**Situational tasks**

1. After a long periode of subfebrility a patient registered increase of dyspnea, pain in the right hypochondrium, leg edemata. Objectively: neck veins are edematic. Ps is 120 bpm, sometimes it disappears during inspiration. Heart sounds are very weakened. ECG showed low-voltage waves of ventricular complex. A month ago there was raise of ST V1-V4 segment. Cardiac silhouette is enlarged, roundish. What is the most probable diagnosis?
	* 1. Small-focal myocardial infarction
		2. Metabolic postinfection myocardiopathy
		3. \* Exudative pericarditis
		4. Postinfarction cardiosclerosis
		5. Primary rheumatic carditis
2. A 70 y.o. patient complains of weakness, dizziness, short periods of unconsciousness, pain in the cardiac area. Objectively: HR- 40 bpm, heart sounds are rhythmic, the S1 is dull, periodically amplified. AP is 180/90 mm Hg. What is the most probable cause of hemodynamic disturbances?
	* 1. Atrioventricular block type I
		2. Bradysystolic form of ciliary arrhythmia
		3. \* Atrioventricular block type III
		4. Complete left bandle-branch block
		5. Sinus bradycardia
3. A 42 y.o. patient lifted a heavy object that resulted in acute pain in the right half of his chest, increased dyspnea. The patient's condition is grave: cyanosis of lips and mucous membranes, RR is 28 pm, Ps- 122 bpm. On percussion there is tympanitis above the right half of chest, on auscultation - stongly diminished breath sounds; accent of the II heart sound above the pulmonary artery. AP is 80/40 mm Hg. What is the main emergency action at the pre-admission stage?
	* 1. \* Air aspiration from the pleural cavity
		2. Calling a cardiological brigade
		3. Adrenaline introduction
		4. Aminophylline introduction
		5. Oxygen inhalation
4. A 39 y.o. patient complains of having dyspnea during physical activity, crus edemata, palpitation, heart intermissions. Objectively: HR is 150 bpm, atrial fibrillation. Heart is both ways enlarged. Heart sounds are muted. Liver is 6 cm below the costal margin. Echocardiogram reveals dilatation of heart chambers (end diastolic volume of left ventricle is 6,8 cm) is 29% EF, valve apparatus is unchanged. What is the most probable diagnosis?
	* 1. Thyreotoxic cardiomyopathy
		2. Restrictive cardiomyopathy
		3. \* Dilated cardiomyopathy
		4. Exudative pericarditis
		5. Hypertrophic cardiomyopathy
5. A 20 y.o. man has a stab knife wound in the left half of thorax close to nipple. AP is 90/60 mm Hg, Ps- 130/min, BR- 32/min. During inspiration there is increase of pulse wave in the region of jugular vein, decrease of peripheral arterial pulse and reduction of AP. Respiratory murmurs are unchanged. X-ray pattern of thorax organs has no pecularities. After introduction of 2 l of isotonic solution the AP stayed low, CVP raised up to 32 cm of water column. The first step in further treatment of the patient will be:
	* 1. \* Echocardiogram
		2. Continued parenteral introduction of fliud in order to raise AP
		3. Introduction of loop diuretics in order to reduce CVP
		4. Introduction of peripheral vasodilatators in order to reduce CVP
		5. Catheterization of left pleural cavity while the outer end of catheter is submerged in water
6. A 58 y.o. patient developed acute myocardium infarction 4 hours ago, now he is in the acute care department. ECG registers short paroxysms of ventricular tachycardia. The most appropriate measure will be to introduct:
	* 1. Flecainid
		2. \* Lidocain
		3. Amyodaron
		4. Veropamil
		5. Propafenone
7. A 62-year-old patient complains of rest dyspnea, heart pains. 3 years ago he had myocardial infarction. Physical examination: orthopnea, acrocyanosis, swollen cervical veins. Pulse – 92, total heart enlargement, the liver is enlarged by 7 cm, shin edema. What is the stage of chronic heart failure [CHF]?
	* 1. \* CHF-2 B
		2. CHF- 1
		3. CHF- 2 А
		4. CHF-0
		5. CHF-3
8. A patient, aged 49, complains of fever of 37,5 0С, heart pain, dyspnea. S1 is clapping; S2 is accentuated in the aortic area; opening snap, presystolic murmur are auscultated. What is the most useful investigation for valvular disorder assessment?
	* 1. \* Echocardiography+Doppler-Echocardiography
		2. Phonocardiography
		3. Ballistocardiogram
		4. Chest x-ray
		5. ECG
9. А patient is suffering of a chronic heart insufficiency [degree II; phase A]. The patient has been given a proper therapeutic treatment along with furosemide. Later the patient developed a lumbosacral nerve root syndrom. To reduce the acute pains the doctor prescribed a certain agents, which lowered the effect of furosemide. Give the name of this medicine.
