. Lysosomes within neutrophils contain all of the following enzymes, EXCEPT:
	1. Myeloperoxidase;
	2. Acid hydrolases;
	3. Proteases;
	4. \* Interleukin-2;
	5. Cationic proteins.
355. Macrophages in granulomatous inflammation can transform into which of the following cells:
	1. Monocytes
	2. Epithelial cells
	3. \*Epithelioid cells
	4. Plasma cells
	5. Lymphocytes
356. Major functions of macrophages are all of the following, EXCEPT:
	1. Phagocyte function;
	2. IL - 1- synthesizing function;
	3. Secretory function;
	4. \* Antibody-synthesizing function;
	5. Healing and repair function.
357. Mediators of increased vascular permeability in acute inflammatory responses include all of the following, EXCEPT:
	1. Leukotriene E4;
	2. \*Complement complex C5b-9;
	3. Leukotriene C4;
	4. Bradykinin;
	5. Platelet-activating factor.
358. Most comprehensively the chronic inflammation is characterized by which of the following:
	1. Infiltration with mononuclear cell including macrophages, lymphocytes, and plasma cells
	2. Tissue destruction
	3. Healing by connective tissue with angiogenesis and fibrosis
	4. \*A11 of these
	5. None of these
359. Name the mechanism lying in the basis of the pathogenesis of organ-specific autoimmune diseases.:
	1. \*Disturbance of the physiological isolation of organs and tissues to which there is no physiological tolerance
	2. Primary disturbance in the immunocompetent system
	3. Appearance of new nonshared antigens in the organism
	4. Disturbance in the control of immune homeostasis
	5. Atrophy of the lymphoid system
360. On gross inspection, syphilitic gumma is characterized by all of the following features, EXCEPT:
	1. White-gray
	2. Rubbery
	3. Solitary
	4. \*Red-brown
	5. Tumor-like
361. Plasma factors to be released during inflammation are all of the following, EXCEPT:
	1. Bradykinin;
	2. Membrane attack sequence;
	3. \*Cationic proteins;
	4. Thrombin;
	5. Plasmin.
362. Products released by the activated macrophages, that lead to fibrosis include all of the following, EXCEPT:
	1. Growth factors
	2. Fibrogenic cytokines
	3. Angiogenesis factors
	4. Fibronectin
	5. \*Proteases
363. Purulent inflammation is characterized by which of the following:
	1. Fibrin deposition;
	2. Mucus production;
	3. Lymphocyte infiltration;
	4. \*Neutrophil infiltration;
	5. Red cell infiltration.
364. Sarcoidisis development is associated with which of the following:
	1. Mycobacterium leprae
	2. Mycobacterium tuberculosis
	3. Treponema pallidum
	4. Gram-negative bacillis
	5. \*Unknown
365. Syphilis granuloma is also called as:
	1. Fibroma
	2. \* Gumma
	3. Tuberculoma
	4. Leproma
	5. Hepatoma
366. The "Hairy heart" is an example of which of the following types of inflammation :
	1. Purulent
	2. \*Fibrinous
	3. Serous
	4. Catarrhal
	5. Hemorrhagic.
367. The abscess which situated in lung is an example of which of the following types of inflammation:
	1. \* Purulent
	2. Fibrinous
	3. Serous
	4. Catarrhal
	5. Granulomatous.
368. The acute form of inflammation is characterized by all of the following features, EXCEPT:
	1. Relatively short duration;
	2. \* Immigration of lymphocytes into theinjured area;
	3. Immigration of leukocytes into the injured area;
	4. Exudation of fluid;
	5. Exudation of plasma proteins.
369. The adherence of neutrophils and monocytes to the vascular endothelium prior to movement into the extravascular space is called:
	1. Margination;
	2. Diapedesis;
	3. \* Pavementing;
	4. Emigration;
	5. Clotting.
370. The AH of the following factors promote neutrophil immigration into tissues during acute inflammatory responses, EXCEPT:
	1. Leukotriene B4
	2. \*Nitric oxide
	3. Intercellular adhesion molecule-1
	4. Complement fragment C5a
	5. Platelet-activating factor.
371. The all of these cells can be found in chronic inflammation infiltrate, EXCEPT:
	1. Lymphocytes
	2. \*Platelets
	3. Macrophages
	4. Plasma cells
	5. Eosinophils
372. The Anti-inflammatory drugs such as aspirin and indomethacin (non-steroidal drugs) inhibit:
	1. Lymphokine production;
	2. Lysosomal degradation;
	3. \*Leukotriene and prostaglandin production;
	4. Vasoactive amine release;
	5. Fibronectin production.
373. The cell type that transforms into morphologically distinct cells capable of immunoglobulin production is which of the following:
	1. Neutrophils
	2. Basophils
	3. \* B-cells
	4. T-cells
	5. NK- cells.
374. The cells that are capable of phagocytosis of particulate matter include which of the following:
	1. \* Neutrophils, macrophages;
	2. Lymphocytes, mast cells;
	3. T-cells, NK- cells;
	4. Basophils, stem cells;
	5. Endothelial cells, plasma cells.
375. The first cells to arrive at the injured area in the inflammatory response are which of the following:
	1. \* Neutrophils;
	2. Fibroblasts;
	3. Lymphocytes;
	4. Macrophages;
	5. Erythrocytes.
376. The fluid that collects during acute inflammation and that has a protein content exceeding 3 g/dl and a specific gravity exceeding 1.015 is referred to as:
	1. Edema
	2. Effusion
	3. Transudate
	4. Serum
	5. \* Exudate.
377. The foreign-body granulomas are caused by all the following, EXCEPT:
	1. Particulate matter
	2. Synthetic material
	3. \* Gram-negative bacillus
	4. Vegetable matter
	5. Beryllium particles.
378. The granuloma in sarcoidosis is composed predominantly of which of the following:
	1. \* Monocytes/macrophages
	2. Neutrophils
	3. Eosinophils
	4. Plasma cells
	5. Lymphocytes/fibroblasts
379. The granulomatous cell infiltrate in primary syphilis is composed predominantly of which of the following:
	1. Neutrophils
	2. Monocytes/macrophages
	3. \* Plasma cells
	4. Eosinophils
	5. Lymphocytes
380. The granulomatous inflammation develops in all of the following diseases, EXCEPT:
	1. Tuberculosis
	2. Leprosy
	3. Syphilis
	4. Cat-scratch disease
	5. \* Budd-Chiary syndrome
381. The Hageman factor Activation leads to activation of all of the following catalytic systems, EXCEPT:
	1. The complement system
	2. \* P-450 ( mixed-function oxidase system )
	3. Kinin system
	4. Fibrinolytic system
	5. Coagulation system.
382. The inflammatory infiltrate associated with an acute bacterial bronchopneumonia consists predominantly of which of the following cells:
	1. Eosinophils;
	2. Lymphocytes;
	3. Monocytes/macrophages;
	4. \* Neutrophils;
	5. Plasma cells.
383. The inflammatory response leads to all of the following, EXCEPT:
	1. Isolation of infected tissues;
	2. Inactivation of causative agents;
	3. Neutralization of toxins;
	4. Removal of devitalized tissue debris;
	5. \* Obesity.
384. The leukocyte emigration from vessels in areas of inflammation are described by all of the following statements, EXCEPT:
	1. Leukocytes pass through gaps between thevascular endothelial cells
	2. Neutrophils are the first cells to emigrate
	3. Leukocytes develop pseudopods to aid inemigration
	4. \* Lipofuscin accumulation accompaniesleukocyte emigration
	5. Accompanying loss of red cells is passive.
385. The lobar pneumonia is an example of which of the following types of inflammation:
	1. Purulent
	2. \*Fibrinous
	3. Serous
	4. Catarrhal
	5. Granulomatous.
386. The lungs with multiple tuberculous granulomas are called as:
	1. Tuberculous pneumonia
	2. Brown induration of lungs
	3. \*Miliary tuberculosis
	4. Cavitary fibrocaseous tuberculosis
	5. Tuberculoma
387. The lysosomes within neutrophils contain all of the following enzymes, EXCEPT:
	1. Myeloperoxidase
	2. Acid hydrolases
	3. Proteases
	4. \* Interleukin-2
	5. Cationic proteins.
388. The major functions of macrophages are all of the following, EXCEPT:
	1. Phagocyte function
	2. IL - 1- synthesizing function
	3. Secretory function
	4. \*Antibody-synthesizing function
	5. Healing and repair function.
389. The medial destruction of aorta in tertiary syphilis may lead to which of the following:
	1. \* Aneurismal dilatation of the aorta
	2. Marian's syndrome
	3. Atherosclerosis
	4. Takayasu's arteritis
	5. Giant cell arteritis
390. The mediators of increased vascular permeability in acute inflammatory responses include all of the following, EXCEPT:
	1. Leukotriene E4
	2. \* Complement complex C5b-9
	3. Leukotriene C4
	4. Bradykinin
	5. Platelet-activating factor.
391. The miliary lung tuberculosis is characterized by which type of inflammation:
	1. \* Granulomatous
	2. Serous
	3. Fibrinous
	4. Supurative
	5. Hemorrhagic
392. The most common formation in the body cavities and the spinal fluid is which of the following:
	1. Fibrinous inflammation;
	2. \* Serous inflammation;
	3. Catarrhal inflammation;
	4. Hemorrhagic inflammation;
	5. Granulomatous inflammation.
393. The most reliable evidence of purulent inflammation is the presence in tissue of which of the following:
	1. Lymphocytes
	2. Cellular necrosis
	3. Intracellular pigment accumulations
	4. \*Neutrophils
	5. Plasma cells.
394. The most reliable histopathologic evidence of chronicity in an inflammatory process in organs is which of the following:
	1. Hemorrhages
	2. Leucocytic infiltrates
	3. Blood vessels destruction
	4. \*Interstitial fibrosis
	5. Councilman's bodies
395. The neutrophils and monocytes are adherence to the vascular endothelium prior to movement into the extravascular space is called:
	1. Margination
	2. Diapedesis
	3. \*Pavementing
	4. Emigration
	5. Clotting.
396. The pathologic changes of vasa vasonim of aorta in syphilitic mesaortitis are characterized by which of the following:
	1. Migratory thrombophlebitis
	2. \*Productive vasculitis (obliterative endoarteritis)
	3. Thromboangitis obliterans
	4. Necrotizing arteriolitis
	5. Thrombotic microangiopathy
397. The plasma factors to be released during inflammation are all of the following, EXCEPT:
	1. Bradykinin
	2. Membrane attack sequence
	3. \*Cationic proteins
	4. Thrombin
	5. Plasmin.
398. The possible causes of chronicity of inflammation are all of the following, EXCEPT:
	1. Persistent infections by certain microorganisms
	2. Prolonged exposure to potentially toxic gents, either exogenous or endogenous
	3. Autoimunity (autoimmune diseases)
	4. \*Complete phagocytosis
	5. Resistance of the etiologic agent
399. The products released by the activated macrophages that lead to tissue injury, include all of the following, EXCEPT:
	1. \*Fibrogenic cytokines
	2. Toxic oxygen metabolites
	3. Collagenases
	4. Neutrophile chemotactive factors
	5. Elastase
400. The purulent inflammation is characterized by which of the following:
	1. \* Neutrophil infiltration with tissue lysis
	2. Fibrin deposition
	3. Mucus production
	4. Lymphocyte infiltration
	5. Neutrophil infiltration.
401. The unidirectional migration of leukocytes toward a target is referred to as:
	1. Diapedesis;
	2. \* Chemotaxis;
	3. Opsonization;
	4. Endocytosis;
	5. Margination
402. Typical syphilis granuloma is characterized by all of the following, EXCEPT:
	1. Area of central necrosis
	2. Plasma cell infiltrate
	3. Lymphocyte infiltrate
	4. Productive vasculitis
	5. \* Platelet infiltrate
403. Typical tyberculous granuloma is characterized by all of the following, EXCEPT:
	1. \* Plasma cells
	2. Area of central necrosis
	3. Epithelioid cells
	4. Langhans-type giant cells
	5. Lymphocytes
404. What cells are known as "lepra cells" in lepromatous leprosy?:
	1. Foam cells filled with lipid droplets
	2. \* Macrophages filled with masses of acid-fast bacilli
	3. Epitheliod cells
	4. Langhans-type giant cells
	5. Schwann's cells
405. What cells play the most important role in chronic tuberculous inflammation?:
	1. \* Macrophages
	2. Leucocytes
	3. Eosinophils
	4. Erythrocytes
	5. Plasma cells
406. What is the first cells to arrive at the injured area in the inflammatory response are which of the following:
	1. \*Neutrophils
	2. Fibroblasts
	3. Lymphocytes
	4. Macrophages
	5. Erythrocytes.
407. What is the mechanism lying in the basis of the pathogenesis of organ-nonspecific autoimmune diseases.:
	1. Disturbance of the physiological isolation of organs and tissues to which there is no physiological tolerance
	2. Appearance of new nonshared antigens in the rganism
	3. Atrophy of the lymphoid system
	4. \* Disturbance of the immune homeostasis in the lymphoid system
	5. Cellular immunodeficiency
408. What is the most common formation in the body cavities and the spinal fluid is which of the following:
	1. Fibrinous inflammation
	2. \* Serous inflammation
	3. Catarrhal inflammation
	4. Hemorrhagic inflammation
	5. Granulomatous inflammation.
409. What is the most reliable evidence of purulent inflammation is the presence in tissue of which of the following:
	1. Lymphocytes;
	2. Cellular necrosis;
	3. Intracellular pigment accumulations;
	4. \* Neutrophils;
	5. Plasma cells.
410. What is the unidirectional migration of leukocytes toward a target:
	1. Diapedesis
	2. \*Chemotaxis
	3. Opsonization
	4. Endocytosis
	5. Margination
411. What type of necrosis can be found in sarcoid granuloma?:
	1. Coagulative necrosis
	2. Caseous necrosis
	3. Liquefactive necrosis
	4. Enzymatic fat necrosis
	5. \* Fibrinoid necrosis
412. What type of necrosis can be found in tuberculous granuloma?:
	1. Coagulation necrosis
	2. Liquefactive necrosis
	3. \* Caseous necrosis
	4. Enzymatic fat necrosis
	5. Fibrinoid necrosis
413. When cells degenerate at the site of injury, all of the following may be released, EXCEPT:
	1. Lysosomal enzymes
	2. Vasoactive amines
	3. \*Cyclooxygenase
	4. Kinins
	5. NO.
414. A loss of CD4+ T cells resulting from HIV infection leads to the decrease of all of the following, EXCEPT:
	1. Response to soluble antigens;
	2. Specific cytotoxicity;
	3. Killing of tumor cells;
	4. Lymphokine secretion;
	5. \* Spontaneous secretion of IL-1.
415. A main morphologic features of Graves disease include all of the following, EXCEPT:
	1. Tall and crowded follicular epithelial cells;
	2. Small papillae into the follicular lumen;
	3. Lack of fibrovascular cores in papillae;
	4. Pale colloid with scalloped margins;
	5. \* Large leukocytic aggregates in the stroma.
416. A microscopic aggregation of the epithelioid cells, usually surrounded by a collar of lymphocytes is referred to as:
	1. Papilloma
	2. Condyloma
	3. Melanoma
	4. Lipoma
	5. \* Granuloma.
417. A most common cause of endogenous hyperthyroidism is which of the following:
	1. \* Graves disease;
	2. Hashimoto thyroiditis;
	3. Subacute (granulomatous) thyroiditis;
	4. Tuberculosis;
	5. Sporadic goiter.
418. A most common cause of the glomeruli damage in systemic lupus erythematosus is which of the following:
	1. Local anaphylaxis;
	2. \* Immune complex injury;
	3. Immunologic tolerance;
	4. Genetic deficiency of themonocyte/macrophage system;
	5. Genetic deficiency of the complement system.
419. A point out the mechanism which is the basis for classification of the hypersensitivity diseases.
	1. \* Immunologic;
	2. Byochemical;
	3. Non-immunologic;
	4. Chemical;
	5. Physiologic.
420. A replacement of the normal secretory columnar epithelium by the nonfunctioning stratified squamous epithelium may occur in all organs of the following, EXCEPT:
	1. Bile ducts of the liver;
	2. Excretory ducts of the salivary glands;
	3. Excretory ducts of the pancreas;
	4. Respiratory epithelium of the bronchi;
	5. \* Tubular epithelium of the kidney.
421. A state in which an individual is incapable of developing an immune response to a specific antigen is called:
	1. Arthus reaction
	2. Local anaphylaxis
	3. Complement-dependent reaction
	4. \* Immunologic tolerance
	5. Systemic anaphylaxis.
422. A type I hypersensitivity (anaphylactik type) is characterized by all of the following, EXCEPT:
	1. Occurs in humans previously sensitized to the antigen;
	2. Develops rapidly (within minutes);
	3. Mediates by IgE antibodies in humans;
	4. \* Develops slowly (within days);
	5. Mast cell or basophil degranulation.
423. All of the following cells are involved in immune response, EXCEPT:
	1. \* Eeosinophils
	2. Macrophages
	3. Natural killer cells
	4. T lymphocytes
	5. B lymphocytes.
424. All of the following diseases result from Type III hypersensithity (immune complex disorders), EXCEPT:
	1. Glomerulonephritis
	2. Farmer's lung
	3. \* Myocardial infarction
	4. Hemolitic anemia
	5. Systemic lupus erythematosus
425. Antinuclear antibodies in systemic lupus erythematosus are directed against all of the following, EXCEPT:
	1. DNA
	2. Histones
	3. \* Nuclear membrane
	4. Nonhiston proteins bound to RNA
	5. Nucleolar antigens.
426. At morphologically exam, delayed-type hypersensitivity is characterized by all of the following, EXCEPT:
	1. Accumulation of the mononuclear cells around venules;
	2. Dermal edema;
	3. Deposition of fibrin in the interstitium of derma;
	4. Accumulation of the mononuclear cellsaround small vein;
	5. \* Deposition of hemosiderin in the derma.
427. Atrophy is characterized by which of the following:
	1. Variation of cells in size and shape
	2. Increase in the size of cells
	3. \* Shrinkage in the size of cells by loss of cell substance
	4. Increase in the number of cells
	5. Abnormal organisation of cells.
428. Autoimmune diseases involving a single organ or cell type are all of the following, EXCEPT:
	1. Hashimoto thyroiditis
	2. Goodpasture’s syndrome
	3. Insulin-dependent diabetes mellitus
	4. \* Myocardial infarction
	5. Myasthenia gravis.
429. Cardiac hypertrophy is characterized by all pathologic changes, EXCEPT:
	1. Increased number of myocardial cells
	2. Increased mass and size of the heart
	3. Increased protein synthesis
	4. Interstitial cardiac fibrosis
	5. Inadequate vasculature.
430. CD4+ T cells influence the function of all of the following immune system cells, EXCEPT:
	1. B lymphocytes
	2. Natural killer cells
	3. \* Fibroblasts
	4. Macrophages
	5. T cells.
431. Cells affected by HIV are all of the following, EXCEPT:
	1. Macrophages
	2. Dendritic cells
	3. Monocytes
	4. \* T cells
	5. T cells.
432. Cells of immune system which have numerous fine dendritic cytoplasmic processus are called:
	1. \* Dendritic cells
	2. Fibroblasts
	3. Macrophages
	4. Leucocytes
	5. T cells
433. Cells which compose the granuloma in type IV hypersensitivity reactions are all of the following, EXCEPT:
	1. Lymphocytes
	2. \* Erythrocytes
	3. Macrophages
	4. Epithelioid cells
	5. Giant cells.
434. Cells which play an important role both in the induction and in the effector phase of immune response are which of the following:
	1. B cells
	2. \* T cells
	3. B lymphocytes
	4. Macrophages
	5. Natural killer cells.
435. Classical example of delayed type hypersensitivity is which of the following:
	1. Arthus reaction;
	2. Local anaphylaxis;
	3. Complement-dependent reaction;
	4. \* Tuberculin reaction;
	5. Systemic anaphylaxis
436. Complement activation gives rise for all of the following proinflammatory effects, EXCEPT:
	1. Release of C3b
	2. Production of chemotactic factors
	3. Release of anaphylatoxins
	4. \* Formation of antigens
	5. Formation of membrane attack complex.
437. Conditions leading to endometrial hyperplasia include all of the following, EXCEPT:
	1. Polycystic ovarian disease
	2. Functioning granulose cell tumors of the ovary
	3. Prolonged administration of estrogenic substances
	4. Excessive ovarian cortical function
	5. \* Prolonged administration of analgesic substances
438. Disorders of the immune system include all of the following, EXCEPT:
	1. \* Hyalinosis
	2. Hypersensitivity reactions
	3. Autoimmune diseases
	4. Immunologic deficiency syndromes
	5. Amyloidosis.
439. Dysplasia is characterized by all of the following, EXCEPT:
	1. Abnormal organization of cells
	2. Loss in the uniformity of individual cells
	3. Loss in cell architectural organization
	4. \* Replacement of one adult cell type by another adult cell type
	5. Variation of cells in size and shape
440. Electron micrograph of a renal glomerular capillary loop from a patient with systemic lupus erythematosus reveals which of the following:
	1. \* Dense deposits in subendothelial location
	2. Dense deposits in epithelial cells
	3. Dense deposits in capillary lumen
	4. Laminated deposits in subendothelial location
	5. Laminated deposits in epithelial cells.
441. Hydronephrosis is characterized by all of the following, EXCEPT:
	1. \* Thickening of the renal parenchyma
	2. Thinning of the renal parenchyma
	3. Dilatation of the renal pelvis
	4. Dilatation of the renal calyces
	5. Progressive atrophy of the kidney.
442. Hyperplasia is characterized by which of the following:
	1. Increase in the size of cells
	2. \* Increase in the number of cells
	3. Increase in the number of nuclei in cells
	4. Shrinkage in the size of cells
	5. Atypia of cells.
443. Hypertrophy as a process is characterized by which of the following:
	1. \* Increase in the size of cells and of the organ
	2. Shrinkage in the size of cells and of the organ
	3. Increase in the number of cells
	4. Abnormal organization of cells
	5. Variation of cells in size and shape
444. Hypertrophy as an adaptive response is charactirized by which of the following:
	1. Pathologic hypertrophy of the breast duringlactation
	2. \* Hypertrophy of the skeletal muscle cells in a body-builder
	3. Pathologic hypertrophy of the uterus duringpregnancy
	4. Hypertrophy of the skeletal muscle cells in apatient with immobilized broken limb
	5. Hypertrophy of the endometrium due toovarian tumor.
445. Hypoplasia is characterized by all of the following, EXCEPT
	1. Incomplete development of an organ
	2. Decreased number of cells
	3. \* Increased number of cells
	4. Underdevelopment of an organ
	5. Decreased function of an organ.
446. In urinary tract obstruction all pathologic processes can be found, EXCEPT:
	1. Dilatation of the pelvis and calyces
	2. \* Acute tubular necrosis
	3. Interstitial inflammation
	4. Interstitial fibrosis
	5. Glomerular and tubular atrophy.
447. Local factors that influence wound healing are all of the following, EXCEPT:
	1. Wound infection
	2. Mechanical factors
	3. Foreign bodies
	4. \* Hormones (glucocorticoids)
	5. Size, location and type of the wound
448. Macrophage cytokines are characterized by all of the following, EXCEPT:
	1. Mediate natural immunity
	2. Regulate lymphocytes growth, activation anddifferentiation
	3. Activate inflammatory cells
	4. \* Inhibit hematopoesis
	5. Affect leukocyte movements.
449. Metaplasia is characterized by which of the following:
	1. Reversible increase in the size of cells
	2. Irreversible change in which one adult celltype isreplaced by another adult cell type
	3. \* Reversible change in which one adult celltype is replaced by another adult cell type
	4. Reversible abnormal organization of cells
	5. Reversible increase in the number of cells.
450. Morphologic changes in glomeruli in systemic lupus erythematosus are characterized by all of the following, EXCEPT:
	1. Swelling and proliferation of the endothelial cells
	2. Swelling and proliferation of mesangial cells
	3. Infiltration of neutrophils
	4. Presence of fibrinoid necrosis and hyalinethrombi
	5. \* Infiltration of plasma cells.