	* 1. \* Indomethacin
		2. Digoxin
		3. Furosemide
		4. Panangin
		5. Riboxinum
10. A 60yr. Old man with unstable angina pectoris fails to respond to heparin, nitroglycerin, beta adrenegic blockers and calcium channel antagonist. The best management includes:
	* 1. \* Coronary artery bypass grafting
		2. Intravenous strptokinase
		3. Excercise testing
		4. Oral aspirin
		5. Antihypertensive therapy
11. Woman age 40,ill on rheumatic disease with composite mitral disease with prevalence of the stenosis of left venous foramen.Complainse on the palpitation,fatigability progressing dyspnea,attacks of a dyspnea and hemoptysis.Now she can not execute even the mild activities.What tactics is the most expedient?
	* 1. \* Mitral comissurotomia.
		2. Conduction of current bicilino-prophilaxis.
		3. Assiging of anticoagulants.
		4. Assiging of venous vasodilatators .
12. A patient with hypertension in 2nd stage, has inspiratory breathelessness, cough, weakness after physical exercise. Echo cardigraphy revealed: hypertrophy of left ventricle myocardium. There is a decrease of final diastolic volume with a fraction of excreation of 58 %. Destrution of heamodynamic regulation is the main
	* 1. \* Diastolic function of the left ventricle.
		2. Systolic function of the left ventricle.
		3. Diastolic function of the right ventricle.
		4. Systolic function of the right ventricle.
		5. Systolic – diastolic function of the heart.
13. A patient 28 years old, during 10 years diagnosis of reumatism, failure of aortic valve, admitted in the clinic with cardiac deficiency at the II B stage. Which of the following hemodynamics is of importance in the diagnosis of systolic dysfunction?
	* 1. \* Dillation of the heart and decrease in heart output.
		2. Hypertrophy of the heart and decrease in heart output.
		3. Increase in minute volume of blood.
		4. Decrease in minute volume of blood.
		5. Decrease of heart output.
14. The patient who after ‘Q’ positive myocardial infarction of left ventricle: experienced dyspnea, edema and hepatomegalia. Echocardiograph: Increase in end diastole volume & intraventricular pressure of left ventricle. What is the main reason of congestive heart failure of the patient?
	* 1. \* Disease + low cardiac output + accumulation of liquid.
		2. Disease + high cardiac output + increased vascular resistance.
		3. Low cardiac out put + accumlation of Na+1 + accumulation of liquid.
		4. Increased resistance of vesseles + increased activity of sympatho adrenergic system.
		5. Increased activity of sympathoadrenegic system + increased activity of renin – angiotensin – aldosteron system.
15. A patient 60 years old with ischemic heart disease, post infract cardiosclerosis. After physical exercise, there is weakness, breathlessness at rest, strong heart beat, sputum is reddish in colour, cyanotic skin, patient is half seated, half lying , cold sweat. Breathing rate is 30/min, heart rate 100/min, blood pressure 100/60 mm.hg., different kinds of rattling, hummid sounds in lungs and heart murmurs. Which mechanism leads to development
	* 1. \* Increase of hydrostatic pressure in small circulating blood vessels.
		2. Decrease of oncotic pressure in the blood plasma.
		3. Raise in activity of sympathoadrenergic system.
		4. Increase in volume of circulating blood.
		5. Retention of water and sodium in the organism
16. First patient A. 35 years old with Acute Viral Respiratory Infection complains of pain in the cardiac region, palpitation, dyspnea. Objective: acrocyanosis, heart sounds are reduces, systolic noise above the apex, extrasystole, blood pressure 90/60 mm Hg. Which among the following is true?
	* 1. \* All the given below.
		2. Electrophysiological test.
		3. Laboratory test.
		4. Hospitalisation.
		5. Correction of hypotension.
17. A 40 year pateint of rhenmatic heart disease complains of anoxeria,weaknessand loss of weigth,breathlessnesss and swelling of feet . on examination temp 39C pu;lse is 100/mint .Asucultation distolic murmur in the mitral area.Petchical lesion round clavicle and spleen was palpable,Tooth extraction one month ago.
	* 1. \* Subacute bacteria endocardidtis
		2. Recurrence of rheumatic fever
		3. Throbocytopenia purpure
		4. Mital stenosis
		5. A ortic stenosis
18. A 31-year-old man with past history of rheumatic fever was severely ill and complained of fever up to 38 – 39°C, abdominal pain, dyspnea, palpitation; he felt ill 6 days prior. On exam, the left heart border was shifted to the left, heart sounds were faint, there were systolic and dyastolic murmurs at the aortic area, BP of 160/30 mm Hg, positive Rumpel-Leede sign, enlargement of the liver and the spleen, diarrhea, and dark urea. What is the most
	* 1. \* Infective endocarditis
		2. Rheumatic aortic valve disease
		3. Typhoid fever
		4. Acute viral hepatitis
		5. Acute nephritis
19. A 30- year-old patient complains of breathlessness, pain in the right rib arc place, dry cough and the leg edema. He is ill for 2 months. He was treated for rheumatic fever without effect. On exam, cyanosis, edema of the legs, BT of 36.6°C, RR of 28/min, HR of 90/min, BP of 110/80 mm Hg, crackles above low parts of both lungs, heart borders are displaced to the left and to the right, weak sounds, systolic murmur above the apex. What is the
	* 1. \* Dilated cardiomyopathy
		2. Infectious endocarditis
		3. Acute myocarditis
		4. Rheumatic fever, mitral stenosis
		5. Acute pericarditis
20. A 60 yr. Old man with unstable angina pectoris fails to respond to heparin, nitroglycerin, beta adrenegic blockers and calcium channel antagonist. The best management includes:
	* 1. \* Coronary artery bypass grafting
		2. Intravenous streptokinase
		3. Excercise testing
		4. Oral aspirin
		5. Antihypertensive therapy
21. The patient, 40 years, with combined mitral defect with prevalence of a stenosis suddenly felt a sharp retrosternal pain, difficulty of breath (dyspnea). Objectively: a condition of the patient is grave, cyanosis, swelling of cervical veins, tachipnea - 40 times a minute, vesicular respiration, tachycardia - 120 times a minute, arterial pressure - 80/50 . On the roentgenogram: an enlightenment of pulmonary fields on the limited site, expansion of a shadow top of superior cava. What is yours preliminary diagnosis?