451. Morphologic changes in salivary glands in Sjogren's syndrome include all of the following, EXCEPT:
	1. Lymphocytic infiltrate
	2. Atrophy of parenchyma
	3. Fibrosis
	4. \* Leukocytic infiltrate
	5. Fatty replacement of parenchyma.
452. Morphologically, delayed-type hypersensitivity is characterized by all of the following, EXCEPT:
	1. Accumulation of the mononuclear cells around venules
	2. Dermal edema
	3. Deposition of fibrin in the interstitium of derma
	4. Accumulation of the mononuclear cellsaround small vein
	5. \*Deposition of hemosiderin in the derma.
453. Name the macrophage cytokines which are characterized by all of the following, EXCEPT:
	1. Mediate natural immunity;
	2. Regulate lymphocytes growth, activation anddifferentiation;
	3. Activate inflammatory cells;
	4. \*Inhibit hematopoesis;
	5. Affect leukocyte movements.
454. One of the variants of physiologic atrophy is:
	1. Atrophy of skeletal muscle by the immobi lized broken limb
	2. \*Atrophy of uterus after parturition
	3. Kidney atrophy from pressure (hydronephrosis)
	4. Atrophy of the endometrium by ovarian tumor
	5. Atrophy of the brain in atherosclerosis
455. Organs most commonly and seriously damaged in systemic lupus erythematosus are all of the following, EXCEPT:
	1. Skin;
	2. \*Eye;
	3. Joints;
	4. Serosal surfaces;
	5. Heart and vessels
456. Point out the mechanism which is the basis for classification of the hypersensitivity diseases.
	1. \*Immunologic
	2. Byochemical
	3. Non-immunologic
	4. Chemical
	5. Physiologic.
457. Populations at high risk for human immunodeficiency virus (HIV) infection include all of the following, EXCEPT:
	1. \*Donors of blood and blood components
	2. Homosexual and bisexual men
	3. Intravenous drug users
	4. Hemophiliacs
	5. Infants born to HIV-infected mothers.
458. Predominant cells aggregating in the form of follicles in the spleen are which of the following:
	1. B cells
	2. T cells
	3. \* B lymphocytes
	4. Macrophages
	5. Natural killer cells.
459. Pressure-overloaded (concentric) cardiac hypertrophy is characterized by all of the following, EXCEPT:
	1. Hypertrophy of left ventricle
	2. Increased wall thickness
	3. Normal left cavity diameter
	4. \*Dilated left cavity diameter
	5. Reduced left cavity diameter.
460. Primary mediators contained within mast cells' granules are all of the following, EXCEPT:
	1. Biogenic amines
	2. Enzymes
	3. Chemotactic mediators
	4. Proteoglycans
	5. \* Leukotrienes.
461. Secondary mediators released during Type I hypersensitivity (anaphylactic type) are all of the following, EXCEPT:
	1. Leukotriens;
	2. Cytokines;
	3. \* Biogenic amines;
	4. Platelet-activating factor;
	5. Prostaglandin D2.
462. Short-acting soluble mediators which induce and regulate cell interactions during immune response are commonly called:
	1. Glucagon
	2. \* Cytokines
	3. Insulin
	4. Estrogen
	5. Progesteron.
463. Simple endometrial hyperplasia is characterized by all of the following, EXCEPT:
	1. Increase in the number and size of endometrial glands
	2. Atypia of gland cells
	3. Complex endometrial glands
	4. Increase in gland-to-stroma ratio
	5. Dilated endometrial glands.
464. Systemic factors that influence wound healing are all of the following, EXCEPT:
	1. Nutrition
	2. Metabolic status
	3. Blood group
	4. Circulatory status
	5. Hormones (glucocorticoids).
465. Systemic lupus erythematosus is associated with appearance and persistence of which of the following:
	1. Alloantibody
	2. Alloantigens
	3. \* Autoantigens
	4. Heteroantibody
	5. Heteroantigens.
466. T cells influence the function of all of the following immune system cells, EXCEPT:
	1. B lymphocytes
	2. Natural killer cells
	3. \* Fibroblasts
	4. Macrophages
	5. T cells.
467. The all of the following cells are involved in immune response, EXCEPT:
	1. \* Eeosinophils;
	2. Macrophages;
	3. Natural killer cells;
	4. T lymphocytes;
	5. B lymphocytes.
468. The all of the following diseases result from Type III hypersensithity (immune complex disorders), EXCEPT:
	1. Glomerulonephritis;
	2. Farmer's lung;
	3. Myocardial infarction;
	4. Hemolitic anemia;
	5. Systemic lupus erythematosus
469. The antinuclear antibodies in systemic lupus erythematosus are directed against all of the following, EXCEPT:
	1. DNA;
	2. Histones;
	3. \* Nuclear membrane;
	4. Nonhiston proteins bound to RNA;
	5. Nucleolar antigens.
470. The autoimmune diseases involving a single organ or cell type are all of the following, EXCEPT:
	1. Hashimoto thyroiditis;
	2. Goodpasture syndrome;
	3. Insulin-dependent diabetes mellitus;
	4. \* Myocardial infarction;
	5. Myasthenia gravis.
471. The causes of hypertrophy are all of the following, EXCEPT.
	1. Mechanical triggers
	2. Trophic triggers
	3. \*Nervous triggers
	4. Polypeptide growth factors
	5. Vasoactive agents.
472. The causes of pathologic atrophy are all of the following, EXCEPT:
	1. Aging
	2. \* Intracellular fat accumulation
	3. Pressure
	4. Inadequate nutrition
	5. Denervation
473. The causes of pathologic atrophy are all of the following, EXCEPT:
	1. Loss of endocrine stimulation
	2. Loss of innervation
	3. Diminished blood supply
	4. Decreased workload
	5. \*Increased workload
474. The CD4+ T cells influence the function of all of the following immune system cells, EXCEPT:
	1. B lymphocytes;
	2. Natural killer cells;
	3. \*Fibroblasts;
	4. Macrophages;
	5. CD8+ T cells.
475. The cells affected by HIV are all of the following, EXCEPT:
	1. Macrophages;
	2. Dendritic cells;
	3. Monocytes;
	4. \* CD8+ T cells;
	5. CD4+ T cells.
476. The cells which play an important role both in the induction and in the effector phase of immune response are which of the following:
	1. CD4+T cells;
	2. CD8+ T cells;
	3. B lymphocytes;
	4. \* Macrophages;
	5. Natural killer cells.
477. The cellular adaptation without cell proliferation includes all of the following, EXCEPT:
	1. Apoptosis
	2. Atrophy;
	3. \*Hyperplasia;
	4. Hypertrophy;
	5. Metaplasia.
478. The classical example of delayed type hypersensitivity is which of the following:
	1. Arthus reaction
	2. Local anaphylaxis
	3. Complement-dependent reaction
	4. \* Tuberculin reaction
	5. Systemic anaphylaxis
479. The complement activation gives rise for all of the following proinflammatory effects, EXCEPT:
	1. Release of C3b;
	2. Production of chemotactic factors;
	3. Release of anaphylatoxins;
	4. \* Formation of antigens;
	5. Formation of membrane attack complex.
480. The most common clinical manifestation of endometrial hyperplasia is:
	1. \* Abnormal uterine bleeding
	2. Menses stopping
	3. Pains
	4. Purulent discharges
	5. Mucous discharges
481. The primary mediators contained within mast cells' granules are all of the following, EXCEPT:
	1. Biogenic amines;
	2. Enzymes;
	3. Chemotactic mediators;
	4. Proteoglycans;
	5. \* Leukotrienes.
482. The proliferation of the glandular epithelium of a female during pregnancy is an example of:
	1. Compensatory hyperplasia
	2. Pathologic hyperplasia
	3. \* Hormonal hyperplasia
	4. Compensatory hypertrophy
	5. Hormonal hypertrophy.
483. The replacement of the normal secretory columnar epithelium by the nonfunctioning stratified squamous epithelium may occur in all organs of the following, EXCEPT:
	1. Bile ducts of the liver;
	2. Excretory ducts of the salivary glands
	3. Excretory ducts of the pancreas
	4. \* Respiratory epithelium of the bronchi
	5. Tubular epithelium of the kidney.
484. The short-acting soluble mediators which induce and regulate cell interactions during immune response are commonly called:
	1. Glucagon
	2. \*Cytokines;
	3. Insulin;
	4. Estrogen;
	5. Progesteron.
485. The systemic factors that influence wound healing are all of the following, EXCEPT:
	1. Nutrition;
	2. Metabolic status;
	3. \*Blood group;
	4. Circulatory status;
	5. Hormones (glucocorticoids).
486. The systemic lupus erythematosus is associated with appearance and persistence of which of the following:
	1. Alloantibody;
	2. Alloantigens;
	3. \*Autoantigens;
	4. Heteroantibody;
	5. Heteroantigens.
487. Type I hypersensitivity (anaphylactk type) is characterized by all of the following, EXCEPT:
	1. Occurs in humans previously sensitized to theantigen
	2. Develops rapidly (within minutes)
	3. Mediates by IgE antibodies in humans
	4. \*Develops slowly (within days)
	5. Mast cell or basophil degranulation.
488. What pigment can be found in the cytoplasm of heart and muscle cells in aging atrophy?
	1. \*Lipofuscin
	2. Melanin
	3. Hemosiderin
	4. Bilirubin
	5. Ferritin.
489. What type of metaplasia may occur in the respiratory tract in habitual cigarette smoker?
	1. Epithelial metaplasia: squamous to columnar
	2. Metaplasia to undifferentiated mesenchymalcells
	3. Connective tissue metaplasia
	4. \*Epithelial metaplasia: columnar to squamosus
	5. None of these.
490. What type of wound healing can be termed as "keloid"?
	1. Atrophic scar
	2. Scar with dysplasia
	3. Hyperplastic scar
	4. Hypotrophic scar
	5. \*Hypertrophic scar
491. Which pathologic process results from dysplasia?
	1. Aplasia
	2. Hypoplasia
	3. Hyperpigmentation
	4. Calcification
	5. \* Neoplasia
492. A malignant tumor is characterized by all of the following, except:
	1. Increased abnormal tissue mass
	2. Uncoordinated invasive growth
	3. Relatively autonomous growth
	4. \* Decreased abnormal tissue mass
	5. Metastases
493. All of the following genes (known as " tumor suppressor genes ") provide the negative control over cell proliferation, except:
	1. The p53gene
	2. The DCC ("Deleted in Colon Cancer") gene
	3. The Rb gene
	4. The WT-1 gene
	5. \* The bcl-2 gene
494. All of the following neoplasms are malignant, except:
	1. Adenocarcinoma
	2. Melanoma
	3. Seminoma
	4. Chorionepithelioma
	5. \* Papillary cystadenoma
495. All of the following statements correctly describe cell oncogenes, except:
	1. \* Oncogenes are derived from viral DNA that has been incorporated into the genome
	2. Oncogenes encode proteins that resemble the products of normal genes
	3. Some oncogene products are the analogues of growth factors
	4. Some oncogene products are the analogues of growth factor receptors
	5. Some oncogene products activate nuclear transcription
496. Among neuroectodermal tumours most frequently occur:
	1. \* Astrocytes
	2. Monocytic
	3. Ectodermal
	4. Pericytes
	5. Melanin-producing
497. Anaplasia is characterized by all of the following, except:
	1. Cellular and nuclear pleomorphism
	2. Formation of tumor giant cells
	3. Formation of atypical mitotic figures
	4. \* Formation of Langhans giant cells
	5. Hyperchromatic nuclei
498. Astroblastoma metastasing by:
	1. \* Cerebrospinal fluid
	2. Blood
	3. Lymph
	4. Contact|
	5. Implantation
499. Benign tumor arising from cartilaginous tissue is called:
	1. \* Chondroma
	2. Adenoma
	3. Osteoma
	4. Fibroma
	5. Papilloma
500. Benign tumor arising from fibroblastic cells is called:
	1. Chondroma
	2. Adenoma
	3. Osteoma
	4. \* Fibroma;
	5. Papilloma
501. Benign tumor arising from osteoblasts is called:
	1. Chondroma
	2. Adenoma
	3. \* Osteoma
	4. Fibroma
	5. Papilloma
502. Benign tumor arising from smooth muscle cells is called:
	1. \* Leiomyoma
	2. Myoma
	3. Chondroma
	4. Rhabdomyoma
	5. Fibroma
503. Benign tumors composed of either cavernous spaces or serpentine capillary-like channels containing blood or lymph are all the following, except:
	1. Capillary lymphangiomas
	2. Cavernous hemangiomas
	3. \* Capillary telangiectases
	4. Cavernous lymphangiomas
	5. Capillary hemangiomas
504. Capillary Hemangioma more frequently occur in:
	1. Mans
	2. Young women
	3. \* Children
	4. Old age people
	5. Women in menopause
505. Cells that are believed to participate in the destruction of tumor cells include all of the following, except.
	1. Activated macrophages
	2. \* Stem cells
	3. CD4 + T cells
	4. T killer cells
	5. CD4 -, CD8 - cells
506. Character of growth of high differentiated tumors in relation to surrounding tissues:
	1. Exophytic
	2. \* Expansive
	3. Endophytic
	4. Infiltrating
	5. Invasive
507. Character of growth of malignant tumors in relation to surrounding tissues.
	1. Exophytic
	2. Expansive
	3. Endophytic
	4. Apposition
	5. \* Invasive
508. Cytokines secreted by tumors that induce angiogenesis and assist the tumor in establishing its blood supply include all of the following, except:
	1. \* Tumor necrosis factor
	2. Fibroblast growth factor
	3. Transforming growth factor - a
	4. Transforming growth factor - b
	5. Platelet-derived growth factor
509. Desmoid is located more often in:
	1. \* Anterior abdominal wall
	2. Legs
	3. Hands
	4. Skin of back
	5. Langs
510. Differentiated synoviom arises from:
	1. \* Synovial elements of tendons
	2. Capillries
	3. Venous capillary
	4. Arteriolas
	5. Bone tissues
511. Dysplasia is characterized by all of the following, except:
	1. Loss of cell uniformity
	2. Hyperchromatic enlarged nuclei
	3. Appearance of mitotic figures
	4. Loss of cell architectural orientation
	5. \* Formation of tumor giant cells
512. Ependymoma is glioma connected with:
	1. \* Ventricular ependyma
	2. Mesencephalon
	3. Cerebelli
	4. Spinal cord
	5. Medulla oblongate
513. First hematogenous metastases of the femur soft tissue fibrosarcoma can be found in which of the following organs:
	1. Liver
	2. Brain
	3. Bones
	4. \* Lungs
	5. Regional lymph node
514. Glomus angioma more often develops in:
	1. \* Fingers and toes
	2. Liver
	3. Lungs
	4. Spleen
	5. Brain
515. Lack of cell differentiation (anaplasia) in malignant tumor is characterized by all of the following, except:
	1. Cellular and nuclear pleomorphism
	2. Hyperchromatic nuclei
	3. Increased nuclear-to-cytoplasmic ratio
	4. Coarsely clumped chromatin
	5. \* Metastases
516. Leiomyoma is formed from:
	1. Collagen fibers
	2. \* Smooth muscles
	3. Histiocytes
	4. Myoblast
	5. Fibroblasts
517. Leiomyomas of the uterine are characterized by all of the following, except.
	1. Arise from uterine muscle
	2. May undergo degenerative changes
	3. Are hormone-dependent tumors
	4. Usually are multiple tumors
	5. \* Always undergo malignization
518. ?Lesion representing benign neoplasia is which of the following:
	1. Chondroblastic osteosarcoma of the bone
	2. Granuloma of the soft tissue
	3. Tuberculoma
	4. \* Papillary serous cystadenoma of the ovary
	5. Papillary carcinoma of the thyroid
519. Localization first metastases of bowel fibrosarcoma.
	1. \* Liver
	2. Kidneys
	3. Lungs
	4. Spleen
	5. Groin glands
520. Localization first metastases of leg’s soft tissues fibrosarcoma.
	1. Liver
	2. Kidneys
	3. \* Lungs
	4. Spleen
	5. Groin glands
521. Malignant tumors arising from mesenchymal tissue are referred to as:
	1. \* Sarcomas
	2. Adenocarcinomas
	3. Papillomas
	4. Cystadenomas
	5. Polyps
522. Morphologic atypia is characterized by all of the following, except:
	1. Cell pleomorphism
	2. \* Metaplasia
	3. Alteration of parenchyma/ stroma ratio
	4. Atypical mitoses
	5. Enlarged hyperchromatic nuclei
523. Name differentiated tumor from fatty tissue:
	1. \* Lipoma
	2. Fibroma
	3. Desmoid
	4. Histiocytoma
	5. Myxoma
524. Name lymphangioma which develops in a tongue:
	1. Macrocheilia
	2. \* Мacroglossia
	3. Lymphoma
	4. Macrosoma
	5. Glossitis
525. Name of high differentiated tumor of the peripheral nervous system:
	1. Hybernoma
	2. \* Schwannoma
	3. Leiomyoma
	4. Fibroma
	5. Glioma
526. Negative effects resulting from neoplasia are of the following, except:
	1. Compression of adjacent tissues
	2. Cachexia
	3. Destruction of adjacent tissues
	4. Paraneoplastic syndrome
	5. \* Cancer obesity
527. Osteosarcoma is a malignant tumour which arising from:
	1. \* Atypical cells of osteoblastic type with a lot of mitosises
	2. Chondrocytes
	3. Lypoblasts
	4. Histiocytes
	5. Chondroblasts
528. Rhabdomyoma is formed from:
	1. Collagen fibers
	2. Smooth muscles
	3. Histiocytes
	4. \* Striated muscles
	5. Fibroblasts
529. Schwannoma is formed:
	1. Mallory’s bodies
	2. \* Spinder-like cells
	3. Giant cells
	4. Paccionian bodies
	5. Melanin-producing cells
530. Secondary changes in tumors are all of the following, except:
	1. Necrosis
	2. Inflammation
	3. Calcification
	4. Hemorrhages
	5. \* Metastases
531. The criteria by which benign tumors can be differentiated from the malignant ones are all of the following, except:
	1. Maturity
	2. Rate and character of growth
	3. \* Localisation
	4. Anaplasia
	5. Metastases.
532. The etiology of tumors is all of the following theories, except:
	1. Virogenetic
	2. Physicochemical
	3. \* Radioactive
	4. Dysontogenetic
	5. Polyetiological
533. The exstracellular matrix components that contribute to the tumor cell invasion into the basement membranes are all of the following, except:
	1. E - cadherin
	2. Laminin
	3. \* CD8
	4. Fibronectin
	5. Type IV - collagen
534. The factor assessed in the histological grading of a malignant tumor is which of the following:
	1. The number of lymph node metastases
	2. The size (diameter) of the primary tumor
	3. The extent of invasion of the primary tumor into surrounding structures
	4. \* The degree of cytological differentiation of the primary tumor
	5. The presence or absence of liver metastases
535. The glioblastoma multiforme metastasizes to which of the following organs:
	1. Peripheral nervous system
	2. Liver
	3. \* Central nervous system
	4. Kidneys
	5. Lungs
536. The growth of neoplasms is critically dependent on which of the following:
	1. Localization
	2. \* Tumor stroma
	3. Neutrophil immigration
	4. Lymphatic rainage
	5. Inflammatory reaction
537. The important factors associated with the increasing incidence of tumors are au of the following, except:
	1. Age
	2. Diet
	3. Environment
	4. \* Acute inflammation;
	5. Genetic makeup
538. The macroscopical features of glioblastoma multiforme are all of the following, except:
	1. Cystic degeneration and hemorrhage
	2. Gelatinous cut surface
	3. \* Soft and red or firm and brown areas
	4. Irregular demarcation zone
	5. Firm and white or soft and yellow areas
539. The macroscopical features of secondary liver involvement in melanoma are all of the following, except:
	1. Enlarged liver
	2. \* Yellow-green color of implants
	3. Multiple nodular implants
	4. Black-brown color of implants;
	5. Tuberous surface
540. The major classes of brain tumors are all of the following, except:
	1. Gliomas
	2. \* Chondromas
	3. Neuronal tumors
	4. Poorly differentiated neoplasms
	5. Meningiomas
541. The microscopical features of glioblastoma multiforme are all of the following, except:
	1. Secondary necroses
	2. Vascular and endothelial cell proliferation
	3. \* Amyloid masses in tumor stroma
	4. Cellular and nuclear pleomorphism
	5. Absence of tumor borderline
542. The microscopical features of malignant skin melanoma are all of the following, except:
	1. Brown-black cytoplasmic granules
	2. Large nuclei with irregular contours
	3. Clumped chromatin under nucleolar membrane
	4. \* Glandular formation
	5. Formation of the tumor nests
543. The microscopical features of the cavernous hemangioma are all of the following, except:
	1. Sharply defined
	2. Partly or completely filled with blood
	3. Cavernous vascular spaces, sometimes with thrombosis
	4. \* Micrometastases
	5. Separated by a scant connective tissue stroma
544. The most characteristic feature of a malignant neoplasm in contrast to a reactive or inflammatory overgrowth is which of the following:
	1. Growth factor production
	2. Necrosis
	3. Localization
	4. \* Autonomous growth following the removal of all provoking factors
	5. Adjacent tissue compression
545. The most characteristic manifestation of malignant tumor is which of the following:
	1. Cellular atypia and pleomorphism
	2. Compression of surrounding tissue
	3. Large size
	4. Necrosis
	5. \* Metastases
546. The most important feature to distinguish the malignant tumor from a benign one is which of the following:
	1. .Lack of encapsulation
	2. High mitotic rate
	3. Necrosis
	4. \* Metastases
	5. Nuclear pleomorphism
547. The nomenclature of tumors is based on which of the following:
	1. Stromal component
	2. Localization
	3. Inflammatory changes
	4. Vascular component
	5. \* Parenchymal component histogenesis
548. The sequence of events in the tumor cell invasion into the basement membranes includes all of the following, except:
	1. Loosening of intercellular junctions
	2. Attachment to the basement membrane
	3. \* Accumulation of the neutrophils
	4. Degradation of the basement membrane
	5. Tumor cell migration
549. The term of a benign mesenchvmal tumor is constructed by combining the word designating the tumor cell origin plus which of the following endings or words:
	1. -sarcoma
	2. -carcinoma
	3. \* -oma
	4. -itis
	5. osis (-asis)
550. Tumor cell invasion into the extracellular matrix can be characterized by all of the following, except:
	1. Detachment of the tumor cells from each other
	2. \* Intravasation
	3. Attachment to matrix components
	4. Degradation of extracellular matrix
	5. Migration of tumor cells
551. Type of Hemangioma:
	1. \* Venous
	2. Microcirculatory
	3. Fibrous
	4. Arterial
	5. Granular-cell
552. A histological examination of a biopsy from a uterine cervix revealed that its tissue was covered with a wide layer of the stratified squamous epithelium having proliferation of atypical cells with pathological mitoses, but the basal membrane of the epithelium was not affected. What is your diagnosis?