	* 1. \* Thromboembolism of the pulmonary artery
		2. Acute miocardial infarction.
		3. Attack of bronchial asthma.
		4. Attack of heart asthma.
		5. Attack paroxysmal tachycardias.
22. The patient, 45 years, show complaints on severe retrosternal pains, not decreasing after usage of nitroglycerine. Objectively: integument’s are pale, there is cold perspiration, the respiration is vesicular and weakened, the tones of heart are rhythmical, pulse beat - 78, arterial pressure - 110/70. On the electrocardiogram: a rhythm is right sinus, there is pathological wave Q in the V1-V4, depression of segment ST in III AVF. What is your
	* 1. \* Acute miocardial infarction anterior-septal-apex.
		2. Attack of a stenocardia.
		3. Thromboembolism of the pulmonary artery.
		4. Acute miocardial infarction of posterior wall of the left ventricular.
		5. Acute pericarditis.
23. The patient, 67 years, shows complaints on palpitation, dizziness, noise in ears, feeling of shortage of air. Objectively: the patient is pale, integument’s are damp, respiration is vesicular, frequency of respiratory movements - 22, pulse beat - 200 times a minute, arterial pressure - 100/70. On the electrocardiogram: frequency of heart beat - 200, ventricular complexes are widened, deformed, the arrangements of segments ST and of wave T is discordant. The wave Р is not changed accumulates on QRST, conformity to natural laws between Р and QRS is not present. What infringement of a rhythm was developed at the patient?
	* 1. \* Paroxismal ventricular tachycardia.
		2. Sinus tachycardia.
		3. Thimmer arrythmia.
		4. Ventricular extrasystole.
		5. Atrial tachycardia.
24. A patient 70 years suffers of hypertensive illness more than 20 years. Woke up at night due a suddenly arised attack of shortness of breath with difficult inhalation. Objectively: orthopnoe. Pulse 108 per/min, rhythmic. The heart sounds are dull, on an apex the rhythm of gallop. In the lower parts of lungs moist wheezes. What complication of hypertensive illness arose up at a patient?
	* 1. \* Cardiac asthma
		2. Myocardial infarction
		3. Acute violation of cerebral blood circulation
		4. Fainting-fit
		5. Pulmonary edema
25. Patient A. Complains about the shortness of breath, pains in area of heart, sense of widespread pulsation. In anamnesis - frequent quinsies (tonsillitis). Objectively: skin covers are pale; positive capillary pulse, “dance of carotids”, dome-shaped apex beat displaced downward and to the left, a pulse is quick, high. The left border of heart is displaced to the left. Weakening I and II tones, diastolic murmur over aorta. BP - 180/40 mm Hg. ECG: signs of hypertrophy of left ventricle. What most credible preliminary diagnosis?