	1. Nonkeratinizing squamous cell carcinoma
	2. Keratinizing squamous cell carcinoma
	3. \*Carcinoma in situ
	4. Leukoplakia
	5. Epithelial dysplasia
553. A histological examination of a thyroid gland revealed small cysts, which were lined with atypical epithelium and filled with papillae, the latter originating from the walls of the cysts and growing into their capsules. Name the tumour.
	1. Papillary adenoma
	2. Follicular carcinoma
	3. \* Papillary carcinoma
	4. Solid carcinoma
	5. Carcinoma simplex
554. A histological examination of some spherical neoplasm located under the surface of the skin, revealed papilliform vegetations of the epithelium with phenomena of acanthosis and hyperkeratinization. The tumour stroma consisted of a large amount of the connective tissue and vessels. What tumour took place?
	1. Keratoacanthoma
	2. \* Papilloma
	3. Carcinoma in situ
	4. Keratinizing squamous cell carcinoma
	5. Nonkeratinizing squamous cell carcinoma
555. A histological examination of the eyeball was made; some black tumour, 1 x 0.4 cm in size, was revealed in its vascular membrane. Microscopically, the tumour consists of large polymorphous cells grouped in alveolar structures. The cytoplasm of the cells contains some brown pigment. What is your diagnosis?
	1. \* Melanoma
	2. Neurilemmoma
	3. Angiosarcoma
	4. Neuroblastoma
	5. Ganglioneuroblastoma
556. A man underwent surgical removal of a black tumour, 2 cm in diamete, from the skin of his thigh. Microscopically, the tumour consisted of polymorphous cells, the cytoplasm of most of them includs some brown pigment (with a positive reaction to DOPA). A large number of pathological mitoses was registered. Which of the tumours listed below was the most probable?
	1. Carcinoma
	2. Sarcoma
	3. Carcinosarcoma
	4. \* Melanoma
	5. Nevus
557. A microscopic examination of a biopsy from a deformed mucous membrane of a lobar bronchus of a 45-year-old man, who smoked for many years, revealed a carcinoma consisting of atypical epithelial cells with hyperchromatic nuclei and numerous pathological mitoses. The growth of the tumour did not spread to the basal membrane of the epithelium. Name the histological form of carcinoma.
	1. Squamous cell carcinoma
	2. Adenocarcinoma
	3. \* Carcinoma in situ
	4. Solid carcinoma
	5. Small-cell carcinoma
558. A microscopic examination of a biopsy from a uterine cervix: it consists of the stratified squamous epithelium, characterized by cellular and nuclear atypism, pathological mitoses, there exist keratin pearls in the depth of the epithelial layers. What is your diagnosis?
	1. Transitional cell carcinoma
	2. Nonkeratinizing squamous cell carcinoma
	3. \* Keratinizing squamous cell carcinoma
	4. Adenocarcinoma
	5. Solid carcinoma
559. A sequence of metaplasia-dysplasia-neoplasia typically is known to occur in the oncogenesis of all of the following cancers, EXCEPT:
	1. Squamous cell carcinoma of the bladder
	2. \* Carcinoid tumor of the small bowel
	3. Squamous cell carcinoma of the lung
	4. Adenocarcinoma of the esophagus
	5. Squamous cell carcinoma of the endocervix
560. A tumor that tends to spread over the surfaces of organs or body cavities rather than metastastring via blood vessels or lymphatics is which of the following:
	1. Colon carcinoma
	2. Thyroid carcinoma
	3. \* Mesothelioma
	4. Renal cell carcinoma
	5. Hepatocellular carcinoma
561. Adenoma is the quiet formed tumor with:
	1. Transitional epithelium
	2. \* Glandular epithelium
	3. Squamous epithelium
	4. Epymisium
	5. Perimisium
562. All of the following genes ( known as " tumor suppressor genes ") provide the negative control over cell proliferation, EXCEPT:
	1. The p53gene
	2. The DCC ("Deleted in Colon Cancer") gene
	3. The Rb gene
	4. The WT-1 gene
	5. \* The bcl-2 gene
563. All of the following neoplasms are malignant, EXCEPT:
	1. Adenocarcinoma
	2. Melanoma
	3. Seminoma
	4. Chorionepithelioma
	5. \* Papillary cystadenoma
564. All of the following neoplasms are malignant, EXCEPT:
	1. Adenocarcinoma
	2. Melanoma
	3. Seminoma
	4. Chorionepithelioma
	5. \* Adenoma
565. All of the following neoplasms are malignant, EXCEPT:
	1. Adenocarcinoma
	2. Melanoma
	3. Seminoma
	4. Chorionepithelioma
	5. \* Papilloma
566. All of the following neoplasms are malignant, EXCEPT:
	1. Adenocarcinoma
	2. Sarcoma
	3. Seminoma
	4. Chorionepithelioma
	5. \* Mioma
567. All of the following neoplasms are malignant, EXCEPT:
	1. Adenocarcinoma
	2. Sarcoma
	3. Seminoma
	4. Chorionepithelioma
	5. \* Fybroma
568. All of the following types of molecule can directly control the cell growth, EXCEPT:
	1. Cyclins
	2. Ras proteins
	3. G proteins
	4. Mitogen-activated protein kinases
	5. \* Selectins
569. All of the following viruses proved to be capable of producing malignancies in human beings, EXCEPT:
	1. Human papillomavirus
	2. \* Cytomegalovirus
	3. Epstein - Barr virus
	4. Hepatitis B virus
	5. Hepatitis C virus
570. An autopsy of a woman who died from cachexia, revealed some massive exophytic carcinoma on the lesser curvature of the stomach with metastases to the ovaries. What kind of metastatic spreading took place?
	1. Haematogenous
	2. Lymphogenous orthograde
	3. \* Lymphogenous retrograde
	4. Implantation
	5. Perineural
571. An autopsy of a woman, who died from renal insufficiency, revealed in her spinal column, cranial bones and ribs some defects of the osseous tissue with tumour nodes on their margins. The kidneys were enlarged, dense and "greasy" on section. Microscopically, the tumour nodes and bone marrow were characterized by a proliferation of tumour cells of the plasmacytic line. Which of the diseases listed below corresponds to the description?
	1. Metastasis of pulmonary carcinoma into bones
	2. Osteosarcoma
	3. \* Multiple myeloma
	4. Osteoporosis
	5. Osteomyelitis
572. Benign epithelial neoplasm producing finger-like projection from epithelial surfaces is referred to as:
	1. \* Papilloma
	2. Adenoma
	3. Fibroma
	4. Sarcoma
	5. Teratoma
573. Carcinoid syndrome development results from producing of which the following substances:
	1. Melanin
	2. \* Serotonin
	3. Bilirubin
	4. Ferritin
	5. Hemosiderin
574. Carcinomas forming glandular structures are called:
	1. Sarcomas
	2. Papillomas
	3. \* Adenocarcinomas
	4. Cystadenomas
	5. Polyps
575. Carcinomas with epidermoid cell differentiation are called:
	1. Sarcomas
	2. Adenocarcinomas
	3. \* Squamous cell carcinomas
	4. Рapillomas
	5. Cystadenomas
576. Cellular proteins that are responsible for the carcinoma's ability to invade the surrounding extracellular matrix include all of the following, EXCEPT:
	1. \* CD4+ adhesion molecule
	2. Laminin receptor
	3. Fibronectin receptor
	4. Type IV collagenase
	5. Cathepsin D
577. Cellular proteins that are responsible for the carcinoma's ability to invade the surrounding extracellular matrix include all of the following, EXCEPT:
	1. \* CD4+ adhesion molecule
	2. Laminin receptor
	3. Fibronectin receptor
	4. Type lYcollagenase
	5. Cathepsin D
578. Criteria, by which benign tumors can be differentiated from malignant ones are all of the following, EXCEPT:
	1. Maturity
	2. Rate and character of growth
	3. Local invasion
	4. \* Edema
	5. Metastases
579. Cytokines secreted by tumors that induce angiogenesis and assist the tumor in establishing its blood supply include all of the following, EXCEPT:
	1. \* “Tumor necrosis factor”
	2. Fibroblast growth factor
	3. Transforming growth factor - a
	4. Transforming growth factor - b
	5. Platelet-derived growth factor
580. Endometrial carcinoma is commonly associated with all of the following:
	1. Diabetes mellitus
	2. Infertility
	3. \* Oral contraceptive steroid use
	4. Hypertension
	5. Obesity
581. First hematogenous metastases of the endometrium carcinoma can be found in which of the following organs:
	1. \* Lungs
	2. Liver
	3. Heart
	4. Regional lymph nodes
	5. Central nervous system
582. Histological changes occuring in breast fibroadenoma include all of the following, EXCEPT:
	1. Stromal proliferation
	2. Proliferation of small ductule epithelial cells
	3. \* Acute inflammation
	4. Ductal compression
	5. Ductal dilation
583. Invasive breast adenocarcinomas of the female breast include all subtypes, EXCEPT:
	1. Scirrhous adenocarcinoma
	2. \* Carcinoma in situ
	3. Adenocarcinoma
	4. Medullary carcinoma
	5. Tubular carcinoma
584. Lack of differentiation is characteristic of which of the following:
	1. Hyperplasia
	2. Hypoplasia
	3. \* Anaplasia
	4. Hypertrophy
	5. Hypotrophy
585. Lesion of the female genital tract considered precancerous is which of the following:
	1. Cystic atrophy of the endometrium
	2. Endocervical polyps
	3. Condyloma acuminatum of the vulva
	4. Endometrial polyps
	5. \* Atypical hyperplasia of the endometrium
586. Lesion representing benign neoplasia is which of the following:
	1. Chondroblastic osteosarcoma of the bone
	2. Granuloma of the soft tissue
	3. Tuberculoma
	4. \* Papillary serous cystadenoma of the ovary
	5. Papillary carcinoma of the thyroid
587. Lung adenocarcinoma is characterized by all of the following, EXCEPT:
	1. Bronchial, bronchiolar or alveolar cell derived
	2. \* Mesenchymal origin
	3. Acinar structure
	4. Papillary growth
	5. Solid growth
588. Not formed malignant tumors are named:
	1. \* Carcinoma
	2. Fibroma
	3. Adenoma
	4. Mioma
	5. Papilloma
589. On bronchoscopy in the initial part of the upper lobe bronchus of the right lung some polyp-like formation, 1.0 cm in diameter, with a superficial ulcer was found. A histological examination revealed a tumour consisting of lymphocyte-like cells with hyperchromatic nuclei; the cells grew in layers and bands. Indicate the most probable tumour.
	1. \* Undifferentiated small-cell carcinoma
	2. Undifferentiated large-cell carcinoma
	3. Squamous cell carcinoma
	4. Adenocarcinoma
	5. Glandular squamous cell carcinoma
590. On bronchoscopy, an exophytic tumour was found, it was localized in the bronchus and significantly narrowed its lumen. Histologically, the tumour consisted of complexes of polymorphous epithelial cells with hyperchromatic nuclei and pathological mitoses. Among the tumour cells there were eosinophilic concentric structures. Make a diagnosis of the tumour.
	1. Nonkeratinizing squamous cell carcinoma
	2. \* Keratinizing squamous cell carcinoma
	3. Large-cell carcinoma
	4. Small-cell carcinoma
	5. Adenoacanthoma
591. Poor prognosis in breast cancer is associated with all of the following, EXCEPT:
	1. Overexpression of the erbB2/neu oncogene
	2. Absence of estrogen receptors
	3. Presence of aneuploidy
	4. Extensive angiogenesis
	5. \* Overexpression of the N-myc oncogene
592. The epithelial tumors without specific localization develop from:
	1. Mesotheliocytes
	2. Fibroblastes
	3. \* Squamous epithelium
	4. Epithelioidcells
	5. Epitheliocytes
593. The epithelial tumors without specific localization don’t develop in:
	1. Endometria
	2. Epiderm
	3. \* Heart
	4. Esophagus
	5. Epithelium of the oral cavity
594. The factor assessed in the histologicai grading of a malignant tumor is which of the following:
	1. The number of lymph node metastases
	2. The size (diameter) of the primary tumor
	3. The extent of invasion of the primary tumor into surrounding structures
	4. \* The degree of cytological differentiation of the primary tumor
	5. The presence or absence of liver metastases
595. The first site of metastasis for adenocarcinoma of the colon would most likely be to which of the following:
	1. Brain
	2. Liver
	3. Lung
	4. \* Lymph nodes
	5. Spleen
596. The important prognostic features in invasive breast cancer are all of the following, EXCEPT.
	1. Histologic type of the tumor
	2. Grade of the tumor
	3. Size of the tumor
	4. \* Secondary necrosis
	5. Presence or absence of estrogen receptors on tumor cells
597. The lung carcinoma growth is characterized by all of the following, EXCEPT:
	1. Invasion into the bronchial lumen
	2. Penetration into the bronchial wall
	3. Tumor cavitation
	4. Peribronchial infiltration
	5. \* Tuberculoma formation
598. The macroscopical features of secondary liver involvement in melanoma are all of the following, EXCEPT:
	1. Enlarged liver
	2. \* Yellow-green color of implants
	3. Multiple nodular implants
	4. Black-brown color of implants
	5. Tuberous surface
599. The most characteristic feature of a malignant neoplasm in contrast to a reactive or inflammatory overgrowth is which of the following:
	1. Growth factor production
	2. Necrosis
	3. Localization
	4. \* Autonomous growth following the removal of all provoking factors
	5. Adjacent tissue compression
600. The most characteristic manifestation of malignant tumor is which of the following:
	1. \* Cellular atypia and pleomorphism
	2. Compression of surrounding tissue
	3. Large size
	4. Necrosis
	5. Large size and necrosis
601. The most common benign tumor of the female breast is which of the following:
	1. Cystadenoma
	2. \* Fibroadenoma
	3. Sarcoma
	4. Fibroma
	5. Adenocarcinoma
602. The most common benign tumor of the ovary is which of the following:
	1. Papilloma
	2. Fibroma
	3. \* Cystadenoma
	4. Adenocarcinoma
	5. Melanoma
603. The most common malignant epithelial tumor of the stomach is which of the following:
	1. Gastric lymphoma
	2. Gastric leiomyosarcoma
	3. \* Gastric carcinoma
	4. Gastric leiomyoma
	5. Adenomatous polyp
604. The most important feature to distinguish the malignant tumor from a benign one is which of the following:
	1. Lack of encapsulation
	2. High mitotic rate
	3. Necrosis
	4. \* Metastases
	5. itotic rate
605. The most significant histogenetic sign of well-differentiated squamosus carcinoma is which of the following:
	1. \* Keratinization
	2. Necrotic foci
	3. Areas of inflammation
	4. Hemorrhages
	5. Abscesses
606. The papilloma looks like:
	1. A noddle with narrow flat
	2. \* A noddle with papilly flat
	3. Cyst
	4. Stria
	5. Scar
607. The quiet formed benign tumor with glandular cells is known as:
	1. \* Adenoma
	2. Fibroma
	3. Sarcoma
	4. Mioma
	5. Papilloma
608. The quiet formed benign tumor with squamous epithelium is known as:
	1. Sarcoma
	2. Fibroma
	3. Lipoma
	4. Mioma
	5. \* Papilloma
609. The term of a benign epithelial tumor is constructed by combining the word designating the tumor cell origin plus endings or words:
	1. -sarcoma
	2. -carcinoma
	3. -itis
	4. \* - oma
	5. - osis (- asis )
610. What type of metaplasia may occur in the respiratory tract in habitual cigarette smoker?
	1. Epithelial metaplasia: squamous to columnar
	2. \* Epithelial metaplasia columnar to squamous
	3. Metaplasia to undifferentiated mesenchymal cells
	4. Connective tissue metaplasia
	5. Compensatory metaplasia
611. Аll of the following morphologic features characterize the adenocarcinoma cells, EXCEPT:
	1. Variation in size and shape
	2. Hyperchromatic nuclei
	3. Enlarged nucleoli
	4. \* Hypochromatic nuclei
	5. Atypical mitoses

**Situational tasks**

1. 28 year old woman died at signs of heart failure. During the heart research the following was found: macroscopically - mitral valve is compacted, thickened and moderately deformed; microscopically - bundles of collagen fibrils are homogenised, eosinophilic; metahromasia and components of immune complexes are not detected, they are surrounded by the little macrophage infiltration. Diagnose the type of connective tissue lesion.
	1. \*Mucoid swelling
	2. Amyloidosis
	3. Fibrynoid swelling
	4. Hyalinosis
	5. Slerosis
2. 42 year old patient had been suffering from bronchiectasis for a long time and died of kidney failure. At the autopsy the enlarged pale-yellow kidneys were found. During microscope study clusters of amorphous eosinophilic and kongophilic substance were detected in the vessel walls, basement membranes of tubules, capillary loops, mesangium of glomerulas and connective tissue of renal stroma. Specify which of the following pathologic processes is the most probable?
	1. Hyalinosis
	2. Idiopathic amyloidosis
	3. Ancestral amyloidosis
	4. \*Secondary amyloidosis
	5. Senile amyloidosis
3. 42 years old female, who suffered from rheumatic heart disease, died of cardiac decompensation. At the autopsy there were found: "Muscat liver”, brown induration of lungs, ascites, cyanotic compaction of spleen and kidneys. Microscopically in thickened interalveolar septums and in lumens of alveolas there were identified macrophages with brown grains in the cytoplasm, which are coloured by Perl’s in green and blue. Indicate which of the following pigments is accumulated the most probably?
	1. Hematoidin
	2. Hydrochloric acid-hematin
	3. \*Hemosiderin
	4. Bilirubin
	5. Hemomelanin
4. 68-year old woman has been suffering from fibrous-cavernous pulmonary tuberculosis for 20 years. Signs of chronic renal failure dominate in recent years. Lifetime test for the presence of amyloid in the kidneys - is positive. What form of amyloidosis this is about in this case?
	1. Primary systemic
	2. Secondary systemic
	3. \*Bounded (local)
	4. Family innate
	5. Senile (old)
5. A greyish-white, dense seat, which projects above the mucous membrane, appeared on the mucous membrane of the mouth. Expressed hyperkeratosis is found on this area. What pathological process has developed in mucous membrane?
	1. \*Leukoplakia
	2. Hyalinosis
	3. Focal ichthyosis
	4. Local tumourous amyloidosis
	5. Leucoderma
6. An ulcer of gastric mucosa with dense edges and brown-black bottom was found in patient during gastroscopy. At microscopic study of necrotic layer of ulcer bottom a brownish-black pigment was observed. Which is this pigment?
	1. \* Muriatic hematin
	2. Porphyrin
	3. Bilirubin
	4. Ferritin
	5. Hemosiderin
7. An ulcer of gastric mucosa with the pressed edges and brown-black bottom was found at gastroscopy, and at gastrobiopsy an acute ulcer with brownish-black pigment in its necrotic layer was confirmed. Which is this pigment?
	1. \* Muriatic hematin
	2. Hemosiderin
	3. Porphyrin
	4. Ferritin
	5. Bilirubin
8. At assessment of the newborn its skin is dry, dull with uneven surface and characterised by presence of grey flaps which peel off. Which type of dystrophy is associated with this pathology?
	1. \*Corneous
	2. Hydropic
	3. Hyaline-drop
	4. Fibrinoidn swelling
	5. Mucoid swelling
9. At autopsy of a man who died of typhoid fever, was found that adductor muscle of thigh is whitish in colour, of thick consistency, resembles stearic candle. What pathological process does take place in the muscles?
	1. \*Waxy necrosis
	2. Fibrinoid necrosis,
	3. Colliquative necrosis
	4. Cheesy necrosis
	5. Apoptosis
10. At autopsy of a man who suffered from chronic ischemic heart disease, multiple atherosclerotic plaques in the stage of atherocalcinosis were found in the intima of aorta and coronary arteries. What do underlie such changes of atherosclerotic plaques:
	1. \*Dystrophic calcification
	2. Hyalinosis
	3. Sclerosis
	4. Metastatic calcification
	5. Metabolic calcification
11. At autopsy of patient with leukemia who died from progressive chronic anemia, heart is larger in size, but the myocardium is dull at section, feeble, pale-grey, under endocardium the yellow spots and stripes are seen. What pathological process has developed in heart?
	1. Hyaline-droplet dystrophy
	2. Work hypertrophy
	3. Mesenchymal lipophanerosis
	4. \*Parenchymal fatty dystrophy
	5. hydropic [vacuolar] degeneration
12. At autopsy of the man, who suffered from chronic renal failure, urate calculuses were found. With the disorder of which metabolism this disease is associated?
	1. \*Nucleoproteids
	2. Chromoproteids
	3. Hemosiderin
	4. Bilirubin
	5. Lipoproteins
13. At autopsy of woman signs of rheumatic heart disease were found: thickened, deformed valves, which acquired chondroid consistency with shiny surface. What dystrophic process is observed in heart valves?
	1. Amyloidosis
	2. Obesity
	3. \*Hialinosis
	4. Calcinosis
	5. Collagenosis
14. At autopsy of woman who suffered from rheumatism with combined mitral defect, was found that parts of mitral valve are sharply thickened, conjoined, are of stony density. What pathological process did cause the stony density of the heart valve?
	1. Metastatic calcification
	2. Metabolic calcification.
	3. Hyalinosis.
	4. Amyloidosis.
	5. \*Dystrophic calcification
15. At autopsy of women, who died from chronic alcohol intoxication, sharply increased liver was found, with kneaded consistency, yellowish in color. Optically empty vacuoles of various sizes were detected in the cytoplasm of hepatocytes ast microscope study. What type of dystrophy does take place?
	1. Hydropic
	2. \*Parenchymal fatty
	3. Hyaline droplet
	4. Hydrocarbon parenchymal
	5. Mesenchymal fatty
16. At histological examination of the enlarged lymph node of patient with tuberculosis the randomly scattered small grains of chromatin in caseous necrotic foci were found. Which pathological process these grains are result of?
	1. \*Karyorrhexis
	2. Karyolysis
	3. Pyknosis of nuclei
	4. Mitotic activity of nuclei
	5. Apoptosis
17. At microscopic examination of internal organs a woman who suffered from rheumatism, and died of cardiac decompensation, there was found: bundles of collagenic fibers are impregnated by plasma proteins, homogeneous, eosinophilic, pikrynophilic at colouring by van Hyson, SHIC-positive, pironiphilic at Brasch’s reaction and argyrophilic at impregnation with silver salts. Indicate which of the following pathological processes in connective tissue is the most likely?
	1. Mucoid swelling
	2. \*Fibrynoid swelling
	3. Fibrynoid necrosis
	4. Hyalinosis
	5. Amyloidosis
18. At microscopy study of kidney biopsy material of patient who suffers from diabetes, there was found: epithelium of narrow and distal renal tubular segments is high with light foamy cytoplasm. At coloring by carmine Besta in the cytoplasm of tubular epithelium and lumens of tubules there were found red grains. Indicate which of the following types of parenchymatous dystrophy take place?
	1. Protein
	2. Fatty
	3. Hyaline droplet
	4. Mucous
	5. \*Hydrocarbons
19. At microscopy study of kidneys man died from systemic lupus, sclerosed glomerulas were found; lumens of small arteries and arterioles are narrow, the middle membrane is narrowed with the presence of homogeneous eosinophilic masses in subendothelial space. These masses contain immune complexes and fibrin. What substance is found in subendothelial space?
	1. Fat-protein detritus
	2. Simple hyaline
	3. Lipohyalin
	4. \*Complex hyaline
	5. Amyloid
20. At microscopy study of skin neoplasm of brown colour there was found that the tumor consists of nevus cells that are located in the dermis as conglomerations and chords. Cytoplasm of cells contains brown pigment, which gives a negative Perl’s reaction. Which pigment is the most probably found in the cytoplasm of cells?
	1. Hematoidin
	2. \*Melanin
	3. Hemosiderin
	4. Bilirubin
	5. Hemomelanin
21. At microscopy study of the amputated lower extremity of patient with diabetes there was found that the arterioles and small arteries have narrowed lumen, thinned middle membrane, destroyed internal elastic plate with accumulation of homogeneous eosiniphilic masses in subendothelial space, which give positive reaction to lipids and B-lipoproteins. What substance was found in subendothelial space?
	1. Fatty-protein detritus
	2. Simple hyaline
	3. \*Lipohyalin
	4. Complex hyaline
	5. Amiloid
22. At microscopy study of the brain of a man who suffered from hypertension and died of intracranial hemorrhage, in small arteries and arterioles sharply narrowed lumens of vessels were found, thinned middle membrane, and destroyed internal elastic plate with an accumulation of homogeneous, shiff (PAS)-positive masses in subendothelial space. Indicate which of the following substances is the most probably deposited subendothelial layer?
	1. Fat-protein detritus
	2. \*Simple hyaline
	3. Lipohyalin
	4. Advanced hyaline
	5. Amyloid
23. At study of biopsy material of skin of the patient who suffer from allergic vasculitis there were found the following changes: thickened vessel wall, which is also homogeneous, pyroninophillic in response to Brashe’s reaction, shiff (PAS)-positive, is coloured in yellow by picrofuxin. Name the type of stromal-vascular dystrophy.
	1. \*Fibrinoid swelling
	2. Amyloidosis
	3. Mucoid swelling
	4. Hyalinosis
	5. Lipidosis
24. At study of liver biopsy material of patient with hepatitis, hepatocytes with balloon dystrophy were found; in sinusoidal capillaries – Kounsilmen’s bodies are identified , which appeared to be cell fragments at the electron microscope study; compacted organelles that are surrounded by cell membrane, and also fragments of nuclei were found. Manifestation of what process the Kounsilmen’s bodies are?
	1. \* Apoptosis
	2. Necrosis
	3. Nekrobiosis
	4. Paranekrosis
	5. Dystrophy
25. At the autopsy of 60 year old man who suffered from multiple bronchiectasis and died from kidney failure amiloidosis of kidneys was found at autopsy. Which of the following is the most important diagnostic sign of it?
	1. Greasy appearance of kidneys
	2. \*Congo-positive deposits in glomerulas
	3. Renal sclerosis
	4. Compaction of kidneys
	5. An increase of kidneys in size
26. At the autopsy of 47year old man who had been suffering from chronic purulent osteomyelitis and died from intoxication, enlarged liver and heart with the shiny surface of the section were found. Microscopically – under the endocardium, in the stroma and vascular wall and along the veins the oxyphilic substance is detected which is coloured by Congo-rot in red. Which of the pathological processes in the liver and heart is the most likely?
	1. Pigmentary cardiomyopathy
	2. Brown atrophy of infarction
	3. Obesity of the heart
	4. \*Amyloidosis
	5. Lipophanerosis of myocardium
27. At the autopsy of 56-year old man who suffered from fibrous-cavernous pulmonary tuberculosis, the enlarged dense spleen was found. At section spleen tissue is brown-pink, smooth, with a waxy surface. Diffuse congophilic colouring was found at microscope study. Which of the pathological processes does take place in the spleen?
	1. Frosted (icing) spleen
	2. Purple spleen
	3. Sago spleen
	4. \*Greasy spleen
	5. Cyanotic induration of spleen
28. At the autopsy of 56-year-old man who suffered from fibrous-cavernous pulmonary tuberculosis and died of pulmonary-cardiac insufficiency there was found enlarged dense spleen. On section the tissue of spleen is brown-pink, smooth, with a waxy surface. Specify the figurative name of spleen.
	1. \*Glazed
	2. Porphyrinic
	3. Sago
	4. Sebaceous
	5. Cyanotic
29. At the autopsy of a deceased man who died in the result of intoxication there were found following signs: cachexia, muscle atrophy, wrinkled skin, reduced weight of internal organs, stenotic tumor of antral part of stomach with metastases in the liver and regional lymph nodes. What type of cachexia is the most likely?
	1. Alimentary
	2. \* Cancerous
	3. Pituitary
	4. Cerebral
	5. One that accompanies chronic infectious disease
30. At the autopsy of a man who had been suffering from tuberculosis and died of renal-hepatic failure, there were found dense, increased in size liver and kidneys yellow-gray in colour on the section. Microscopically in the walls of blood vessels and bile ducts of liver there were found congophilic masses. The same substance was found in the basal membranes of tubules, in stroma and vessels of renal glomerules. Which of the pathological processes in the stroma and vessels is the most likely?
	1. Mucoid swelling
	2. Fibrynoid swelling
	3. Hyalinosis
	4. \*Amyloidosis
	5. Fibrynoid necrosis
31. At the autopsy of a woman who had chronic dysentery there were found violet amorphous deposits in the stroma and parenchyma of myocardium, kidneys, mucous membrane of the stomach and connective tissue of lungs. What complications have developed in patients?
	1. \*Metastatic calcification
	2. Dystrophic calcification
	3. Metabolic calcification
	4. Amyloidosis
	5. Hyalinosis
32. At the autopsy of a woman who suffered from rheumatism parts of mitral valve are significantly thickened, joined together, are of stony density. What pathological process has caused the stony density of the heart valve?
	1. Amyloidosis
	2. Hyalinosis
	3. Metabolic calcification
	4. \*Dystrophic calcification
	5. Metastatic calcification
33. At the autopsy of deceased infant, who lived two days, in the cortical layer of the kidneys yellow-orange stripes were found. Microscopically in canaliculuses and lead tubuleses urate natrium and ammonium were found. Indicate substances which metabolic disorders take place in this case?
	1. Ferritin
	2. \*Nucleoproteids
	3. Hemosiderin
	4. Bilirubin
	5. Lipofuscin
34. At the autopsy of deceased man signs of rheumatic heart disease were found: thickened, deformed valves, which have chondroid consistency and shiny surface. What dystrophic process is observed in heart valves?
	1. Amyloidosis
	2. Fibrynoid necrosis
	3. Fibrynoid swelling
	4. \*Hyalinosis
	5. Dystrophic calcification
35. At the autopsy of lungs they appeared to be dense, brown in color due to deposition of endogenous pigment. It is known that the patient had chronic venous stasis in a small circle of blood circulation. What pathological process did cause this picture?
	1. Melanosis
	2. Jaundice
	3. \*Hemosyderosis
	4. Porphyria
	5. Calcinosis
36. At the autopsy of man who died from malaria the enlarged dense lymph nodes, spleen and liver, hyperplastic bone marrow of grey-flaky (slate) color were found. At microscopy study of the cytoplasm of histiocytic and macrophage cells there were found concentrations (clusters) of black pigment granules. The accumulation of which pigment is the most probable?
	1. Hematoidin
	2. Ferritin
	3. Hemosiderin
	4. Bilirubin
	5. \*Hemomelanin
37. At the autopsy of man who died of hemolytic shock after transfusion of incompatible blood there were found: enlarged and dense rusty-brown liver, spleen, kidneys, lungs, lymph nodes. During the microscopy study of the mentioned organs a large number of macrophages with brown amorphous grains in the cytoplasm were found, which give a positive Perl’s reaction. Indicate the pigment which metabolism is disordered in this case?
	1. Hematoidin
	2. Ferritin
	3. \*Hemosiderin
	4. Bilirubin
	5. Hemomelanin
38. At the autopsy of the dead woman, who took iron preparations for a long time, there were found a bronze colour of the skin, dense liver and pancreas of the same color as the skin. Microscopy study of the liver, pancreas and heart revealed increased number of brown pigment, which gives a positive Perl’s reaction. Which of the following diagnoses is the most likely?
	1. Hypermelanosis
	2. Lipofuscinos
	3. Hemochromatosis
	4. Jaundice
	5. \*Hemosiderosis
39. At the autopsy of the deceased from cancer cachexia there were found atrophy of skeletal muscles, reduced in size heart and liver which is yellow-brown in color. At microscopic examination in the cytoplasm of hepatocytes and cardiac hystiocytes the perinuclear grains of brown pigment were found, which give a negative Perl’s reaction. Indicate a pigment which metabolism is disordered the most probably?
	1. Hematoidin
	2. Lipofuscin
	3. \*Hemosiderin
	4. Bilirubin
	5. Hemomelanin
40. At the autopsy of the deceased man 44-year old, who had been suffering from chronic dysentery, chronic ulcerative colitis was found, along with enlarged lungs with thick shiny surface of the section. Microscopically in the vessel walls of lungs and the interalveolar tissue the homogeneous masses were found, coloured in red by congo-rot. Indicate which of the following pathologic processes is the most likely?
	1. Mucoid swelling
	2. Fibrynoidn swelling
	3. \*Amyloidosis
	4. Hyalinosis of connective tissue
	5. Pneumosclerosis
41. At the autopsy of the deceased man who suffered from hypertension and died of hemorrhage in the brain, at microscope study there were found thickened vessel walls due to the accumulation of homogeneous masses in them, that are coloured in pink by eosin and yellow - by picrofuxin; lumens of vessels are sharply narrowed. Indicate which of the following pathological processes in the vessels is the most likely?
	1. Mucoid swelling
	2. Lipoidosis
	3. Amyloidosis
	4. \*Hyalinosis
	5. Fibrynoid swelling
42. At the autopsy of the deceased man, who suffered from tuberculosis for many years, the following was found: liver is 1600 g in weight, dull, of light brown colour ("goose liver"). Microscopically: on the periphery of hepatic particles in the cytoplasm hepatocytes there found sudanphilic inclusions. Which of the following parenchymatous dystrophy is the most likely?
	1. Protein
	2. Hyaline drop
	3. \*Fatty
	4. Corneous
	5. Mucous
43. At the autopsy of the man who died from liver failure there were found greenish-brown ring on the periphery of the eye cornea (Kaiser-Fleisher ring), liver cirrhosis, and dystrophic changes in lenticular nuclei, in paleball and caudate body of the brain. Indicate the mineral which metabolism is disordered at this pathology?
	1. \*Cooper
	2. Potassium
	3. Calcium
	4. Iron
	5. Phosphorus
44. At the autopsy of woman who suffered from rheumatoid arthritis, enlarged dense spleen was found. On the section of spleen the tissue is brownish-pink with large follicles, which look like translucent grayish-white grains. Specify the figurative name of spleen.
	1. Glazed
	2. Porphyrinic
	3. \*Sago
	4. Sebaceous
	5. Cyanotic
45. At the examination of 47 year old patient, who works at aniline factory, there were found chronic anaemia and icteric skin colour. At research of biopsy material of bone marrow the brownish-yellow pigment was detected in the cytoplasm of macrophages (Perl’s reaction on iron was positive). Which of the following pigments this is about?
	1. Lipofuscin
	2. Hematin
	3. Bilirubin
	4. \*Hemosiderin
	5. Hematoidin
46. At typhoid fever the necrotised abdominal plaques of small intestine are coloured in yellow-brown colour. What pigment does impregnate necrotized fabric?
	1. Haemoglobin
	2. Lipofuscin
	3. Melanin
	4. \*Bilirubin
	5. Indol
47. During histological examination of liver biopsy material of patient with viral hepatitis B the violations of beam structure with polymorphism of hepatocytes were found. Many mitotic figures are seen in hepatocytes. Hepatocytes are increased in volume, cytoplasm is filled with vacuoles containing clear liquid. What type of dystrophy is characteristic of this disease?
	1. \*Hydropic dystrophy
	2. Granular dystrophy
	3. Hydrocarbons dystrophy
	4. Hyaline droplet dystrophy
	5. Lipophanerosis
48. 50.Liver biopsy of a woman with viral hepatitis revealed hepatocytes with balloon degeneration Councilmen's bodies in the sinusoid capillaries which, according to electron microscopy, are cell fragments surrounded by a cellular membrane, contained densely positioned organelles as well as nuclei fragments. Which process can be suggested by Councilmen's bodies?
	1. \*Apoptosis
	2. Necrosis
	3. Necrobiosis
	4. Paraeccrisis
	5. Degeneration
49. Microscopy of the amputated lower extremity of the patient with diabetes mellitus showed that the lumens of the arterioles and small arteries were narrowed, the middle membrane is thin, the elastic plate was destroyed with accumulations of homogenic eosinophilic masses in the subendothelial space positive for lipids and beta-lipoproteins. Which substance was revealed in the subendothelial space?
	1. Fat-protein detritus
	2. Simple hyaline
	3. \*Lipohyalin
	4. Complex hyaline
	5. Amyloid
50. Microscopy of the kidneys from a man died of systemic lupus erythematosus revealed sclerosed glomeruli, the lumens of the small arteries and arterioles are narrow, the median membrane is thin, homogeneous, eosinophilic masses are present in the subendothelial space. Immunologically these masses contain immune complexes and fibrin. Which substance is present in the subendothelial space?
	1. \*Complex hyalin
	2. Fat-protein detritus
	3. Simple hyaline
	4. Lipohyalin
	5. Amyloid
51. Autopsy of a man aged 56 who had suffered from fibrous-cavernous pulmonary tuberculosis revealed enlarged dense spleen. On cut section the tissue of the spleen is brown-pink, smooth with wax-like surface. Microscopy revealed diffuse congophilic staining. Which process is observed in the spleen?
	1. Glaze spleen B. Porphyrin spleen
	2. \*Sebaceous spleen
	3. Sago spleen
	4. Cyanotic induration of the spleen
	5. –
52. A 20-year-old male patient with a posttraumatic variceal dilation and thrombosis of the subcutaneous vein in the middle third part of the shin underwent its surgical removal. Histologically, an obstructive thrombus was found in the lumen of the vein with growing of a connective tissue into the thrombus from the side of the vascular wall. What process did the changes in the thrombus result from?
	1. Organization
	2. Reconstruction
	3. \*Canalization
	4. Revascularization
	5. Repair
53. A 66-year-old male died on the 8-th day after prostatectomy. On autopsy, the veins in the fat of his small pelvis revealed some motley vermiform masses with a dim rough surface that were fastened to the walls of the vessels. The left branch of the pulmonary artery contained some masses of the same kind which freely lied in its lumen. Indicate the most probable kind of embolism of the pulmonary artery.
	1. \*Thrombembolia
	2. Tissue embolism
	3. Microbial embolism
	4. Embolism with foreign bodies
	5. Fat embolism
54. A diver died two hours after rapid decompression. An autopsy revealed crepitation of the skin, anaemia of the internal organs, some foamy liquid blood in the cavities of the heart and major vessels. Microscopically, the capillaries of the brain, spinal cord, liver and kidneys revealed numerous emboli, foci of ischaemia and necrosis; the lungs were characterized by an oedema, haemorrhages and an interstitial emphysema. Which of the kinds of embolism listed below was the most probable?
	1. Air
	2. Tissue
	3. \*Gas
	4. Fat
	5. With foreign bodies
55. A female patient, who suffered from thrombophlebitis of her deep crural veins, suddenly died. An autopsy revealed red free friable masses with a dim goffered surface in the common trunk and bifurcation of the pulmonary artery. What pathological process in the pulmonary artery did a pathologist reveal?
	1. \*Thrombembolia
	2. Thrombosis
	3. Tissue embolism
	4. Embolism with foreign bodies
	5. Fat embolism
56. A male patient with multiple fractures of his long tubular bones suddenly died under the phenomena of acute pulmonary insufficiency. An autopsy did not reveal any pathological changes in the internal organs. Microscopically, there were some diffuse sudanophilous inclusions in the lumens of small branches of the pulmonary artery and capillaries. What kind of embolism was the most probable?
	1. \*Fat
	2. Thrombembolia
	3. Air
	4. Tissue
	5. With foreign bodies
57. A male patient, who suffered from a chronic gastric ulcer, developed a gastric bleeding. Indicate the mechanism of the impairment of the vascular wall which most likely could result in a haemorrhage.
	1. Rupture
	2. Spasm
	3. \*Erosion
	4. Diapedesis
	5. Oedema
58. A microscopic study of the lungs of a male, who died from a brain injury, revealed some parts of the cerebral tissue, small foci of haemorrhages and necrosis in the lumens of the small pulmonary arteries. What kind of embolism was the most probable in this case?
	1. Thrombembolia
	2. Fat
	3. With foreign bodies
	4. \*Tissue
	5. Microbial
59. A microscopic study of the umbilical vein of a newborn, who died from an intoxication, revealed that the vascular wall was characterized by some diffuse inflammatory infiltration, and the lumen had an obstructive thrombus with a large number of heterophilic leukocytes and colonies of bacteria. Indicate the most probable outcome of the thrombosis.
	1. Aseptic autolysis
	2. Organization and canalization of the thrombus
	3. Transformation into thromboembolism
	4. \*Septic autolysis
	5. Petrification of the thrombus
60. A patient with hepatic cirrhosis developed a collapse and hyperaemia of the peritoneum after removal of 10 litres of ascitic fluid from his abdominal cavity. Determine the kind of arterial hyperaemia of the peritoneum.
	1. \*Hyperaemia after anaemia
	2. Inflammatory
	3. Vicarious
	4. Collateral
	5. On the ground of an arteriovenous shunt
61. An autopsy of a 70-year-old male, who suffered from hypertensive disease and died of a disturbance in the cerebral circulation, revealed in his brain stem some cavity which was 2 cm in diameter and filled with blood clots. Name the mechanism of the impairment of the vascular wall which most likely could result in a haemorrhage.
	1. \*Rupture
	2. Spasm
	3. Erosion
	4. Oedema
	5. Diapedesis
62. An autopsy of a 73-year-old male, who suffered from a chronic coronary disease with heart failure for a long period of time, revealed macro- and microscopic signs of the nutmeg liver, brawny induration of the lungs, cyanotic induration of the kidneys and spleen. Indicate the most probable kind of a circulatory disturbance in this case.
	1. Arterial hyperaemia
	2. Acute general venous plethora
	3. \*Chronic general venous plethora
	4. Acute anaemia
	5. Chronic anaemia
63. An autopsy of a female patient, who suffered from a rheumatic heart defect and died of cardiac decompensation, revealed a large number of petechial haemorrhages in the brain. Name the mechanism of the haemorrhages.
	1. Rupture
	2. Spasm
	3. Erosion
	4. Oedema
	5. \*Diapedesis
64. An autopsy of a foetus, who died from intranatal asphyxia owing to an acute disturbance of the uteroplacental circulation, revealed microfocal perivascular petechial haemorrhages in the pia mater, under the epicardium and under the pleura. Name the mechanism of an impairment in the walls of vessels which most probably resulted in the haemorrhages.
	1. Rupture
	2. Spasm
	3. Erosion
	4. Oedema
	5. \*Diapedesis
65. An autopsy of a male, who died from a profuse bleeding after numerous gunshot injuries, revealed large accumulation of coagulated blood in the soft tissues of his left thigh with an impairment of the structure of the muscles. Which of the processes listed below was the most probable?