	* 1. \* Insufficiency of aortic valve
		2. Feochromocytoma
		3. Chronic nephritis
		4. Hypertensive illness
		5. Coarctation of aorta
26. Patient 30 years with complaints about the expressed shortness of breath and palpitation during the last year. On X-ray of the chest considerable expansion of heart is exposed. On an electrocardiogram – decline of amplitude of the R wave in all leads and negative T. On echocardiogram – dilatation of ventricles of heart with the decline of fraction of the ejection to 35 %. A valvular apparatus not changed. It is possible to suppose:
	* 1. \* Dilated (congestive) cardiomyopathy
		2. Insufficiency of aortic valve
		3. Insufficiency of mitral valve
		4. Myocarditis
		5. Innate heart disease
27. A 27 year old man in noted to have blood pressure of 170/100 mmHg. He has prominent aortic ejection click and murmurs heard over the ribs on the both sides anteriorly and over the back posterioly. In addition, the pulses in the lower extremities are feeble and he complains of mild claudication with exertion. The most likely diagnosis is -
	* 1. Artial septal defect
		2. Aortic stenosis
		3. \* Coarctation of the aorta
		4. Cardiomyopathy
		5. Mitral insufficiency
28. A 41/2- year-old girl always had to wear warm socks even is summer season. On physical examination, it was noticed that she had high blood pressure andher femoral pulse was weak as compared to radial and carotid pulse, a chest radiograph showed remarkable notching of ribs along with their lower borders. This was due to
	* 1. Femoral artery thrombosis
		2. \* Coarctation of aorta
		3. Raynaud's disease
		4. Takayasu's arteritis
		5. Aortic stenosis
29. A 2 year young man presents with exertional dyspnoea, headache, and giddiness. On examination there is hypertension and LVH. X-ray picture shows notching of the anterior ends of the ribs.The most like diagnosis is -
	* 1. Phaeochromocytoma
		2. Carcinoid syndrome
		3. \* Coarctation of the aorta
		4. Superior Mediastinal syndrome
		5. Tumor of pancreas
30. A 33 y.o. patient was admitted to the hospital with stopped repeated ulcerative bleeding. He was pale and exhausted. Blood count: Нb- 77 g/l, Нt- 0,25. In view of anemia there were made two attempts of blood transfusion of the same group - А(ІІ) Rh+. In both cases the transfusion had to be stopped because of development of anaphylactic reaction. What transfusion medium would be advisable in this case?
	* 1. Erythrocytic mass (native)
		2. \* Washed erythrocytes
		3. Erythrocytic mass poor in leukocytes and thrombocytes
		4. Fresh citrate blood
		5. Erythrocytic suspension
31. Fluorography of a 45 y.o. man revealed some little intensive foci with indistinct outlines on the top of his right lung for the first time. The patient doesn't feel worse. He has been smoking for many years. Objectively: pulmonary sound above lungs on percussion, respiration is vesicular, no rales. Blood count is unchanged. What is the most probable diagnosis?
	* 1. Eosinophilic pneumonia
		2. Peripheral cancer of lung
		3. Bronchopneumonia
		4. \* Focal pulmonary tuberculosis
		5. Disseminated pulmonary tuberculosis
32. A 67 y.o. patient complains of dyspnea, breast pain, common weakness. He has been ill for 5 months. Objectively: t0- 37,30С, Ps- 96/min. Vocal tremor over the right lung cannot be determined, percussion sound is dull, breathing cannot be auscultated. In sputum: blood diffusively mixed with mucus. What is the most probable diagnosis?
	* 1. Bronchoectatic disease
		2. Macrofocal pneumonia
		3. \* Lung cancer
		4. Exudative pleuritis
		5. Focal pulmonary tuberculosis
33. A 56 y.o. woman has an acute onset of fever up to 390C with chills, cough, and pain on respiration in the right side of her chest. On physical examination: HR- 90/min, BP- 95/60 mm Hg, RR- 26/min. There is dullness over the right lung on percussion. On X-ray: infiltrate in the right middle lobe of the lung. What is the diagnosis?
	* 1. Community-acquired bronchopneumonia
		2. Acute pleurisy
		3. Hospital-acquired lobar pneumonia
		4. Acute lung abscess
		5. \* Community-acquired lobar pneumonia with moderate severity
34. A worker at a porcelain factory who has been in service for 10 years complains of cough, dyspnea, ache in his chest. What occupational disease are these complaints most typical for?
	* 1. Occupational bronchial asthma
		2. Multiple bronchiectasis
		3. Chronic dust bronchitis
		4. Chronic cor pulmonale
		5. \* Silicosis
35. A 38 y.o. patient has been treated in a hospital. A fever of 39 C, chest pain which is worsened by breathing, cough, brownish sputum appeared on the 7-th day of the treatment. Chest X- ray shows left lower lobe infiltrate. Which of the following is the treatment of choice for this patient?
	* 1. Penicillin
		2. Tetracycline
		3. \* Cephalosporins of the III generation
		4. Erythromycin
		5. Streptomycin
36. A patient has been suffering from morning cough accompanied by discharge of small amount of sputum, dyspnea for 8 years. He has been smoking for 10 years. Objectively: cyanosis, prolonged expiration, dry rales. What is the most probable diagnosis?
	* 1. Chronic non-obstructive bronchitis
		2. Multiple bronchiectasis
		3. Bronchial asthma
		4. Idiopatic fibrosing alveolitis
		5. \* Chronic obstructive bronchitis
37. A 38 y.o. woman is seriously ill. She complains of frequent paroxysms of expiratory dyspnea. The last paroxysm lasted over 12 hours and failed to respond to theophylline. The skin is palish gray, moist, RR of 26/min. On auscultation, breath sounds are absent over some areas. Your preliminary diagnosis?
	* 1. Chronic obstructive bronchitis
		2. \* Bronchial asthma, status asthmaticus
		3. Ischemic heart disease, pulmonary edema
		4. Atopic bronchial asthma, respiratory failure of the III degree
		5. Bronchiectasis, respiratory failure of the II-III degree
38. A 19 y.o. girl was admitted to Emergency Department: unconsionsness state, cyanosis, myotic pupil, superficial breathing - 12/min. BP- 90/60 mm Hg, Ps- 78/min. Choose the action corresponding to this clinical situation:
	* 1. Oxygen inhalation
		2. Caffeine injection
		3. \* Controlled respiration
		4. Gastric lavage
		5. Cordiamine injection
39. X-ray pattern of thorax organs revealed a large intensive inhomogeneous opacity with indistinct outlines on the right side at the level of the 4-th rib. In the centre of this opacity there is a horizontal level and clearing of lung tissue above it. What disease does this X-ray pattern correspond with?
	* 1. Abscess of the left lung
		2. \* Abscess of the right lung
		3. Peripheral cancer
		4. Right-sided pneumothorax
		5. Tuberculoma of the right lung
40. Classical X-ray image of intestinal obstrustion is:
	* 1. \* Gas and horizontal levels
		2. Filling defect
		3. High positioned diaphragm
		4. Reactive pleuritis
		5. Pneumatosis
41. A 15-year-old girl was examined with a history of gradual onset of fever, malaise, loss of weight. There was nothing typical about the kind of fever, which has been present for more than 7-10 days and changed quickly. Physical examination was unremarkable. What is the single most important examination for excluding miliary tuberculosis?
	* 1. \* Chest x-ray
		2. Liver or bone marrow biopsy
		3. Tuberculin skin testing
		4. Sputum smear and culture of M.tuberculosis
		5. Bronchoscopy
42. A 56-year-old woman has an acute onset of fever up to 39°C with chills, cough, and pain on respiration in the right side of the chest. On physical examination: HR of 90/minute, BP of 95/60 mm Hg, PR of 26 per minute. There is dullness over the right lung. On X-ray: infiltrate in the right middle lobe of the lung. What is the diagnosis?
	* 1. \* Community-acquired lobar pneumonia with moderate severity.
		2. Community-acquired bronchopneumonia.
		3. Acute pleurisy.
		4. Acute lung abscess.
		5. Hospital-acquired lobar pneumonia.
43. A 36-year-old woman during 6 years has had bronchial asthma. She is sick all the year. She is working in the premises where walls are covered by mould. She has allergy to aspirin, analgin, and acetaminophen. Now she has four asthma attacks per day, especially at night. Nasal breathing is disturbing too. There is wheezing on expiration over the lungs. Skin tests with feathers, dust mites, and wood dusts (maple and alder-tree) are positive. Order treatment according to the type of asthma and severity of its course
	* 1. \* Inhaled beclomethason 100 mcg t.i.d. after previous inhalation of fenoterol.
		2. IV theophylline and clarithromycin P.O.
		3. Specific desensitization with dust mites and feathers allergens.
		4. Dexamethasone and theophylline P.O.
		5. Ephedrine P.O. and inhaled isoproterenol during an attack.
44. A 26-year-old man was admitted to the hospital complaining of stabbing back pain on inspiration and dyspnea. On exam, BT of 37°C, PR of 24/min, HR of 92/min, vesicular breath sounds. There is a dry, grating, low-pitched sound heard in both expiration and inspiration in the left lower lateral part of the chest. What is the most likely diagnosis?
	* 1. \* Acute fibrinous pleuritis
		2. Myocarditis
		3. Pneumonia
		4. Acute bronchitis
		5. Pneumothorax
45. An ECG of postinfartional [a year ago] patient shows pathological QS waves in leads VI-V3, I, aVL. Determine the location of old myocardial infarction.
	* 1. \* Septal and anterior
		2. Anterolateral
		3. Anterior
		4. Inferior
		5. Postrolateral
46. A patient with nosocomial pneumonia presents signs of collapse. Which of the following pneumonia complications is most likely to be accompanied with collapse?
	* 1. \* Septic shock
		2. Exudative pleuritis
		3. Bronchial obstruction
		4. Toxic hepatitis
		5. Emphysema
47. A 34-year-old woman fell ill 3 months ago after cold exposure. She complained of pain in the hand and knee joints, morning stiffness, and fever up to 38°C. Interphalangeal, metacarpophalangeal and knee joints are swollen, hot, with decreased ranges of motions; ESR of 45 mm/hr, CRP (+++), Vaaler-Rouse test of 1:128. What group of medicines would you recommend to the patient?
	* 1. \* Nonsteroidal anti-inflammatory drugs
		2. Cephalosporines
		3. Tetracyclines
		4. Sulfonamides
		5. Fluorchinolones
48. A 38-year-old man worked at roofing and drain piper production for 15 years. He seeks medical help for expiratory breathlessness on exertion, and dry cough. On exam, wheezes above both lungs, grayish warts on fingers are seen. Factory physician has diagnosed asbestosis. What method is the most important for this diagnosis?
	* 1. \* Chest X-ray
		2. Bronchoscopy
		3. Blood gas analysis
		4. Spirography
		5. Electrocardiography
49. A 45-year-old coal miner complains of cough with black sputum, breathlessness on exertion, which occurred 4 years before. On physical examination, wheezes above both lungs, heart sounds are without changes, heart rate of 72 beats per minute. Chest radiography shows multiple, small irregular opacifications throughout both lungs. What is the most probable diagnosis?