	1. Haemorrhagic infiltration
	2. Microfocal haemorrhage (petechia)
	3. Bruise
	4. \*Haematoma
	5. Ecchymoses
66. An autopsy revealed a diverse big liver with a picture of a nutmeg on section. In the lumens of the hepatic veins there were parietal thrombi. Name the kind of a circulatory disturbance in the liver.
	1. General venous plethora
	2. \*Local venous plethora
	3. Anaemia
	4. Haemorrhage
	5. Bleeding
67. Following an injury of his cervical veins, a male suddenly died under the phenomena of an acute respiratory insufficiency. An autopsy revealed that his right heart cavities were distended and contained some foamy liquid blood, the major veins contained the blood of the same kind. Microscopically, the lumens of small branches of the pulmonary arteries and capillaries revealed numerous embolic masses. Which of the kinds of embolism listed below was the most probable?
	1. \*Air
	2. Tissue
	3. Gaseous
	4. Thrombembolia
	5. Fat
68. Gross examination revealed an increase in the size of the liver, the cut - a motley, with a pronounced muscat pattern. In the lumina of the hepatic veins identified parietal thrombi. Name the type of circulatory disorders in the liver.
	1. \*General venous hyperemia
	2. Local venous hyperemia
	3. Anemia
	4. Hemorrhage
	5. Bleeding
69. In patients with chronic peptic ulcer bleeding arose. Specify the mechanism of injury vessel wall
	1. laceration
	2. spasm
	3. \*Corrosion
	4. Diapedesis
	5. edema
70. Patients with liver cirrhosis after vydaleniya from the abdominal cavity of 10 liters of ascitic fluid development collapse and congestionperitoneum. Which kind arterial hyperemia of the peritoneum.
	1. \*Hyperaemia after anemia
	2. Inflammatory
	3. Vakatnaya
	4. Collateral
	5. Hyperaemia on the basis of arterio-venous fistula
71. The patient, who has revealed deep vein thrombophlebitis leg, sudden death occurred. In the context of legechnom trunk and the bifurcation of the pulmonary artery revealed unconfined red friable mass with a rough dull surface. What is the pathological process in the pulmonary artery revealed a pathologist?
	1. \*Thromboembolism
	2. Thrombosis
	3. Tissue embolism
	4. Embolism alien bodies
	5. Fat embolism
72. A 46-year-old male patient complains of difficult nasal breathing. A biopsy of his thickened nasal mucosa revealed Mikulicz's cells, clusters of epithelioid cells, plasmacytes, lymphocytes, hyaline balls. What is your diagnosis?:
	1. \*Scleroma
	2. Adenovirus rhinitis
	3. Allergic rhinitis
	4. Rhinovirus infection
	5. Meningococcal nasopharyngitis
73. A 63-year-old male patient, who suffered from cancer of the stomach, developed a sharp pain in the epigastric region, tachycardia, loss of consciousness. Some time later the patient died. On autopsy, about 1000 ml of some yellow-greenish dull fluid in the abdominal cavity, as well as greyish thread-like deposits on the visceral and parietal leaves of the peritoneum, were revealed. What kind of inflammation takes place in the peritoneum?:
	1. \*Fibrinous-purulent
	2. Catarrhal
	3. Serous
	4. Haemorrhagic
	5. Productive
74. A study of the thymus of a 5-year-old child, who died from acute destructive staphylococcal pneumonia, revealed a decrease in the weight of the gland down to 3.0 g. On histological examination, a smaller size of the lobules of the gland with acollapse of the stroma, an inversion of the layers, and cyst-like Hassal's bodies were found out. Which of the diagnoses listed below was the most probable?:
	1. \*Accidental reaction
	2. Thymomegaly
	3. Hypoplasia of the thymus
	4. Dysplasia of the thymus
	5. Agenesia of the thymus
75. An autopsy of a 55-year male, who died from progressing cardiopulmonary insufficiency, revealed petechial haemorrhages under the visceral leaf of the pericardium, the surface of the serous coat was dull and diffusely covered with greyish superpositions in the form of a net, hairs and films, there were 200 ml of some dull fluid in the lumen of the pericardium. What kind of inflammation was there in the pericardium?:
	1. \*Croupous
	2. Diphtheritic
	3. Serous
	4. Suppurative
	5. Catarrhal
76. An autopsy of a 60-year-old male revealed numerous whitish miliary nodules in the lungs and liver. A microscopic examination revealed granulomata with foci of necrosis in their centre and epithelial, lymphoid, plasma cells, as well as macrophages and a large number of Pirogov-Langhans cells on the periphery. Indicate the granuloma which corresponds to the description.:
	1. Macrophagal
	2. Phagocytoma
	3. Epitheliocellular
	4. \*Giant cell
	5. Foreign-body
77. An autopsy of a male, who died from generalized peritonitis, revealed in his liver some cavity, 6 cm in diameter, filled with yellowish semiliquid masses and delimited with the granulation tissue. Name pathological formation.:
	1. \*Abscess
	2. Phlegmon
	3. Carbuncle
	4. Empyema
	5. Furuncle
78. An autopsy of a woman, who died from hepatic insufficiency, revealed that her liver was enlarged, yellow-brown, lobate and tuberous. On section, the liver had several yellow-greyish nodes 3 to 10 cm in diameter with dark-grey foci and fibrinous layers. Microscopically, the liver had foci of necrosis surrounded by a well-developed connective tissue and vessels with the proliferating endothelium, as well as a cellular infiltrate of lymphocytes, plasmacytes and epithelial cells of Pirogov-Langhans. Which of the pathological processes listed below was the most probable?:
	1. Lepromatous form of leprosy
	2. Tuberculoid form of leprosy
	3. Tuberculous granulomata
	4. \*Syphilitic gummata
	5. Hepatic cirrhosis
79. An autopsy revealed 0.5 I of some yellowish transparent fluid with small white crumble clots in the right pleural cavity. The parietal and visceral pleurae were covered with a white crumble coat. What kind of exudative inflammation was it?:
	1. Suppurative
	2. \*Croupous
	3. Serous
	4. Putrid
	5. Catarrhal
80. An examination of a 7-year-old child, who was referred to infectious department with complaints about a sharp pain in his throat, difficult swallowing, an elevated body temperature up to 390C, an edema of his neck, revealed that the tonsils were enlarged, their mucosa was plethoric and covered with a large number of yellow-whitish films which were closely adjacent to the mucosA. An attempt to remove a film results in a deep bleeding defect. What kind of inflammation takes place?:
	1. \*Diphtheritic
	2. Suppurative
	3. Serous
	4. Croupous
	5. Haemorrhagic
81. An examination of a lymph node revealed that it was significantly enlarged and with a thick consistency, on section it was yellow-whitish and crumbleD. Microscopically, in the lymph node tissue there were foci of necrosis surrounded by a bank of epithelial cells and lymphocytes with an admixture of macrophages and plasma cells, Pirogov-Langhans giant multinucleate cells being located among them. Name the kind of granuloma.:
	1. Foreign-body
	2. Scleromatous
	3. Syphilitic
	4. \*Tuberculous
	5. Lepromatous
82. An examination of a renal biopsy revealed some mostly perivascular and periglomerular lymphocytic, plasmacytic and macrophagal infiltration of the interstice against a background of it’s sclerosis. Name the most probable kind of inflammation.:
	1. Productive diffuse
	2. \* Productive focal
	3. Granulomatous
	4. Exudative diffuse
	5. Exudative focal
83. In a 58-year-old male, who died under progressing phenomena of chronic heart failure, a diagnosis of rheumatic granulomatous myocarditis was made. Microscopically, the myocardium revealed granulomata which had a focus of necrosis in the centre and were surrounded by macrophages having hyperchromatic nuclei and a light cytoplasm. What kind of necrosis was in the centre of a granuloma?:
	1. \*Fibrinoid
	2. Zenker's
	3. Caseous
	4. Colliquative
	5. Fat
84. The skin biopsy histological examination revealed granulomata consisting of macrophagal nodules with an admixture of lymphocytes and plasma cells. Besides, there were large macrophages with fat vacuoles containing causative agents of the disease packed in the form of balls (Virchow's cells). The granulation tissue was well vascularizeD. What disease is the described granuloma typical for?:
	1. \*Leprosy
	2. Tuberculosis
	3. Syphilis
	4. Respiratory scleroma
	5. Glanders
85. A histological examination of a skin biopsy revealed granulomata consisting of macrophages, lymphocytes and plasmacells; in the cytoplasm of large macrophages there were fat vacuoles and bacteria packed among themselves in the form of balls or freely located among the cells. Name the disease which the described granuloma corresponds to.:
	1. Scleroma
	2. \*Leprosy
	3. Tuberculosis
	4. Glanders
	5. Syphilis
86. A large aggregate of epithelioid cells is seen in a microscopic section of an ovary removed at surgery. Your diagnosis is:
	1. Granulation tissue
	2. Pyogenic granuloma
	3. Granulosa cell tumor
	4. Granulocytosis
	5. \*Granuloma
87. A male was treated for purulent otitis. On the 9th day of his staying at an inpatient department he died from a brain edema. On autopsy, the temporal region of the left hemisphere revealed a cavity with uneven rough inner edges which was filled with some yellowish-greenish thick dull fluid. The outer wall of the cavity was represented with the cerebral tissue. What pathological process was it?:
	1. \*Acute abscess
	2. Colliquative necrosis
	3. Phlegmon
	4. Empyema
	5. Chronic abscess
88. A microscopic examination of a biopsy taken from vegetations in the nasopharynx revealed some granulation and fibrous tissue with phenomena of sclerosis and hyalinosis, as well as a cluster of plasma, epithelial, lymphoid cells and macrophages, among which there were a lot of "hyaline balls". The light cytoplasm of macrophages revealed Volkovizc-Frisch bacilli. Name the kind of granuloma.:
	1. Foreign-body
	2. Lepromatous
	3. Tuberculous
	4. Syphilitic
	5. \*Scleromatous
89. A microscopic examination of the aorta in a male, who died from a rupture of its aneurysm, revealed in the medial coat of the aorta some foci of destruction of elastic fibres and an inflammatory infiltrate consisting of lymphoid and plasmacells around the "vasa vasorum". Which of the diagnoses listed below was the most probable?:
	1. Tuberculosis
	2. Atherosclerosis
	3. \*Syphilis
	4. Leprosy
	5. Rheumatism
90. A microscopic examination of the myocardium in a male, who died from cardiac decompensation, revealed sclerosis of the perivascular connective tissue and its diffuse infiltration by lymphocytes, macrophages, plasmacytes and solitary neutrophils. Which of the listed kinds of inflammation was the most probable?:
	1. \* Interstitial productive
	2. Granulomatous productive
	3. Alterative
	4. Exudative diffuse
	5. Exudative focal
91. A 6-year-old girl fell ill with diphtheria and three days later died of asphyxia resulting from membranous croup. On autopsy, the mucous membranes of the larynx, trachea and bronchi were thickened, oedematous and covered with greyish films which were easily separated. What kind of inflammation did the morphological changes in the larynx indicate?
	1. Serous
	2. Haemorrhagic
	3. Diphtheritic
	4. \*Catarrhal
	5. Croupous
92. A microscopic examination of the thymus revealed a reduced volume of the lobules, petrification of the thymus corpuscles, a substitutive vegetation of the connective and fat tissues. The production of thymic hormones was significantly decreased. What kind of pathology of the gland was it?:
	1. \*Atrophy
	2. Aplasia
	3. Agenesia
	4. Dysplasia
	5. Thymomegaly
93. A histological examination of the lungs of a male, who suffered for many years from atopic bronchial asthma and died of asphyxia, revealed much mucus with an admixture of eosinophils in the lumens of the bronchioles and small bronchi, sclerosis of interalveolar septa, dilation of alveolar lumens. Which of the mechanisms in the development of a hypersensitivity reaction took place when a fit of asphyxia developed?:
	1. \*Reaginic reaction
	2. Cytotoxic reaction
	3. Immunocomplex reaction
	4. Cytolysis owing to lymphocytes
	5. Granulomatosis
94. A histological examination of a skin graft in a male patient, who underwent dermatoplasty revealed a diffuse lymphohistiocytic infiltration with an admixture of macrophages and neutrophils, an oedema and haemorrhages. Which of the diagnoses listed below was the most probable?:
	1. \*Graft rejection reaction
	2. Delayed hypersensitivity reaction
	3. Immediate hypersensitivity reaction
	4. Interstitial inflammation
	5. Arthus phenomenon
95. In a child, 48 hours after a tuberculin (Mantoux) test, a papule up to 10 cm in diameter formed at the place of an injection of tuberculin. What mechanism of hypersensitivity lay in the basis of the above changes? :
	1. \*Cellular cytotoxicity
	2. Anaphylaxis
	3. Antibody-dependent cytotoxicity
	4. Immunocomplex cytotoxicity
	5. Granulomatosis
96. An experimental animal received a subcutaneous dose of an antigen preceded by sensitization. At the place of the injection, some fibrinous inflammation developed with an alteration of the vascular walls, the main substance and fibrous structures of-the connective tissue in the form of a mucoid and fibrinoid swelling, a fibrinoid necrosis. Which of the diagnoses listed below was the most probable?:
	1. \*Immediate hypersensitivity
	2. Delayed hypersensitivity
	3. Transplantation immunoreaction
	4. Normergy
	5. Granulomatosis
97. In a 10-year-old child, eating of strawberries was followed by appearance of some disseminated monomorphous and severely itching urticaria (red blisters of the round and oval form), elevation of body temperature up to 37.8°C and a gastrointestinal disturbance. A blood analysis revealed eosinophilia. After taking of antihistamine agents the above manifestations were rapidly controlled. Which of the immunological mechanisms lay in the basis of this disease?:
	1. Granulomatosis
	2. \*Anaphylactic reaction
	3. Antibody-dependent cytotoxic reaction
	4. Cellular cytotoxicity
	5. Immunocomplex mechanism
98. An examination of a pregnant woman with a rhesus-negative group of blood revealed a high level of antierythrocyte antibodies; in order to decrease it, a skin flap of her rhesus-positive husband was grafted to her. Two weeks later the flap was rejected; its microscopic examination revealed disturbances of circulation, an edema, a cellular infiltration mostly by lymphocytes, neutrophils and macrophages. Which of the pathological processes listed below was the most probable?:
	1. \*Transplantation immunity
	2. Immediate hypersensitivity
	3. Delayed hypersensitivity
	4. Granulomatous inflammation
	5. Interstitial inflammation
99. An autopsy of a 23-year-old female, who died from puerperal sepsis, revealed an enlarged plethoric spleen whose section gave an abundant scrapE. Microscopically, hyperplasia and a plasmacytic infiltration of both the red pulp and splenic follicles were found out; the red pulp was rich in macrophages. Which of the immunopathological mechanisms most probably lay in the basis of the changes in the spleen?:
	1. \*Antigenic stimulation of the organism
	2. Hereditary insufficiency of the peripheral lymphoid tissue
	3. Immediate hypersensitivity reaction
	4. Delayed hypersensitivity reaction
	5. Autoimmunization
100. An autopsy of a 43-year-old female, who suffered from attacks of expiratory dyspnoea during her life-time and died from asphyxia, revealed some dense glass-like mucus in the lumens of the bronchi, their walls were thick, the lungs had foci of an emphysema and atelectases. A histological examination of the pulmonary tissue revealed some mucus with an admixture of eosinophils in the lumens of small bronchi, sclerosis of the peribronchial connective tissue and interalveolar septa, dilation of the lumens in the alveoli. What mechanism of hypersensitivity formed the basis for the development of asphyxia?:
	1. Immunocomplex reaction
	2. Cytotoxic reaction
	3. \* Reaginic reaction
	4. Cytolysis owing to lymphocytes
	5. Granulomatosis
101. A 16-year-old youth developed edema of his face, oliguria and an increased blood pressure 20 days after he recovered from scarlet fever. A urinalysis revealed an increase of relative density, haematuria, proteinuriA. On microscopic examination of a renal biopsy, a picture of intracapillary proliferative glomerulonephritis was found out, while an electron microscopy revealed deposits on the basal membranes. Which of the mechanisms listed below lay in the basis of this disease?:
	1. Granulomatosis
	2. Anaphylactic reaction
	3. Antibody-dependent cytotoxic reaction
	4. Cell-dependent cytolysis
	5. \*Immunocomplex mechanism
102. A 23-year-old male patient developed the urinary syndrome (haematuria, proteinuria, leukocyturia) after having anginA. A puncture biopsy of the kidneys revealed a picture of intracapillary proliferative glomerulonephritis, while on electron microscopy some large subepithelial deposits were found out. What was the pathogenesis of this disease?:
	1. \*Immunocomplex mechanism
	2. Anaphylactic reaction
	3. Antibody-dependent cytotoxic reaction
	4. Cell-dependent cytolysis
	5. Granulomatosis
103. A 74-year-old male died from chronic heart failure. On autopsy, an old postinfarction scar was found in the heart. A histological examination revealed a focus of fibrosis and hypertrophy of cardiomyocytes. What regeneration do the described changes manifest?
	1. Pathological
	2. Physiological
	3. \*Substitution
	4. Restitution
	5. Intracellular
104. A biopsy of a bronchus of a 50-year-old male patient, who suffered from chronic bronchitis for 20 years, revealed foci of substitution of the stratified squamous epithelium for the columnar one. Which of the pathological processes listed below took place?
	1. Hyperplasia
	2. \* Metaplasia
	3. Heterotopia
	4. Heteroplasia
	5. Dysplasia
105. A histological examination of a scrape from the mucous membrane of the uterus was made in a 50-year-old female patient who complained of a disorder in the ovariomenstrual cycle manifested by irregular significant haemorrhages. A cystoglandular hyperplasia of the endometrium was diagnosed. Name the kind of the pathological process in.the endometrium.
	1. \*Neurohumoral hyperplasia
	2. Hypertrophic vegetation
	3. Vicarious hypertrophy
	4. Regenerative hypertrophy
	5. Vicarious hypertrophy
106. A microscopic examination of a myocardium revealed postinfarction transmural cardiosclerosis surrounded by enlarged cardiomyocytes with large hyperchromatic nuclei rich in DNA. Which of the listed morphological processes in the cardiomyocytes was the most probable?
	1. Physiological regeneration
	2. Complete reparative regeneration
	3. \*Regenerative hypertrophy
	4. Pathological regeneration
	5. Work hypertrophy
107. A youth complains of thinning of the muscles and reduction in the volume of the shin that appeared after a fracture of the femur which did not heal for a long period of time and was not accompanied by any impairment of the nerves. What is the name for such an atrophy of muscles?
	1. Neurotic
	2. Caused by insufficient blood supply
	3. Atrophy owing to pressure
	4. \*Dysfunctional
	5. Caused by physical factors
108. An autopsy of a 23-year-old female, who died from puerperal sepsis, revealed an enlarged plethoric spleen whose section gave an abundant scrape. Microscopically, hyperplasia and a plasmacytic infiltration of both the red pulp and splenic follicles were found out; the red pulp was rich in macrophages. Which of the immunopathological mechanisms most probably lay in the basis of the changes in the spleen?
	1. \*Antigenic stimulation of the organism
	2. Hereditary insufficiency of the peripheral lymphoid tissue
	3. Immediate hypersensitivity reaction
	4. Delayed hypersensitivity reaction
	5. Autoimmunization
109. An autopsy of a 43-year-old female, who suffered from attacks of expiratory dyspnoea during her life-time and died from asphyxia, revealed some dense glass-like mucus in the lumens of the bronchi, their walls were thick, the lungs had foci of an emphysema and atelectases. A histological examination of the pulmonary tissue revealed some mucus with an admixture of eosinophils in the lumens of small bronchi, sclerosis of the peribronchial connective tissue and interalveolar septa, dilation of the lumens in the alveoli. What mechanism of hypersensitivity formed the basis for the development of asphyxia?
	1. Immunocomplex reaction
	2. Cytotoxic reaction
	3. \*Reaginic reaction
	4. Cytolysis owing to lymphocytes
	5. Granulomatosis
110. An autopsy of a 57-year-old male patient, who suffered from hypertensive disease and died of cardiac decompensation, revealed an enlarged heart with dilated cavities. Microscopically, the cardiomyocytes were significantly enlarged and had fatty degeneration with hyperchromatic barrel-like nuclei. Which of the listed morphological processes in the heart was the most probable?
	1. \*Excentric hypertrophy
	2. Hypertrophic vegetations
	3. Brown atrophy
	4. Concentric hypertrophy
	5. Vicarious hypertrophy
111. An X-ray film of a male patient, who underwent an operation of bone fragment repositioning after a fracture of his elbow bone with displacement, one month after the surgical intervention revealed a cartilaginous callus. Name the kind of regeneration of the bone tissue.
	1. \* Secondary osseous consolidation
	2. Primary osseous consolidation
	3. Connective-tissue callosity
	4. Preceding callus
	5. Final callus
112. As a result of falling down, a small abrasion formed of the knee of a child and some time later it epithelialized completely without formation of any scar. What form of regeneration took place in this case?
	1. Physiological
	2. Substitution
	3. \* Restitution
	4. Pathological
	5. Intracellular
113. Substance contained a large amount of plasma cells, the number of lymphocytes was reduced, there was an active proliferation of sinus cells and a significant macrophage response. Name the character of changes in the lymph node.
	1. Acute lymphadenitis
	2. Lymphoma
	3. \*Antigenic stimulation of lymphoid tissue
	4. Lymphogranulomatosis
	5. Insufficiency of peripheral lymphoid tissue
114. Ten years ago a male patient's right lung was removed because of a tumour, since then the capacity of his left lung has increased by 50 %. What process has developed in the left lung?
	1. \* Vicarious hypertrophy
	2. Neurohumoral hypertrophy
	3. Vicarious hypertrophy
	4. Work hypertrophy
	5. Hypertrophic vegetations
115. The deceased, aged 86, who suffered from cerebral arteriosclerosis, with autopsy revealed atrophy of the cerebral cortex. What's that about the cause atrophy?