	* 1. \* Anthracosis, nodular, slowly progressing form, first stage.
		2. Silicosis, nodular, slowly progressing form, first stage.
		3. Siderosis, interstitial, slowly progressing form, first stage.
		4. Bissinosis, interstitial, slowly progressing form, first stage.
		5. Asbestosis, interstitial, slowly progressing form, first stage.
50. A 38 -year-old woman is seriously ill. She complains of frequent paroxysms of expiratory dyspnea. The last paroxysm lasted over 12 hours and failed to respond to theophylline. The skin is palish gray, moist, RR of 26/min. On auscultation, breath sounds are absent over some areas. Your preliminary diagnosis
	* 1. \* Bronchial asthma, status asthmaticus
		2. Chronic obstructive bronchitis
		3. Atopic bronchial asthma, respiratory failure of the III degree
		4. Bronchiectasis, respiratory failure of the II - III degree
		5. Ischemic heart disease, pulmonary edema
51. A 38-year-old patient has been treated in a hospital. A fever of 39 C, chest pain which is worsened by breathing, cough, brownish sputum appeared on the 7th day of the treatment. Chest x ray shows left lower lobe infiltrate. Which of the following is the treatment of choice for this patient?
	* 1. \* Cephalosporins of the Ш generation
		2. Penicillin
		3. Erythromycin
		4. Tetracycline
		5. Streptomycin
52. In a male aged 25 focal shadowings of small and medium intensity with unequal contours in the 1st and 2nd segments of the right lung were revealed during prophylactic photoroentgenography investigation. Which clinical form can be suspected in this patient?
	* 1. \* Focal
		2. Disseminated
		3. Miliary
		4. Fibro-cavernous
		5. Tuberculoma
53. What auscultative data are watched in bronchoectatic disease?
	* 1. \* The clinical picture depends on full or empty bronchiectasia and on caliber of bronchus.
		2. Bronchial breathing.
		3. Amphoric breathing.
		4. Dry whistling rales.
		5. Moist fine bubbling rales [non-consonating].
54. Heart auscultation of a 16 y.o. boy without clinical symptoms revealed accent of the S II and systolic murmur above the pulmonary artery. Heart sounds are resonant, rhythmic. What is the most probable diagnosis?
	* 1. Defection of interatrial septum
		2. Insufficiency of pulmonary artery valve
		3. \* Functional murmur
		4. Stenosis of pulmonary artery valve
		5. Nonclosure of Botallo's duct
55. .A 74 y.o. patient has been suffering from hypertension for 20 years. He complains of frequent headache, dizziness, he takes enalapril. Objectively: accent of the SII above aorta, Ps- 84 bpm, rhythmic, AP- 180/120 mm Hg. What group of hypotensive medications could be additionally prescribed under consideration of the patient's age?
	* 1. \* Thiazide diuretics
		2. β-adrenoceptor blockers
		3. Central sympatholytics
		4. ά-adrenoceptor blockers
		5. Loop diuretics
56. A 58 y.o. man complaines of severe inspiratory dyspnea and expectoration of frothy and blood-tinged sputum. He has been suffering from essential hypertension and ischemic heart disease. On examination: acrocyanosis, "bubbling" breathing, Ps- 30/min, BP- 230/130 mm Hg, bilateral rales. Choose medicines for treatment.
	* 1. \* Morphine, furosemide, nitroprusside sodium
		2. Strophanthine, potassium chloride, plathyphylline
		3. Cordiamine, isoproterenol
		4. Albuterol, atropine, papaverine
		5. Theophylline, prednisolon
57. A 52 y.o. patient with previously functional Class II angina complains of 5 days of intensified and prolonged retrosternal pains, decreased exercise tolerance. Angina is less responsive to Nitroglycerinum. Which of the following diagnosis is most likely?
	* 1. Cardialgia due to spine problem
		2. \* IHD. Unstable angina
		3. Myocardial dystrophy
		4. IHD. Functional Class II angina
		5. Myocarditis
58. A patient with a history of coronary artery disease and atrial fibrillation has the onset of sudden pain and weakness of the left leg. Examination reveals a cool, pale extremity with absent pulses below the groin and normal contralateral leg. The most likely diagnosis is:
	* 1. Dissecting aortic aneurysm
		2. Acute thrombophlebitis
		3. \* Arterial embolism
		4. Cerebrovascular accident
		5. Arterial thrombosis
59. An attack of severe substernal pain developed in a patient at night. On exam: confusion, pallor of the skin, acrocyanosis, cold sweating, BP of 80/50 mm Hg, PR of 120/min, irregular and weak pulse. Note, what condition are these features typical for?
	* 1. \* Cardiogenic shock
		2. Acute left-sided heart failure
		3. Acute right-sided heart failure
		4. Radicular syndrome
		5. Acute vascular insufficiency
60. A patient with ischemic heart disease and chronic heart failure develops sudden loss of consciousness; on exam, cyanosis, the widened pupils, peripheral pulse and blood pressure are not defined. On ECG: ventricular complexes are absent; instead of them there are waves of different shape and amplitude with irregular rhythm. What is the mechanism of this rhythm disturbance development?
	* 1. \* Multiple microreentry in the ventricles.
		2. Enhanced automatic activity of the ventricles.
		3. Disturbances of neurohumoral regulatory systems.
		4. Sick sinus syndrome.
		5. Accelerated diastolic depolarization, a disturbance in electrolyte balance.
61. A worker of a printing house complains of abdominal pain, constipation during last 5 days. He presents a liliac line at the gingival-tooth border, tachycardia of 100/min, BP of 160/90 mm Hg, painful abdomen on palpation. Aminolevulinic acid in plasma is elevated. CBC shows signs of normocytic and normochromic anemia. What is the preliminary diagnosis?
	* 1. \* Plumbism, severe form
		2. Mercurialism, severe form
		3. Aluminium intoxication, severe form
		4. Asbestosis, severe form
		5. Cyanides poisoning, severe form
62. A 45-year-old driver was admitted to the hospital with 5 hour substernal pain. Nitroglycerin is not effective. He is pale, heart sounds are regular but weak. HR 96 per minute, BP of 100/60 mm Hg. What is the most probable diagnosis?
	* 1. \* Acute myocardial infarction
		2. Stable angina
		3. Pulmonary embolism
		4. Acute myocarditis
		5. Acute left ventricular failure
63. A 46- year-old patient has ischemic heart disease, angina on exertion, II functional class. What is the drug of choice in treatment of acute attack?
	* 1. \* Nitroglycerin sublingually
		2. Platelet inhibiting agents (aspirin)
		3. Spasmolitics (No-spa) IV
		4. Digitalis IV
		5. Sedative agents (Seduxenum) orally
64. A 60-year-old woman has increased BP up to 210/110 mm Hg during last 7 years. On exam, heart apex is displaced to the left. There are signs of left ventricular hypertrophy on ECG. What is the most probable diagnosis?
	* 1. \* Essential hypertension, 2nd stage
		2. Essential hypertension, 1st stage
		3. Symptomatic hypertension
		4. Cardiomyopathy
		5. Ischemic heart disease
65. A 60yr. Old asthmatic man comes for a check up and complains that he is having some difficulty in “starting to urinate”. Physical examination indicates that the man has blood pressure of 160/100mmHg, and a slight enlarged prostate. Which of the following medications would be useful in treating both of these conditions:
	* 1. \* Doxazosin
		2. Labetalol
		3. Phetolamine
		4. Propranolol
		5. Isoproterenol
66. The 30-years old patient with the complications on a headache in a nucha ,poor dream with nightmares has addressed to policlinic. A BP was 150/95 Hg.An item. A boundary arterial hypertension was diagnosed. In what dispensary group he mast be addresseed for supervision on an arterial hypertension?
	* 1. \* In the second
		2. In a first
		3. In a fourth
		4. In a third
		5. In a fifth
67. The doctor of the city cardiological center solves the problem of the patient after the discharge from a hospital to the balneal department of sanatorium:who cannot be routed?
	* 1. \* 200/110-240/120
		2. 140/90-160/100
		3. 90/60-120/80
		4. 160/90-180/90
		5. 180/110-90/60
68. The doctor of the city cardiological center solves the problem of the patient after the discharge from a hospital to the balneal department of sanatorium:who cannot be routed?
	* 1. \* 200/110-240/120
		2. 140/90-160/100
		3. 90/60-120/80
		4. 160/90-180/90
		5. 180/110-90/60
69. A patient with unstable stenocardia was given a complex treatment of the following : anticoagulants, lyins nitrates, adrenoblockers. But on the third day of treatment the pain was continous, which tests are carried out on this patient to get the proper diagnosis?
	* 1. \* Coronarography
		2. Stress-ecocardiogram.
		3. Test with doses of physical exercises.
		4. Oesophageal electrocardio stimulator.
		5. Myocardial syncitigraphy.
70. Throughout the year after an attack of acute myocardial infection, a patient complains of periodic pain in the heart area. At the time of observation of the electrocardiogram except pathological Q in II, III and AVF leads other changes were not observed. Which investigation is the most apropriate in order to diagnose and treat the
	* 1. \* Hollter’s monitering electrocardiogram.
		2. Investigation of electrolytes in blood.
		3. Coronarography.
		4. Physical test.
		5. Stress-echocardiography.
71. A 55 years old man complaints with chest pain for a duration of 25 min. With radiation to the left side which took place 3 days ago at rest and dissapeared without any medical treatment. The last day attack took place for 5-6 times per day with increases in pain intensity. The results of laboratory test: Troponin-0,17ng/mg, L-5,6 (109 /l, alaninaminotransferase-100 mmol/l, Lactat Dehydrohenase-350 mmol/l. Which disease do you suggested?
	* 1. \* Non-stable sternocardia.