	1. Neyrotrophic.
	2. From the pressure.
	3. Dysfunctional.
	4. \*From the lack of blood supply
	5. From the action of physical and chemical factors.
116. Name the mechanism lying in the basis of the pathogenesis of organ-specific autoimmune diseases.
	1. \*Disturbance of the physiological isolation of organs and tissues to which there is no physiological tolerance
	2. Primary disturbance in the immunocompetent system
	3. Appearance of new nonshared antigens in the organism
	4. Disturbance in the control of immune homeostasis
	5. Atrophy of the lymphoid system
117. A 65-year-old woman underwent removal of some tumour, 1.0 x 1.0 x 0.8 cm in size, localized under the skin of her thigh. Macroscopically, the tumour had a connective-tissue capsule and was represented on section with a yellowish lobate tissue. Microscopically, there were large cells, which had the sudanophilic cytoplasm and formed lobules separated with connective-tissue layers. Name this tumour.
	1. Hibernoma
	2. \*Lipoma
	3. Liposarcoma
	4. Fibroma
	5. Desmoid
118. An autopsy of a female who died from cachexia, revealed some massive exophytic carcinoma on the lesser curvature of the stomach with metastases to the ovaries. What kind of metastatic spreading took place?
	1. Haematogenous
	2. Lymphogenous orthograde
	3. \*Lymphogenous retrograde
	4. Implantation
	5. Perineural
119. For a histological examination, an eyeball was sent; some black tumour, 1 x 0.4 cm in size, was revealed in its vascular membrane. Microscopically, the tumour consisted of large polymorphous cells grouped in alveolar structures. The cytoplasm of the cells contained some brown pigment. What is your diagnosis?
	1. \*Melanoma
	2. Neurilemmoma
	3. Angiosarcoma
	4. Neuroblastoma
	5. Ganglioneuroblastoma
120. A histological examination of a thyroid gland revealed small cysts, which were lined with atypical epithelium and filled with papillae, the latter originating from the walls of the cysts and growing into their capsules. Name the tumour.
	1. Papillary adenoma
	2. Follicular carcinoma
	3. \*Papillary carcinoma
	4. Solid carcinoma
	5. Carcinoma simplex
121. Covered with a wide layer of the stratified squamous epithelium having proliferation of atypical cells with pathological mitoses, but the basal membrane of the epithelium was not affected. What is your diagnosis?
	1. Nonkeratinizing squamous cell carcinoma
	2. Keratinizing squamous cell carcinoma
	3. \*Carcinoma in situ
	4. Leukoplakia
	5. Epithelial dysplasia
122. A histological examination of the eyeball was made; some black tumour, 1 x 0.4 cm in size, was revealed in its vascular membrane. Microscopically, the tumour consists of large polymorphous cells grouped in alveolar structures. The cytoplasm of the cells contains some brown pigment. What is your diagnosis?
	1. \*Melanoma
	2. Neurilemmoma
	3. Angiosarcoma
	4. Neuroblastoma
	5. Ganglioneuroblastoma
123. A man underwent surgical removal of a black tumour, 2 cm in diamete, from the skin of his thigh. Microscopically, the tumour consisted of polymorphous cells, the cytoplasm of most of them includs some brown pigment (with a positive reaction to DOPA). A large number of pathological mitoses was registered. Which of the tumours listed below was the most probable?
	1. Carcinoma
	2. Sarcoma
	3. Carcinosarcoma
	4. \*Melanoma
	5. Nevus
124. A microscopic examination of a biopsy from a deformed mucous membrane of a lobar bronchus of a 45-year-old man, who smoked for many years, revealed a carcinoma consisting of atypical epithelial cells with hyperchromatic nuclei and numerous pathological mitoses. The growth of the tumour did not spread to the basal membrane of the epithelium. Name the histological form of carcinoma.
	1. Squamous cell carcinoma
	2. Adenocarcinoma
	3. \*Carcinoma in situ
	4. Solid carcinoma
	5. Small-cell carcinoma
125. A microscopic examination of a biopsy from a uterine cervix: it consists of the stratified squamous epithelium, characterized by cellular and nuclear atypism, pathological mitoses, there exist keratin pearls in the depth of the epithelial layers. What is your diagnosis?
	1. Transitional cell carcinoma
	2. Nonkeratinizing squamous cell carcinoma
	3. \*Keratinizing squamous cell carcinoma
	4. Adenocarcinoma
	5. Solid carcinoma
126. An autopsy of a woman, who died from renal insufficiency, revealed in her spinal column, cranial bones and ribs some defects of the osseous tissue with tumour nodes on their margins. The kidneys were enlarged, dense and "greasy" on section. Microscopically, the tumour nodes and bone marrow were characterized by a proliferation of tumour cells of the plasmacytic line. Which of the diseases listed below corresponds to the description?
	1. Metastasis of pulmonary carcinoma into bones
	2. Osteosarcoma
	3. \*Multiple myeloma
	4. Osteoporosis
	5. Osteomyelitis
127. On bronchoscopy in the initial part of the upper lobe bronchus of the right lung some polyp-like formation, 1.0 cm in diameter, with a superficial ulcer was found. A histological examination revealed a tumour consisting of lymphocyte-like cells with hyperchromatic nuclei; the cells grew in layers and bands. Indicate the most probable tumour.
	1. \*Undifferentiated small-cell carcinoma
	2. Undifferentiated large-cell carcinoma
	3. Squamous cell carcinoma
	4. Adenocarcinoma
	5. Glandular squamous cell carcinoma
128. On bronchoscopy an exophytic tumour was found. It was localized in the bronchus and significantly narrowed its lumen. Histologically, the tumour consisted of complexes of polymorphous epithelial cells with hyperchromatic nuclei and pathological mitoses. Among the tumour cells there were eosinophilic concentric structures. Make a diagnosis of the tumour.
	1. Nonkeratinizing squamous cell carcinoma
	2. \*Keratinizing squamous cell carcinoma
	3. Large-cell carcinoma
	4. Small-cell carcinoma
	5. Adenoacanthoma
129. A histological examination of a biopsy from a uterine cervix revealed that its tissue was covered with a wide layer of the stratified squamous epithelium having proliferation of atypical cells with pathological mitoses, but the basal membrane of the epithelium was not affected. What is your diagnosis?
	1. Nonkeratinizing squamous cell carcinoma
	2. Keratinizing squamous cell carcinoma
	3. \*Carcinoma in situ
	4. Leukoplakia
	5. Epithelial dysplasia
130. A histological examination of some spherical neoplasm located under the surface of the skin, revealed papilliform vegetations of the epithelium with phenomena of acanthosis and hyperkeratinization. The tumour stroma consisted of a large amount of the connective tissue and vessels. What tumour took place?
	1. Keratoacanthoma
	2. \*Papilloma
	3. Carcinoma in situ
	4. Keratinizing squamous cell carcinoma
	5. Nonkeratinizing squamous cell carcinoma
131. A microscopic examination of a biopsy from a deformed mucous membrane of a lobar bronchus of a 45-year-old man, who smoked for many years, revealed a carcinoma consisting of atypical epithelial cells with hyperchromatic nuclei and numerous pathological mitoses. The growth of the tumour did not spread to the basal membrane of the epithelium. Name the histological form of carcinoma.
	1. Squamous cell carcinoma
	2. Adenocarcinoma
	3. \*Carcinoma in situ
	4. Solid carcinoma
	5. Small-cell carcinoma
132. A microscopic examination of a biopsy from a large intestine revealed some tumour made of the columnar epithelium which formed atypical glandular structures of various shapes and size. The epithelial cells were polymorphous and with hyperchromatic nuclei, there were pathological mitoses. What is your diagnosis?
	1. Basal cell carcinoma
	2. Solid carcinoma
	3. \*Adenocarcinoma
	4. Mucinous carcinoma
	5. Carcinoma simplex
133. A 65-year-old woman underwent removal of some tumour, 1.0 x 1.0 x 0.8 cm in size, localized under the skin of her thigh. Macroscopically, the tumour had a connective-tissue capsule and was represented on section with a yellowish lobate tissue. Microscopically, there were large cells, which had the sudanophilic cytoplasm and formed lobules separated with connective-tissue layers. Name this tumour.
	1. Hibernoma
	2. \*Lipoma
	3. Liposarcoma
	4. Fibroma
	5. Desmoid
134. A thick encapsulated node, 2.0 cm in diameter, was surgically removed from the mammary gland of a female patient. On section, the tissue of the node was white-pink and fibrous. Microscopically, the tumour consisted of glandular structures, which had no signs of cellular atypism and were compressed with a connective tissue vegetating around. In the tumour, the stroma prevailed over the glandular parenchyma. What is your diagnosis?
	1. Adenoma
	2. \*Fibroadenoma
	3. Nonproliferative mastopathy
	4. Proliferative mastopathy
	5. Adenocarcinoma
135. A male patient, who suffered from chronic bronchitis for a long period of time, revealed a pulmonary tumour, which was closely connected with the bronchial wall and grew in the form of a polyp. Microscopically, the tumour consisted of complexes of polymorphous epithelial cells with a large number of mitoses. Among the tumour cells there were stratified concentric oxyphilic structures. Name the histological type of the tumour.
	1. Mucinous carcinoma
	2. Solid carcinoma
	3. Nonkeratinizing squamous cell carcinoma
	4. Adenocarcinoma
	5. \*Keratinizing squamous cell carcinoma
136. On examination of a 6-year-old child with a tumour on the femoral diaphysis, several metastatic foci of another osseous localization were found. A histological examination of the primary tumour revealed that it consisted of some round cells, which had scanty cytoplasm, were characterized by an insignificant tendency to formation of pseudorosettes, and manifested themselves with solitary mitoses. What is your diagnosis?
	1. Plasmacytoma
	2. Chondroma
	3. \*Ewing's sarcoma
	4. Osteosarcoma
	5. Fibrosarcoma
137. A tumour was found in the locus of a pathological fracture of a rib in a male patient. The case history contained information about persistent proteinuria with presence of abnormal proteins of Bence-Jones type, as well as presence of osteolytic foci in the bones of the spine, skull and pelvis. Histologically, the tumour cells were represented by plasmablasts and plasmacytes. What is your diagnosis?
	1. Primary macroglobulinaemia
	2. Heavy-chain disease
	3. Osteosarcoma
	4. \*Multiple myeloma
	5. Fibrosarcoma
138. A 40-year-old male patient underwent removal of a tumour, 2 cm in diameter, which was localized in the region of the cerebellopontine angle of the brain stem and tended to grow into the auditory meatus. Histologically, the tumour consisted of spindle cells with rod-shaped nuclei; the tumour cells and fibres formed rhythmic structures. Name the kind of the tumour.
	1. Medulloblastoma
	2. Meningioma
	3. \*Schwannoma
	4. Oligodendroglioma
	5. Astrocytoma
139. A 6-year-old boy underwent removal of a tumour localized along the median line of the cerebellum. Histologically, the tumour consisted of the cells which had a poor crown of the cytoplasm, a hyperchromatic nucleus, demonstrated a mitotic activity and tended to form "rosettes". What is your diagnosis?
	1. Astrocytoma
	2. \*Medulloblastoma
	3. Oligodendroglioma
	4. Multiform spongioblastoma
	5. Bipolar spongioblastoma
140. An autopsy of a male, who died from chronic renal insufficiency, revealed numerous nodes with soft elastic consistency in the ribs, bones of the vault of the skull and the breastbone. The osseous substance was decalcified according to the nodes. The kidneys were enlarged, light grey, dense, their section had some greasy lustre. What is your diagnosis?
	1. Primary amyloid nephropathy
	2. Parathyroid osteodystrophy
	3. \*Multiple myeloma
	4. Osteoma
	5. Osteosarcoma
141. Some tumour, which was mobile and clearly delimited from the surrounding tissues, was revealed in the skin. On section, the tumour tissue was white and fibrous. Microscopically, the tumour consisted of chaotically interlaced collagenous fibres and a small number of connective tissue cells. Name the tumour.
	1. Soft fibroma
	2. \*Hard fibroma
	3. Histiocytoma
	4. Dermatofibroma
	5. Desmoid
142. A male underwent surgical removal of a black tumour, 2 cm in diamete, from the skin of his thigh. Microscopically, the tumour consisted of polymorphous cells, the cytoplasm of most of them having some brown pigment (with a positive reaction to DOPA). A large number of pathological mitoses was registered. Which of the tumours listed below was the most probable?
	1. Carcinoma
	2. Sarcoma
	3. Carcinosarcoma
	4. \*Melanoma
	5. Nevus
143. An autopsy of a male, who suffered from frequent fractures of his bones and died from uraemia, revealed phenomena of osteoporosis and multiple smooth-walled defects (as if produced by punching) in the bones of the skull, ribs and spine. A microscopic examination of the bone marrow revealed its diffuse infiltration by tumour cells of the lymphoplasmacytic line. Which of the diagnoses listed below was the most probable?
	1. \*Multiple myeloma
	2. Primary macroglobulinaemia
	3. Heavy-chain disease
	4. Paget's disease
	5. Recklinghausen's disease
144. A 16-year-old boy underwent removal of a nevus, 0.3 cm in diameter, on the skin of his face. Microscopically, a nest-like cluster of cells with some brown pigment in the cytoplasm was found between the epidermis and derma. What kind of nevus took place?
	1. Juvenile
	2. \*Intradermal
	3. Junction
	4. Mixed
	5. Blue
145. An enlarged dense tuberous prostate has been sent for a histological examination. On section, there were tumour nodes, 1-2 cm in diameter, surrounded by connective-tissue layers. Microscopically, against a background of fibrosis there were glandular complexes with atypical epithelial cells, hyperchromatic nuclei and pathological mitoses. Which of the tumours listed below was the most probable?
	1. \*Adenocarcinoma
	2. Solid carcinoma
	3. Adenoma
	4. Fibroma
	5. Fibrosarcoma
146. A thick node without any clear borders, about 10 cm in diameter, is contoured on the outer surface of a thigh. Microscopically, the tumour consists of immature fibroblast-like cells with pathological mitoses and collagenous fibres. The tumour cells grow among the muscular fibres. Indicate the diagnosis which was the most probable one of those listed below.
	1. Malignant histiocytoma
	2. Hard fibroma
	3. Soft fibroma
	4. Dermatofibroma
	5. \*Fibrosarcoma
147. A tumour removed from the white matter of the right hemisphere of the brain is some soft "motley" node, 4 cm in diameter, without any clear borders with the substance of the brain. Microscopically, the tumour consists of polymorphous cells with numerous pathological mitoses, and it also reveals foci of necrosis and haemorrhages which occurred at different time. Name the tumour.
	1. Oligodendroglioma
	2. Oligodendroglioblastoma
	3. Astrocytoma
	4. Astroblastoma
	5. \*Glioblastoma
148. A newborn baby has some red-blue flattened tumor, 5 x 4 x 0.3 cm in size, in a capsule on the skin of its face. Microscopically, the tumour consists of large thin-walled vascular cavities which have an endothelial lining and are filled with blood. Name the tumour.
	1. Venous haemangioma
	2. \*Cavernous haemangioma
	3. Capillary haemangioma
	4. Hemangiopericytoma
	5. Lymphangioma
149. On bronchoscopy in the initial part of the upper lobe bronchus of the right lung some polyp-like formation, 1.0 cm in diameter, with a superficial ulcer was found. A histological examination revealed a tumour consisting of lymphocyte-like cells with hyperchromatic nuclei; the cells grew in layers and bands. Indicate the most probable tumour.
	1. \*Undifferentiated small-cell carcinoma
	2. Undifferentiated large-cell carcinoma
	3. Squamous cell carcinoma
	4. Adenocarcinoma
	5. Glandular squamous cell carcinoma
150. An autopsy of a female who died from cachexia, revealed some massive exophytic carcinoma on the lesser curvature of the stomach with metastases to the ovaries. What kind of metastatic spreading took place?
	1. Haematogenous
	2. Lymphogenous orthograde
	3. \*Lymphogenous retrograde
	4. Implantation
	5. Perineural
151. A histological examination of a thyroid gland revealed small cysts, which were lined with atypical epithelium and filled with papillae, the latter originating from the walls of the cysts and growing into their capsules. Name the tumour.
	1. Papillary adenoma
	2. Follicular carcinoma
	3. \*Papillary carcinoma
	4. Solid carcinoma
	5. Carcinoma simplex
152. A 47-year-old woman underwent radical mastectomy for a neoplasm. A histological examination of the mammary gland revealed an eczematous lesion of the nipple and areola, a cancerous lesion of the ducts of the gland and presence of large light cells in the epidermis of the nipple and areola. Make a diagnosis.
	1. Intralobular carcinoma in situ
	2. Acneiform carcinoma
	3. Papillary carcinoma
	4. Fibrous carcinoma
	5. \*Paget's disease
153. A histological express examination of a tumour node of a mammary gland revealed some encapsulated formation with proliferation of alveoli and intralobular ducts; the interstitial connective tissue grew either around or inside the ducts. Which of the tumours took place?
	1. Foliaceous tumour
	2. \*Fibroadenoma
	3. Noninfiltrating intralobular carcinoma
	4. Infiltrating intralobular carcinoma
	5. Paget's disease
154. During an operation on a woman, her cyst-like changed ovary was removed; it was a thin-walled cavity filled with some yellowish transparent fluid and having a smooth inner surface. Histologically, the cavity wall was lined with the cubical epithelium. Name the kind of the tumour.
	1. \*Serous cystadenoma
	2. Mucinous cystadenoma
	3. Serous cystadenocarcinoma
	4. Pseudomucinous cystocarcinoma
	5. Granulosa cell tumour
155. A histological examination of a biopsy from a uterine cervix revealed that its tissue was covered with a wide layer of the stratified squamous epithelium having foci of proliferation of atypical cells with pathological mitoses, but the basal membrane of the epithelium was not affected. What is your diagnosis?
	1. Nonkeratinizing squamous cell carcinoma
	2. Keratinizing squamous cell carcinoma
	3. \*Carcinoma in situ
	4. Leukoplakia
	5. Epithelial dysplasia
156. A histological examination of some spherical neoplasm located under the surface of the skin, revealed papilliform vegetations of the epithelium with phenomena of acanthosis and hyperkeratinization. The tumour stroma consisted of a large amount of the connective tissue and vessels. What tumour took place?
	1. Keratoacanthoma
	2. \*Papilloma
	3. Carcinoma in situ D
	4. Keratinizing squamous cell carcinoma
	5. Nonkeratinizing squamous cell carcinoma
157. A 26-year-old male patient underwent surgical removal of a tumour, 4 x 5 cm in size, which was surrounded by a capsule and located in the white matter of his brain. Microscopically, the tumour consisted of the stellate and glia cells having various size and located among the glial fibres. Name the tumour.
	1. Oligodendroglioma
	2. Astrocytoma
	3. \*Astroblastoma
	4. Glioblastoma
	5. Ependymoma
158. A 45-year-old male underwent surgical removal of a tumour, 4 x 3 cm in size, from the lateral ventricle of his brain; the tumour surface had small papillae, and it was connected with a vascular plexus. Microscopically, the tumour consisted of villus-like vegetations covered with epithelial cells of the cubical and columnar shape and the monomorphous kind. Which of the tumours listed below was the most probable?
	1. Ependymoma
	2. Ependymoblastoma
	3. \*Choriopapilloma
	4. Choriocarcinoma
	5. Glioblastoma
159. An encapsulated tumour, 2 cm in diameter, surgically removed from an amputation stump of a lower extremity, microscopically consists of spindle cells of the monomorphous kind with rod-shaped nuclei which form "fence-like" structures together with fibres. Which of the tumours listed below is the most probable?
	1. \*Benign neurolemmoma
	2. Neurofibroma
	3. Malignant neurilemmoma
	4. Soft fibroma
	5. Fibrosarcoma
160. On supersonic examination of a 48-year-old male patient, a hepatic neoplasm was diagnosed and a puncture biopsy was made. Microscopically, the tumour consisted of atypical hepatocytes which formed trabeculae, acini or tubules. The tumour stroma was poor and had thin-walled blood vessels. Which of the kinds of tumours listed below was the most probable?
	1. Hepatocellular adenoma
	2. \*Hepatocellular carcinoma
	3. Metastasis of adenocarcinoma
	4. Cholangiocellular carcinoma
	5. Solid carcinoma
161. For a histological examination, a vermiform process (appendix) was sent. Its size is increased, the serous membrane is dim, plethoric and covered with greyish films, the wall is thickened and some pus is discharged from the lumen. Microscopically, a plethora of the vessels, an oedema of all the layers and their diffuse infiltration by leukocytes are observed. Name the kind of inflammation in the vermiform process.:
	1. \*Phlegmonous
	2. Catarrhal
	3. Putrid
	4. Mixed
	5. Fibrinous
162. An operation on 70-year-old female patient with a clinical picture of peritonitis revealed that about 80 cm of her ileum were black, the peritoneum of the intestine was dim and covered with a fibrinous film, the lumen of the superior mesenteric artery was occluded with some brown dry masses which easily crumbled and were fastened to the vascular wall. What process developed in the intestine?
	1. Bedsore
	2. Infarct
	3. Sequester
	4. \*Gangrene
	5. Coagulation necrosis

**Tests for figures**

1. On histological examination of affected liver was revealed diffuse fibrotic changes with the formation of regenerated nodes which destroyed and deformed the organ. (Fig. 12) This change is characteristic for:
2. Primary biliary cirrhosis
3. Secondary biliary cirrhosis
4. Postnecrotic cirrhosis
5. Glomerulonephrocirrhosis
6. Muscat cirrhosis\*
7. On histological examination of brain tissue was revealed following change (Fig. 14) .What is the name of pathological process?
	1. perivascular edema
	2. pericellular edema
	3. stasis
	4. acute postgemorhagical anemia
	5. diapedesis hemorrhage\*
8. Gross examination of patient on abdominal cavity was revealed caput medusa (Fig. 21) . In which disease is revealed this symptom?
	1. acute kidney insufficiency
	2. chronic kidney insufficiency
	3. chronic liver insufficiency
	4. cirrhosis of kidney
	5. hepatocirrhosis\*
9. Gross examination was revealed caput medusa (Fig. 21) . Which anastomoses opens in this pathology?
	1. Vena paraumbilicalis – vena renalis
	2. Vena epigastrica inferior – venae hepaticae
	3. vena lumbalis – vena umbilicalis
	4. vena iliaca externa – vena esophagealis
	5. Vena thoraco-epigastrica - vena epigastrica superficialis\*
10. On dissection of brain of body was revealed following morphological changes (Fig. 15) . What is the mechanism of bleeding.?
	1. Hemorrahia per diabrosin
	2. Hemorrahia per diapedesis
	3. Epistaxis
	4. Encephalorexis
	5. Hemorrahia per rexis\*
11. What is the mechanism of bleeding in number 2 (Fig. 22)?
	1. Hemorrahia per diabrosin
	2. Hemorrahia per diapedesis
	3. Epistaxis
	4. Encephalorexis
	5. Hemorrahia per rexis\*
12. What is the mechanism of bleeding in number 3 (Fig. 23)?
	1. Hemorrahia per rexis
	2. Hemorrahia per diapedesis
	3. Epistaxis
	4. Encephalorexis
	5. Hemorrahia per diabrosin\*
13. What is the mechanism of bleeding in number 4 (Fig. 24)?
	1. Hemorrahia per rexis
	2. Hemorrahia per diabrosin
	3. Epistaxis
	4. Encephalorexis
	5. Hemorrahia per diapedesis\*
14. In histological examination (Fig. 34) , lungs were stained by sudan III in a patient who died suddenly with multiple fractures of femur. Following changes were revealed .Why do we stain with sudan III?
	1. glycogen
	2. glycoproteins
	3. calcium salts
	4. hromoproteidy
	5. lipids\*
15. On histological examination of kidney tissue in patient who has rheumatic valve insufficiency we observe following morphological changes (Fig. 7) . Put diagnosis.
	1. glomerulonephritis
	2. pyelonephritis
	3. gydronephrosis
	4. nephrosclerosis
	5. kidney infarction\*
16. Which disorders of blood circulation develop in kidney in patient who died with rheumtic mitral stenosis (Fig. 7)?
	1. haemostasis
	2. hyperemia
	3. stasis
	4. hemorrhage
	5. infarction\*
17. In histological examination of spleen in a patient who died of chronic heart insufficiency we observe the following changes (Fig. 11) . What type of disorder of blood circulation?
	1. haemostasis
	2. hyperemia
	3. stasis
	4. hemorrhage
	5. infarction\*
18. What type of disorder of blood circulation is present in the lung tissue (Fig. 29A)?
	1. haemostasis
	2. hyperemia
	3. stasis
	4. hemorrhage
	5. infarction\*
19. On histological examination of kidney in patient who died of chronic heart insufficiency and mitral stenosis , following morphological changes were revealed. What type of disorders of blood circulation in kidney are present?
	1. cyanotic indurations
	2. hyperemia
	3. stasis
	4. hemorrhage
	5. infarction\*
20. Histologically heart tissue (Fig. 31) Settlement was found large pockets of sclerosis. For what pathology is characterized by such changes?
	1. Diffuse local cardiosclerosis
	2. Diffuse interstitial inflammation
	3. Local interstitial inflammation
	4. Diffuse rheumatic myocarditis
	5. Postinfarction cardiosclerosis \*
21. On histological examination before tissue infarction. Settlement was found large pockets of sclerosis (Fig. 31) . For what pathology is characterized by such changes
	1. Diffuse local cardiosclerosis
	2. Diffuse interstitial inflammation
	3. Local interstitial inflammation
	4. Diffuse rheumatic myocarditis
	5. Postinfarction cardiosclerosis\*
22. Grossly vessels revealed occlusive thrombi veins (Fig. 18) . What are the most likely complication.
	1. Hemorrhagic kidney infarction
	2. Ischemic of liver
	3. kidney shock
	4. Ischemic of brain
	5. Pulmonary embolism\*
23. The section revealed occlusive thrombus vein (Fig. 18) . Name the vessels in which to look for thromboembolism
	1. Arteria cerebri media
	2. Arteria renalis
	3. Arteria mesenterica superior
	4. Truncus coeliacus
	5. Truncus pulmonalis \*
24. In the section immediately deceased during the autopsy revealed a venous occlusive thrombus (Fig. 18) . Name the vessels in which to look for thromboembolism.
	1. Arteria cerebri media
	2. Arteria mesenterica superior
	3. Truncus coeliacus
	4. Truncus pulmonalis
	5. Arteria renalis\*
25. Grossly patient on the anterior abdominal wall revealed caput medusae (Fig. 21) . When a disease is developing such a complication?
	1. Acute renal failure
	2. Chronic renal failure
	3. Gostrem hypohepatia
	4. Cirrhosis of the kidney
	5. Cirrhosis of the liver\*
26. On histological examination of liver in patient who died of chronic heart insufficiency with mitral stenosis , following morphological changes were revealed. What type of disorders of blood circulation in liver are present (Fig12)?
	1. infarction
	2. hyperemia
	3. stasis
	4. hemorrhage
	5. cyanotic indurations\*
27. On histological examination of brain tissue ,following morphological changes were revealed. What is the name of this pathological process (Fig14) ?
	1. perivascular edema
	2. pericellular edema
	3. diapedesis hemorrhage
	4. acute posthemorragical anemia
	5. stasis\*
28. In dissected body of patient who died of malignancy of hypertonic disease, following changes in brain were revealed. What is the mechanism of bleeding (Fig15) ?
	1. Hemorrahia per diabrosin
	2. Hemorrahia per diapedesis
	3. Epistaxis
	4. Encephalorexis
	5. Hemorrahia per rexis\*
29. On microscopic examination of brain tissue stained by Heidenhein, following morphological changes were revealed. What are the disorders of blood circulation in this case (Fig19) ?
	1. perivascular edema
	2. pericellular edema
	3. diapedesis hemorrhage
	4. acute postgemorhagical anemia
	5. stasis\*
30. On microscopic examination of lung tissue , stained by Perls in patient who died of chronic heart insufficiency,following morphological changes were revealed. What type of disorder of blood circulation develop in this case (Fig. 12)?
	1. hemoglobin
	2. Lipofuscin
	3. melanin
	4. feohrom
	5. hemosiderin\*
31. On microscopic examination of lung tissue in patient who died of multiple fractures of femur, following changes were revealed. What is the cause of death (Fig. 12) ?
	1. stopped cardiac
	2. thromboembolism pulmonary artery
	3. lung bleeding
	4. –
	5. fat dystrophy\*
32. The figure 40 shows a fragment of the colon with congenital polyposis. Describe this pathological process.
	1. Optional precancer
	2. malignant mesenchymal tumor
	3. benign mesenchymal tumor
	4. atrophy
	5. obligate precancer\*
33. Tumor of the small intestine (Figure 41) on the cut macroscopically resembles fish-meat, the ground is variegated appearance due to hemorrhage and focal necrosis histologically - built of atypical smooth myocytes. Your diagnosis.
	1. acute enteritis
	2. chronic enteritis
	3. cancer
	4. glandular polyp
	5. leyomiosarkoma \*
34. Tumor of the small intestine (Figure 41) on the cut macroscopically resembles fish-meat, the ground is variegated appearance due to hemorrhage and focal necrosis histologically - built of atypical smooth myocytes. Describe the pathologic process.
	1. chronic productive inflammation
	2. immune inflammatory
	3. benign epithelial tumor
	4. tumor disease
	5. malignant mesenchymal tumor\*
35. Tumor of the small intestine (Figure 41) on the cut macroscopically resembles fish-meat, the ground is variegated appearance due to hemorrhage and focal necrosis histologically - built of atypical smooth myocytes. What is characteristic for this tumor?
	1. tissue atipizm
	2. cell atipizm
	3. atipizm cellular ultrastructures
	4. antigenic atipizm
	5. all of the above\*
36. Tumor of the small intestine (Figure 41) on the cut macroscopically resembles fish-meat, the ground is variegated appearance due to hemorrhage and focal necrosis histologically - built of atypical smooth myocytes. Which group (according to the classification of the international anti-cancer association) is the tumor?
	1. Tumors of the blood system
	2. Organonespetsificheskie epithelial tumors
	3. Teratoma
	4. Tumors melaninoobrazuyuschey tissue
	5. Mesenchymal tumors\*
37. Tumor of the small intestine (Figure 41) on the cut macroscopically resembles fish-meat, the ground is variegated appearance due to hemorrhage and focal necrosis histologically - built of atypical smooth myocytes. Which of the complications of tumor can cause death?
	1. mechanical ileus
	2. Metastasis
	3. cachexia
	4. bleeding from arrosion vessel
	5. all of the above\*
38. The woman removed subcutaneous tumor with clear boundaries, paste-like consistency (Figure 42) . In its histological examination revealed lipotsity, which form the lobes, separated by thin layers of connective tissue with vessels. Your diagnosis.
	1. leiomyoma
	2. hemangioma
	3. chylangioma
	4. fibroma
	5. lipoma\*
39. The woman removed subcutaneous tumor with clear boundaries, paste-like consistency (Figure 42) . In its histological examination revealed lipotsity, which form the lobes, separated by thin layers of connective tissue with vessels. Describe the pathologic process.
	1. malignant epithelial tumor
	2. obligate precancer
	3. benign epithelial tumor
	4. tumor disease
	5. benign mesenchymal tumor\*
40. The woman removed subcutaneous tumor with clear boundaries, paste-like consistency (Figure 42) . In its histological examination revealed lipotsity, which form the lobes, separated by thin layers of connective tissue with vessels. What is characteristic for this tumor?
	1. hematogenous metastasis
	2. development of cachexia
	3. distinct cellular atipizm
	4. all of these signs
	5. expansive and slow growth \*
41. The woman removed subcutaneous tumor with clear boundaries, paste-like consistency (Figure 42) . In its histological examination revealed lipotsity, which form the lobes, separated by thin layers of connective tissue with vessels. How does this by metastasizing tumor?
	1. lymphogenous, retrogradely
	2. lymphogenous, ortogradno
	3. hematogenous
	4. implantation
	5. This tumor does not metastases\*
42. Exploring language neoplasm (Figure 43) pathologist diagnosed zernistokletochnaya tumor. What is another name for this tumor?
	1. tumor Barre-Masson
	2. Brenner tumor
	3. Wilms' tumor
	4. tumor Gravittsa
	5. Abrikosov tumor\*
43. Figure 44 schematically on the left of the normal tissue on the right - a tumor. What are the changing relationship between the core area (2) and cytoplasm (1) are typical for cells of most malignant tumors?
	1. reducing the nuclear-cytoplasmic index by reducing the kernel
	2. reduction of the nuclear-cytoplasmic index by increasing the area of the cytoplasm
	3. nuclear-cytoplasmic index does not change, because the area of the cytoplasm and the nucleus grow uniformly
	4. nuclear-cytoplasmic index does not change, because the area of the cytoplasm and the nucleus are reduced uniformly
	5. increased nuclear-cytoplasmic index by increasing the core\*
44. Figure 44 schematically on the left of the normal tissue on the right - a tumor. What changes in the nucleus are manifestations of cellular atipizma in malignant tumors?
	1. increase the number of nuclei
	2. giperhromatoz nuclei (2)
	3. numerous mitotic figures (3)
	4. increase the number of nucleoli (4)
	5. all listed\*
45. Examine Figure 45. It is called marasmus as a result of metabolic disturbances caused by the influence of a malignant tumor?
	1. tumor anaplasia
	2. tumor atipizm
	3. tumor invasion
	4. tumor anaplasia
	5. cancer cachexia\*
46. Examine Figure 45. As a result of chronic intoxication and violation of the decay products trophics malignant tumors developed:
	1. obesity on the upper type
	2. obesity on the bottom type
	3. symmetric overall obesity
	4. all listed
	5. cachexia\*
47. What are the macroscopic signs of tumor cachexia, shown in Figure 45?
	1. significant decrease in body weight
	2. lack of subcutaneous adipose tissue
	3. amyotrophy
	4. atrophy of internal organs
	5. all of the above\*
48. In HIV-infected patients in the skin appeared multiple reddish plaques and nodules (Figure 46) . Histologically biopsy revealed that they consist of thin-walled vessels resembling capillaries and arterioles of immature and abnormal spindle-shaped cells with elongated dark nuclei. Your diagnosis.
	1. cavernous hemangioma
	2. capillary hemangioma
	3. Ewing's sarcoma
	4. melanoma
	5. Kaposi's sarcoma\*
49. What are the tissue structures of developing Kaposi's sarcoma, shown in Figure 46?
	1. adipose tissue
	2. muscle
	3. epidermis
	4. hair follicles
	5. vessels\*
50. In HIV-infected patients in the skin appeared multiple reddish plaques and nodules (Figure 46) . Histologically biopsy revealed that they consist of thin-walled vessels resembling capillaries and arterioles of immature and abnormal spindle-shaped cells with elongated dark nuclei. Which group (on the international classification of anti-cancer association) is the tumor?
	1. Tumors of the blood system
	2. Organonespetsificheskie epithelial tumors
	3. Teratoma
	4. Tumors melaninoobrazuyuschey tissue
	5. Mesenchymal tumors\*
51. The patient underwent surgical intervention on the brain tumor (Figure 47) . Histologically surgical material revealed that the tumor cells are built of pia mater, in its existing mikrokontsentricheskie calcified structure. Your diagnosis.
	1. meduloblastoma
	2. neurogenic sarcoma
	3. hemodaktoma
	4. shvanoma
	5. meningioma \*
52. The patient underwent surgical intervention on the brain tumor (Figure 47) . Histologically surgical material revealed that the tumor cells are built of pia mater, in its existing mikrokontsentricheskie calcified structure. To which group of tumors of the central nervous system is this neoplasm?
	1. astrocytic tumors
	2. oligodendroglialnye tumor
	3. ependimalnye tumor
	4. Neuronal tumors
	5. meningovascular tumor \*
53. The patient underwent surgical intervention on the brain tumor (Figure 47) . Histologically surgical material revealed that the tumor cells are built of pia mater, in its existing mikrokontsentricheskie calcified structure. What is characteristic of this neoplasm?
	1. early hematogenous metastasis
	2. the rapid development of cachexia
	3. benign clinical course of
	4. infiltrative growth
	5. benign tumor on the morphological structure, but has a malignant clinical course \*
54. Tumor of the uterus (Figure 48) is constructed from histologically randomly arranged bundles of smooth myocytes of unchanged (1) . Your diagnosis.
	1. adenocarcinoma
	2. horionkartsinoma
	3. leyomiosarkoma
	4. fibrosarcoma
	5. leiomyoma\*
55. Tumor of the uterus (Figure 48) is constructed from histologically randomly arranged bundles of smooth myocytes of unchanged (1) . What is characteristic for this tumor?
	1. lymphogenous metastasis
	2. development of cachexia
	3. distinct cellular atipizm
	4. all of these signs
	5. expansive and slow growth\*
56. Tumor of the uterus (Figure 48) is constructed from histologically randomly arranged bundles of smooth myocytes of unchanged (1) . What kind atipizma typical for this tumor?
	1. atipizm ultrastructures
	2. cell atipizm
	3. biochemical atipizm
	4. all listed
	5. tissue atipizm\*
57. Tumor of the uterus (Figure 48) is constructed from histologically randomly arranged bundles of smooth myocytes of unchanged (1) . How does this by metastasizing tumor?
	1. lymphogenous, retrogradely
	2. lymphogenous, ortogradno
	3. hematogenous
	4. implantation
	5. This tumor does not metastases\*
58. Neoplasm of soft tissues of the thigh (Figure 49) is a node without clear boundaries in the context of tumor gray-pink, like fish-meat. What is the most likely diagnosis?
	1. lipoma
	2. rhabdomyoma
	3. fibroma
	4. cavalry
	5. fibrosarcoma\*
59. Histologically tumor of the prostate (Figure 50) revealed glandular structures, atypical epithelial cells, signs of overproduction of mucus. What is the most likely diagnosis?
	1. squamous
	2. Solid cancer
	3. scirrhoma
	4. adenoma
	5. Colloid adenocarcinoma\*
60. Characteristic feature of colloid adenocarcinoma of the prostate (Figure 50) is the hyperproduction of mucus. This is a sign:
	1. ultrastructural atipizma
	2. cell atipizma
	3. tissue atipizma
	4. antigenic atipizma
	5. functional atipizma\*
61. Histologically tumors of the prostate (Figure 50) revealed glandular structures, atypical epithelial cells, signs of overproduction of mucus. What is a pathological process?
	1. tumor disease
	2. benign epithelial tumor
	3. obligate precancer
	4. benign mesenchymal tumor
	5. malignant epithelial tumor\*
62. Figure 51 shows the histological structure of skin tumors, which is localized in the dermis, has signs of expansive growth, consists of clusters of rounded cells of regular shape, which contain brown pigment (1) . Your diagnosis.
	1. rhabdomyoma
	2. capillary hemangioma
	3. basal cell carcinoma
	4. liposarkoma
	5. vnutridermalny nevus\*
63. Figure 51 shows the histological structure of skin tumors, which is localized in the dermis, has signs of expansive growth, consists of clusters of rounded cells of regular shape, which contain brown pigment (1) . Which way is metastasizing tumor?
	1. lymphogenous
	2. hematogenous
	3. perineural
	4. implantation
	5. does metastases\*
64. Figure 51 shows the histological structure of skin tumors, which is localized in the dermis, has signs of expansive growth, consists of clusters of rounded cells of regular shape, which contain brown pigment (1) . What are the origins of the cells associated tumors?
	1. fibroblasts
	2. endothelial
	3. epithelial cells of sweat glands
	4. lipotsity
	5. melanocytes \*
65. Figure 51 shows the histological structure of skin tumors, which is localized in the dermis, has signs of expansive growth, consists of clusters of rounded cells of regular shape, which contain brown pigment (1) . What is pigment?
	1. hemosiderin
	2. hemoglobin
	3. chlorophyll
	4. dehydrobilirubin
	5. melanin\*
66. Histologically hysterectomy with appendages (Figure 52) diagnosed with mucinous tsistadenomu right ovary. What is a pathological process?
	1. tumor disease
	2. malignant mesenchymal tumor
	3. benign mesenchymal tumor
	4. malignant epithelial tumor
	5. benign epithelial tumor\*
67. Histologically hysterectomy with appendages (Figure 52) diagnosed with mucinous tsistadenoma right ovary. Which group (on the international classification of anti-cancer association) is the tumor?
	1. Tumors of the blood system
	2. Teratoma
	3. Tumors melaninformation tissue
	4. Mesenchymal tumors
	5. Organonespetsific epithelial tumors\*
68. Histologically hysterectomy with appendages (Figure 52) diagnosed with mucinous tsistadenomu right ovary. What are the origins of the cells associated tumors?
	1. stroma sexual strand
	2. endothelium of blood vessels
	3. mesotelium peritoneum
	4. malrelated elements renal parenchyma
	5. tubal-uterine epithelium\*
69. Histologically lung (Figure 53) diagnosed with small cell lung cancer. The digit "1" in the figure noted:
	1. atypical tumor cells
	2. unmodified pulmonary parenchyma
	3. lumen of intrapulmonary bronchi
	4. Focal compensatory emphysema
	5. area of tumor necrosis\*
70. Histologically lung (Figure 53) diagnosed with small cell lung cancer. The digit "2" on the drawing reads:
	1. unmodified pulmonary parenchyma
	2. lumen of intrapulmonary bronchi
	3. Focal compensatory emphysema
	4. area of tumor necrosis
	5. atypical tumor cells\*
71. Histologically lung (Figure 53) diagnosed with small cell lung cancer. Which group (on the international classification of anti-cancer association) is the tumor?
	1. Tumors of the blood system
	2. Teratoma
	3. Tumors melaninoobrazuyuschey tissue
	4. Mesenchymal tumors
	5. Epithelial tumors without specific localization\*
72. What are the microscopic structure presented in Figure 54, which are characteristic of squamous cell carcinoma with keratinization?
	1. cancer stem
	2. cancer horns
	3. cancer claws
	4. crab sticks
	5. cancer pearls\*
73. The presence of "cancer pearls", shown in Figure 54, in hotbeds of growth of squamous cell carcinoma is a sign:
	1. activity of antitumor immunity
	2. low degree of differentiation of tumor cells
	3. propensity of these tumors to metastasize
	4. of this patient radiotherapy course
	5. high degree of differentiation of tumor cells\*
74. Tumor of skin (Figure 55) consists of polymorphic abnormal cells, most of which contain the pigment of yellow-brown color; observed numerous mitoses, foci of necrosis, hemorrhage. Your diagnosis.
	1. Kaposi's sarcoma
	2. hemangioma
	3. leiomyoma
	4. papilloma
	5. melanoma\*
75. Tumor of skin (Figure 55) consists of polymorphic abnormal cells, most of which contain the pigment of yellow-brown color; observed numerous mitoses, foci of necrosis, hemorrhage. In what other organs (except the skin) can trigger this primary tumor?
	1. in adrenal medullary layer
	2. in the mucous membranes
	3. shell pigment in the eye
	4. in meninges
	5. in all the name of bodies \*
76. Tumor of skin (Figure 55) consists of polymorphic abnormal cells, most of which contain the pigment of yellow-brown color; observed numerous mitoses, foci of necrosis, hemorrhage. What types of metastases may make this tumor?
	1. The region only lymphogenous
	2. perineural
	3. implantation
	4. is not a tumor metastasizes
	5. hematogenous and lymphogenous\*
77. Swelling of the fruit (Figure 56) consists of the tissues, which are derived ento-, meso-and ectoderm, and contains a significant number of immature undifferentiated tissue. Your diagnosis.
	1. Wilms' tumor
	2. meduloblastoma
	3. meningioma
	4. chorionepithelioma
	5. teratoblastoma\*
78. Figure 57 presented the histological structure of the ovarian tumor composed of tissues that are derived from different germ layers - thyroid follicles (1) , adipose tissue (2) and cartilage (3) , structures resembling elements of the intestine (4) . What is the cause of this tumor?
	1. prolonged contact with aniline dyes
	2. occurs in HIV-infected persons in the stage of AIDS
	3. virus infection Ebshteyna-Barr virus
	4. excessive insolation
	5. violation of the migration of embryonic germ cells during the formation of the caudal end of the uro-genital ridge \*
79. Figure 57 presented the histological structure of the ovarian tumor composed of tissues that are derived from different germ layers - thyroid follicles (1) , adipose tissue (2) and cartilage (3) , structures resembling elements of the intestine (4) . Where else can localize these tumors?
	1. testes (men)
	2. sacrococcygeal region
	3. mediastinum
	4. retroperitoneal space
	5. in all these places \*
80. Figure 58 shows the tumor histology of the skin, parenchyma is represented by numerous appendages multilayered squamous epithelium (1) , the structure of the epithelium intact; stroma tumors are well defined, developed unevenly provided outgrowths of the dermis (2) . Your diagnosis.
	1. squamous cell carcinoma with keratinization
	2. squamous cell carcinoma without keratinization
	3. Kaposi's sarcoma
	4. melanoma
	5. papilloma \*
81. Figure 58 shows the tumor histology of the skin, parenchyma is represented by numerous appendages multilayered squamous epithelium (1) , the structure of the epithelium intact; stroma tumors are well defined, developed unevenly provided outgrowths of the dermis (2) . What are the possible complications of this tumor?
	1. inflammation after injury
	2. bleeding after injury
	3. recurrence after surgical removal
	4. malignancy
	5. all of the above\*
82. Histologically tumors of the small intestine, shown in Figure 59, diagnosed adenocarcinoma. From which the tumor tissue was built?
	1. multilayer flat epithelium
	2. smooth musculature
	3. melaninoprodutsiruyuschaya tissue
	4. immature connective tissue
	5. glandular epithelium\*
83. Histologically tumors of the small intestine, shown in Figure 59, diagnosed adenocarcinoma. Which of the following is characteristic for this tumor?
	1. exophytic growth patterns
	2. cell atipizm
	3. tumor of epithelial origin
	4. ability to metastasize
	5. all of the above\*
84. What type of liver dystrophy is presented on the figure 1?
	1. Albuminous degeneration
	2. Mixed degeneration
	3. Carbohydrate degeneration
	4. Mineral degeneration
	5. Fatty degeneration\*
85. Fig 1. Structures on the microphotography of liver tissue marked by number 1 are filled with:
	1. Glycoproteins
	2. Proteins
	3. Hepatin
	4. Hemosiderin
	5. Lipids\*
86. Fig 2. What type of dystrophies do changes in the glomerulus on the picture № 2 belong to?
	1. Parenchymatous dysliposis
	2. Mesenchymal carbohydrate dystrophy
	3. Mixed dystrophy with the disorder of chromoproteid metabolism
	4. Parenchymatous dysproteinosis
	5. Mesenchimal dysproteinosis \*
87. Fig 2. What the masses in a glomerulus marked by number 1 on the picture №2 are presented by?
	1. Hepatin
	2. Chromoproteides
	3. Hemosiderin
	4. Amiloid
	5. Hyalin \*
88. Fig 3. What type of dystrophy does the presence of calcification in myocardium presented on the picture №3 belong to?
	1. Mixed dystrophy with the disorder of chromoproteid metabolism
	2. Mixed dystrophy with the disorder of nucleoprotein metabolism
	3. Mixed dystrophy with the disorder of lipoproteid metabolism
	4. Mixed dystrophy
	5. Mineral dystrophy \*
89. Fig 3. What is the most frequent mechanism of calcification in myocardium, presented on the picture №3?
	1. Dystrophic calcification
	2. Metabolic calcification
	3. Interstitial calcification
	4. Systemic calcification
	5. Metastatic calcification\*
90. Fig 4. What type of dystrophy does take a place in hepatocytes on the picture № 4?
	1. Mesenchimal dysproteinosis
	2. Mesenchimal dysliposis
	3. Parenchymatous dysliposis
	4. Mixed mineral dystrophy
	5. Parenchymatous dysproteinosis\*
91. Fig 4. What type of dystrophy does take a place in hepatocytes on the picture №4?
	1. Сloudy degeneration
	2. Hyaline-drop degeneration
	3. Keratinization
	4. Hyalinosis
	5. Hydropic\*
92. Fig 4. What are vacuoles in hepatocytes, marked by №1 are filled with at hydropic degeneration?
	1. Lipids
	2. Proteins
	3. Amyloid
	4. Hepatin
	5. Cytoplasmic fluid\*
93. Fig 5. To what type of dystrophy do changes in the wall of central artery of spleen follicle, presented on the picture №5 belong to?
	1. Mineral
	2. Mixed
	3. Parenchimatous
	4. Hyalin-drop degeneration
	5. Mesenchimal\*
94. Fig 5. Masses in the wall of central artery of spleen follicle, marked by 1 on the picture №5 are presented by
	1. Hepatin
	2. Hemosiderin
	3. Amyloid
	4. Cholesterol
	5. Hyalin\*
95. Fig 6. What type of dystrophies do changes in the skin presented on the picture №6 belong to?
	1. Mineral
	2. Mixed
	3. Mesenchimal
	4. Stromal-vascular
	5. Parenchimatous\*
96. Fig 6. . What type of dystrophies do changes in the skin presented on the picture №6 belong to?
	1. Hyalin-drop degeneration
	2. Stromal-vascular degeneration
	3. Hydropic
	4. Cloudy degeneration
	5. Keratinization\*
97. Fig 7. What type of dystrophies do changes in the epithelium of kidney tubulis presented on the picture №7 belong to?
	1. Keratinization
	2. Hyalin-drop degeneration
	3. Stromal vascular
	4. Cloudy degeneration
	5. Hydropic\*
98. Fig 7. Vacuoles in epithelial cells of kidney tubulis, marked by №1 filled with the following at hydropic dystrophy?
	1. Lipids
	2. Proteins
	3. Amyloid
	4. Hepatin
	5. Cytoplasmic fluid\*
99. Fig 8. What structures are marked by 1, on the photomicrograph of hepatic tissue at parenchymatous lipidosis?
	1. Accumulations of hepatin
	2. Vacuoles filled with fat
	3. Sinusoides
	4. Alcoholic hyalin
	5. Nuclei of hepatic cells\*
100. Fig 8. What structures are marked by number 2, on the photomicrograph of hepatic tissue at parenchymatous dyslipidosis?
	1. Accumulations of hepatin
	2. Nuclei of hepatic cells
	3. Sinusoides
	4. Alcoholic hyalin
	5. Vacuoles filled with fat\*
101. Fig 8. What structure as a part of triad is marked by number 3, on the photomicrograph of hepatic tissue at parenchymatous dyslipidosis?
	1. Sinusoide
	2. Bile duct
	3. Artery
	4. Central vein of hepatic particle
	5. Lumen of vein\*
102. Fig 8. What structure as a part of triad is marked by number 4, on the photomicrograph of hepatic tissue at parenchymatous dyslipidosis?
	1. Sinusoide
	2. Artery
	3. Vein
	4. Central vein of hepatic particle
	5. Bile duct\*
103. Fig 8. What structure as a part of triad is marked by number 5, on the photomicrograph of hepatic tissue at parenchymatous dyslipidosis?
	1. Sinusoide
	2. Bile duct
	3. Vein
	4. Central vein of hepatic particle
	5. Artery\*
104. Fig 9. What type of dystrophy do changes of the skin presented on the picture №9 belong to?
	1. Mixed dystrophy with the disorder of hemoglobin pigments metabolism
	2. Hyalin-drop degeneration
	3. Stromal-vascular degeneration
	4. Cloudy degeneration
	5. Mixed dystrophy with the disorder of tyrosingenic pigments\*
105. Fig 9. What matter, marked by 1, is accumulated in the basal layer of epidermis at Addison's disease?
	1. Hemosiderin
	2. Ferritin
	3. Amyloid
	4. Hyalin
	5. Melanin\*
106. Fig 10. What type of dystrophy do changes of capillaries in the kidney glomerule presented on the picture №10 belong to?
	1. Parenсhimatous dyslipidosis
	2. Mesenchimal carbohydrate dystrophy
	3. Mixed dystrophy with the disorder of chromoproteid metabolism
	4. Parenchimatous dysproteinosis
	5. Mesenchimal dysproteinosis\*
107. Fig 11. What type of dystrophy do changes in the walls of central arteries of spleen follicles, presented on the picture №11 belong to?
	1. Mineral
	2. Mixed
	3. Parenchimatous
	4. Hyalin-drop degeneration
	5. Mesenchimal\*
108. At the section of thorax a pathologist found the rounded anomalous formation which are the soft consistency and easy evacuated at its cutting (Fig. 28). The diagnose is ...
	1. Tumour.
	2. Scar.
	3. Foreign body.
	4. Ordinary lung.
	5. Abscess. \*
109. The soft rounded pathological education which easy evacuated at its cutting was found at a section in the left lung of 32-years-old man (Fig. 28). Name the most reliable diagnosis.
	1. An acute abscess of lung.
	2. A scar.
	3. A hemorrhagic infarct.
	4. A neoplasm.
	5. A chronic abscess of lung. \*
110. The abscess of lung was found at the pathoanatomical inspection (Fig. 28). To define the type of inflammatory process.
	1. Proliferate inflammation.
	2. Serosal exsudate inflammation.
	3. Fibrinoid exsudate inflammation.
	4. Hemorrhagic exsudate inflammation.
	5. Festering exsudate inflammation. \*
111. The lung inflammation became the reason of death of 45-years-old man. A pathologist revealed the heat of the illness at the dissection (Fig. 29). A lung is dense. What previous diagnosis will you put?
	1. Catarrhal inflammation.
	2. Hemorrhagic inflammation.
	3. Festering inflammation.
	4. Necrosis.
	5. Croupous inflammation. \*
112. Disease of lights became reason of the death of 30-years-old man. At research of necropsy material (stain by haematoxillinum & eozinum) a pathologist revealed the picture of inflammatory changes (Fig. 29). What is marked by a indicator «В»?
	1. Hystio-leucocytes infiltrates in the alveoli.
	2. Hystio-leucocytes infiltrates in the parenchyma of lungs.
	3. The fibrin filaments in the parenchyma of lungs.
	4. The erythrocytes in the vessels (hyperemia).
	5. The fibrin filaments in the alveoli. \*
113. The pathologist revealed the picture of inflammatory changes at the investigation of necropsy material (Fig. 29). What is marked by the indicator «С» on the illustration?
	1. Hystio-leucocytes infiltrates in the alveoli.
	2. A fibrin in the parenchyma of lungs.
	3. A fibrin in the alveoli.
	4. Necrosis of the pulmonary tissue.
	5. Hystio-leucocytes infiltrates in the parenchyma of lungs. \*
114. The liver biopsy material was investigated by the pathologist (Fig. 30). What diagnosis will you put.
	1. Acute abscess.
	2. Granulosum.
	3. Foreign body.
	4. Tumour.
	5. Chronic abscess. \*
115. The anomalous formation biopsy of the liver (Fig. 30). What structure is marked by the indicator «А» on the illustration.
	1. The leucocytes infiltrates.
	2. The connecting tissue.
	3. The young granulation.
	4. The parenchyma of the liver.
	5. The necrotic masses\*.
116. The pathological formation was revealed at the studying of the liver biopsy patterns (Fig. 30). What is marked by the indicator «В» on the illustration?
	1. The hypertrophied liver cells.
	2. Normal liver cells.
	3. The lipid including.
	4. The parenchyma of the liver.
	5. The granulation with the filament of the connecting tissue\*.
117. The pathology was revealed at the investigation of the liver biopsy (Fig. 30). What is marked by the indicator «С» on the illustration?
	1. The hypertrophied liver cells.
	2. The connecting tissue filaments.
	3. The inflammatory infiltrates around of abscess.
	4. Bloody lakes.
	5. The saved normal parenchyma of the liver\*.
118. The specimen from the inflammatory place of intestine was delivered to the pathologist for research (Fig. 23). At its study was diagnosed ...
	1. Hemorrhagic enteritis.
	2. Catarrhal enteritis.
	3. Chronic enteritis at the phase of acutening.
	4. Abscess of the intestine.
	5. Fibrinoid-ulcerous enteritis. \*
119. Pathologist investigated the byoptat (preparation of the tissue) from the inflammatory place of intestine (Fig. 23). What structures does a pathologist see under a pointer «А»?
	1. The connecting tissue of intestine with the inflammatory changes.
	2. Fatty tissue and leucocytes infiltrate.
	3. Festering melting.
	4. Villi of intestine.
	5. Fibrinoid exsudate. \*
120. The preparation of the tissue from the intestine was delivered for research (Fig. 23). The pathologist sees under a pointer «В»...
	1. The connecting tissue of intestine with the inflammatory changes.
	2. Fatty tissue and leucocytes infiltrate.
	3. Fibrinoid exsudate.
	4. Villi of intestine.
	5. Festering melting of tissue. \*
121. The intestine preparation was explored by the pathologoanatomist (Fig. 23). What structures does he see under a pointer «С»?
	1. Hystio-leucocytes inflammatory infiltrate.
	2. Plural abscesses.
	3. Necrotizing areas.
	4. Villi of intestine.
	5. Glands of the intestine with the necrotizing and inflammatory changes\*.
122. The pathologist found the necrotizing areas of white color which crumble easy and with connecting and granulation tissue around their (Fig. 24) at the investigation of the lung organ. Name the pathological process which is seen by the pathologist.
	1. Acute alterative inflammation
	2. Chronic heterospecific inflammatory process
	3. Acute specific inflammatory process
	4. Necrosis of tissue
	5. Chronic specific inflammatory process\*
123. Pathologist cut the lung of the dead man and discovered the small (size to 5mm) necrotizing areas of white color, that crumble easily (Fig. 24). Name the most reliable diagnosis.
	1. Acute inflammation
	2. Necrotizing inflammation
	3. Chronic inflammation
	4. Necrosis of tissue
	5. Caseous necrosis (specific inflammation) \*
124. The dead man with kyphosis of lumbar portion of spine was discovered by the pathologyanatomist. The kyphosis developed during 3 years according to katamnesis (history of the disease). At the cutting pathologist saw the backbone which you see on the illustration (Fig. 26.A). The pathologic areas are soft, white color and crumble easily. Your diagnosis...
	1. Osteodystrophy of the lumbar vertebrae.
	2. Traumatic damage of lumbar vertebrae.
	3. Benign tumor of vertebrae
	4. Malignant tumor of vertebrae
	5. Caseous necrosis of vertebrae. \*
125. The preparation of lymphatic node of tuberculosis patient was studied by pathologist (Fig. 26.B). What pathological process does a doctor see on preparation? (See illustration)
	1. Unspecific (heterospecific) inflammatory process
	2. Acute disorders of blood circulation
	3. Forming of young granulation tissue
	4. Festering diffuse inflammation
	5. Specific inflammatory process\*
126. Pathologist explored the preparation of lymphatic node from a patient with a tuberculosis (Fig. 26.B). What pathological process does a doctor see under the pointer «А»?
	1. Exsudate edema of tissue
	2. Festering melting of tissue
	3. Waxen candle (Zenker's necrosis)
	4. White pulp of lymphatic node
	5. Caseous necrosis of tissue\*
127. At research of lymphatic node from a patient with a tuberculosis (Fig. 26.B) a pathologist saw the structures which are marked by a pointer «b». Name these structures?
	1. Erythrocytes and hystiocytes
	2. Eosinophilic inflammatory infiltrate
	3. Pirogov-Langerhans giant cell
	4. Fibroblasts and granulocytes
	5. Hystio-leucocytes infiltrates\*
128. Pathologoanatomist found the structures in a lymphatic node of the tuberculosis patient (which are marked by a pointer «C» on the illustration (Fig. 26.B)) at the microscope examination. Name this structures.
	1. Erythrocytes and hystiocytes
	2. Eosinophilic inflammatory infiltrate
	3. Hystio-leucocytes infiltrates
	4. Fibroblasts and granulocytes
	5. Pirogov-Langerhans giant cell\*
129. The homogeneous masses (Fig. 26.B) in the center of microscope preparation of patient with tuberculosis testify about ...
	1. Serosal-hemorragic exudation in the lung tissue
	2. The inflammatory reaction in the lung tissue
	3. Metaplasy of the lung tissue
	4. Venous hyperemia and swollen
	5. Necrosis of lung tissue\*
130. What letter marks the caseous necrosis on the preparation from lung tissue of patient with tuberculosis (Fig. 26.B)?
	1. b
	2. c
	3. d
	4. -
	5. a\*
131. What letter marks the Pirogov-Langerhans giant cell on the preparation from lung tissue of patient with tuberculosis (Fig. 26.B)?
	1. a
	2. b
	3. d
	4. -
	5. c\*
132. What letter marks the inflammatory process on the preparation from lung tissue of patient with tuberculosis (Fig. 26.B)?
	1. a
	2. b
	3. c
	4. there is inflammation at tuberculosis
	5. d\*
133. A pathologist found the structures which are presented by vessels and cellular elements (Fig. 25) at the studying of biopsy material. What pathological process diagnosed the pathologist?
	1. Neoplasm.
	2. Acute exsudate inflammation.
	3. Renewal with the substitution
	4. Lipidosis (fatty dystrophy)
	5. Chronic productive inflammation. \*
134. The specific cells (which was found by the pathologist in the biopsy material (Fig. 25, pointer «2») gave the possibility to put the diagnose "rhinoscleroma". Whose scientist's name do these cells have?
	1. Bishout.
	2. Malory.
	3. Pirogov-Langerhans
	4. Virkhov.
	5. Mykulich\*
135. What name of a phase of inflammatory process, which is marked by number «3» on schematic Fig. 27?
	1. Alteration.
	2. Exudation.
	3. Migration.
	4. Infiltration.
	5. Proliferation\*
136. What name of a phase of inflammatory process, which is marked by number «2» on schematic Fig. 27?
	1. Alteration.
	2. Migration.
	3. Infiltration.
	4. Proliferation
	5. Exudation. \*
137. What name of a process which is marked by number «6» on the inflammatory reaction scheme Fig. 27?
	1. Alteration.
	2. Exudation.
	3. Migration.
	4. Proliferation
	5. Discirculatory changes\*.
138. ?Fig. 39. Name a process which caused the hypertrophy of cavity of heart
	1. AIDS
	2. viral hepatitis
	3. glomerulonephritis
	4. spondylarthritis
	5. hypertensive disease\*
139. Fig 39. Bulge of walls of heart under influence of the increased loading –
	1. atrophy
	2. sclerosis
	3. necrosis
	4. obesity of heart
	5. hypertrophy\*
140. Fig 39. Specify pathology which caused the bulge of wall of counter-clockwise ventricle of heart
	1. chronic bronchitis
	2. miocardial infarction
	3. viral hepatitis
	4. aneurysm of aorta
	5. hypertensive disease\*
141. Fig 35. Diminishing of cavity of ventricle with the bulge of his wall it is an example
	1. to the eccentric hypertrophy
	2. to the physiological hypertrophy
	3. to the pathological regeneration
	4. atrophy
	5. concentric hypertrophy\*
142. Fig 35. Specify a pathological process staggering a heart
	1. sclerosis
	2. obesity
	3. necrosis
	4. atrophy
	5. hypertrophy\*
143. Fig 35. Specify the type of hypertrophy presented on a picture
	1. eccentric
	2. functional
	3. circular
	4. final
	5. Concentric\*
144. Fig 35. On the section of patient dying of hypertensive crisis, the considerable bulge of wall of counter-clockwise ventricle is found. What scray process did cause a bulge?
	1. organization
	2. atrophy
	3. sclerosis
	4. pathological regeneration
	5. hypertrophy\*
145. Fig 35. On a section, diminishing of cavity of counter-clockwise ventricle and bulge of his wall is exposed. It is known that a patient suffered pathology of heart. Specify a credible diagnosis.
	1. chronic myocarditis
	2. rheumatic pancarditis
	3. stenocardia, miocardial infarction
	4. fatty dystrophy of heart
	5. hypertensive disease\*
146. Fig 45. On a picture the dead body of man is presented dying of complications of malignant tumour of liver. Considerable exhaustion of organism is marked. Name the type of exhaustion.
	1. alimentary cachexy
	2. cerebral cachexy
	3. nervous anorexia
	4. all of the indicated variants are faithful
	5. cancer cachexy\*
147. Fig 45. On illustration the dead body of man is presented dying of general exhaustion – cachexy. Specify possible reason of such state.
	1. hypodynamia
	2. a lack of carbonhydratess is in food
	3. chronic lack of vitamin of A
	4. chronic bronchitis
	5. chronic fasting\*
148. Fig 45. On a picture there is a dead body of man which died of cancer cachexy. A hypodermic-fatty cellulose is exhausted in this case. Specify its colouring
	1. white
	2. grey
	3. brown
	4. black
	5. orange\*
149. Fig 45. It is exposed during the section of the dead body presented on a picture: orange, thinned hypodermic layer, brown atrophy of heart, diminished internalss. Your diagnosis.
	1. internal bleeding
	2. lead poisoning
	3. sharp poisoning an ammonia
	4. mercurialism
	5. cachexy\*
150. Fig 45. On a picture the dead body of man of dying of general exhaustion organism is represented. Specify changes in a heart and liver characteristic for a cachexy.
	1. fatty dystrophy
	2. hypertrophy
	3. sclerotic changes
	4. necrosis
	5. brown atrophy\*
151. Fig. 31. On this picture a compensatory and adaptory process is presented which a jumboizing cages is underlaid. Name a process
	1. atrophy
	2. hyperplasia
	3. organization
	4. metaplasia
	5. hypertrophy\*
152. Fig 31. On a picture megascopic myocytes (number 1) are represented with the expressed layers of connecting fabric between them. Your conclusion.
	1. it is a normal structure
	2. it is a hypertrophy
	3. it dysplasia
	4. it is a regeneration
	5. it is a sclerosis of muscles\*
153. Fig 31. A jumboizing myocytes (number 1) can be caused next reason
	1. surplus of albumens is in food
	2. surplus of fats is in food
	3. surplus of adrenalin is in blood
	4. all of the indicated variants are faithful
	5. considerable physical loading on muscle\*
154. Fig 31. At histological research of myocardium dying of cardiac insufficiency, suffering in the time of life hypertensive illness, found out the hypertrophy of cardiomyositis (number 1). Name its kind
	1. physiological
	2. hormonal
	3. вакатная
	4. vicarian
	5. working\*
155. Fig 31. By histological research in myocardium dying of hypertensive crisis discovered megascopic cardiomyositis with the layers of connecting fabric between them. Your conclusion.
	1. cardiomyoliposis
	2. brown acardiotrophia
	3. myocarditis
	4. heart attack of myocardium
	5. myocardiosclerosis\*
156. Fig 31. In myocardium histological research is expose the layers of connecting fabric between cardiomyositis. Specify a scray process.
	1. atrophy
	2. hypertrophy
	3. cirrhosis
	4. hyperplasia
	5. sclerosis\*
157. Fig 31. On this picture cardiosclerosis is presented: megascopic cardiomyositis with the layers of fabric between them. What fabric do these layers consist of?
	1. fatty
	2. cartilaginous
	3. smooth muscular
	4. granulomatous
	5. mature connecting tissue\*
158. Fig 31. On a picture the increase of volume of connecting fabric is presented between cardiomyositis is cardiosclerosis. Specify possible reason of this phenomenon
	1. fibrinous inflammation of myocardium
	2. fatty dystrophy
	3. granulomatous inflammation
	4. septic process
	5. organization of heart attack of miocard\*