		2. Stable sternocardia.
		3. Myocarditis.
		4. Q-Myocardial Infarction.
		5. Cardiomyopathy.
72. The patient, 52 years, show complaints on a retrosternal burning pain, appearing at physical loading and disappearing after it. Objectively: a condition of the patient is satisfactory, pulse beat - 86 times a minute, during auscultation the tones of heart are rhythmical, are muffled. The arterial pressure - 130/80. On the electrocardiogram a pathological changes are not revealed. What is yours preliminary diagnosis?
	* 1. \* Stenocardia stable on exertion
		2. Stenocardia unstable
		3. Myocarditis
		4. Q miocardial infarction
		5. Cardiomyopathy
73. A 40 year old male pesents with headache and convulisons.His blodd pressure is 120\140 mmhg. Fundus examination revelas papillooedema.Which of the following drug examination will be most suitable for this patient?
	* 1. \* Nitropruside+Furosemide
		2. Diazoxide+trimaterence
		3. Nitroprusside+Triamterence
		4. Resaprine
		5. Captopril
74. A 50yrs ols male has had precaridal pain for 4 hrs. on examintion his BP 110/80mmhg.pulse 10beats /mint anf respiratory rate is 206/min. His ECG maked S-T segement elvation and left ventricle ectopies.The initial therepeutoc modilaties in his case would include.
	* 1. \* Lignocaine,streptokinaseand morphine
		2. Lignocanineand streptokineases
		3. Morphineand dobtutamine
		4. Streptokineases and morphine
		5. Nitoglcine +Digoxine
75. A 70 yrs old women is admitted to the hospital with icreasiing fatigabality and dyspone for the several month. Physical examintaion heat rate 100/min regular rhythm and BP of 150/100mmhg engorged neck veins ,third heart sound and rales over lung fields.Skigram on chest show and prominent vascular markings .This patient is
	* 1. \* Cngestive cardiac failure
		2. Adult respiratory distress syndrome
		3. A trial fribrillation
		4. Rebound hypertensive crisis
		5. Pulumonary edema
76. A 45yrs old executive who is a heavy smoker, had severe retrostrenal discomfort while going to the toilet at 7.00 a.m .ECG done immediately showed that S-T segement elevation in the infrrioe leads which normalised within an hour .This likely mostly diagnosis is
	* 1. \* Prinzmetal s angina
		2. Acute myocardial infraction
		3. Dissecting aneurysm of arota
		4. Acute pericarditis
		5. Stable angina pectilors
77. A 60 year old man presents with chest pain which last 6 hours and is diagnosed as acute myocardial infarction. Angiography showed involvement of anterior descending branch of left coronary artery The most probable site of infarct is
	* 1. \* Anterolateral wall
		2. Posterior wall
		3. Inferior wall
		4. Septal
		5. Lateral wall
78. Ramkumar a 70 year old hypertensive male was admitted in the intensive care unit with transmural anterolateral myocardial infraction. His condition was stable till fifth day of admission, when he developed a pericardial friction rub and pleuritic chest pain which persisted despite narcotic and steroid therapy. On the seventh morning, he suddenly developed marked hypotension. On examination there was marked distension of the jugular veins, accompanied with electromechanical dissociation, Most likely, the patient had developed -
	* 1. Severe acute mitral regurgitation)
		2. Ventricular septal rupture.
		3. Right ventricular infarction.
		4. \* External cardiac rupture.
		5. Internal cardiac rupture
79. A patient of 32 y.o. complains of severe weakness, tremor of extremities. Objective examination: body weight loss, wet and warm skin. The thyroid gland is enlarged up to the 3-rd degree, painless, elastic. Ps- 108/min. BP- 160/55 mm Hg. There are no other abnormalties. The diagnosis is:
	* 1. Chronic autoimmune thyroiditis, hypertrophic type
		2. Toxiferous adenoma of the thyroid gland
		3. \* Diffuse toxic goiter of the 3-rd degree, thyrotoxicosis of the average degree
		4. Diffuse euthyroid goiter of the 3-rd degree
		5. Chronic fibrous thyroiditis
80. A 34 y.o. patient has been suffering from pulmonary tuberculosis for 7 years; he complains of muscle feebleness, weight loss, diarrheas, increased frequency of urination. Objectively: hyperpigmentation of skin, gums, internal cheek surfaces. AP is 90/58 mm Hg. Blood count: erythrocutes - 3,1\*1012/L, Hb- 95 g/L, C.I.- 0,92; leukocytes - 9,4\*109/L, eosinophils - 7, segmentonuclear leukocytes - 45, stab neutrophils - 1, lymphocytes - 40, monocytes - 7, Na+- 115 mmole/L, К+- 7,3 mmole/L. What is the preliminary diagnosis?
	* 1. Primary hyperaldosteronism
		2. \* Primary insufficiency of adrenal cortex
		3. Congenital adrenal hyperplasia
		4. Pheochromocytoma
		5. Diabetes insipidus
81. A 49 y.o. female patient was admitted to the hospital with acute attacks of headache accompanied by pulsation in temples, AP rised up to 280/140 mm Hg. Pheochromocytoma is suspected. What mechanism of hypertensive atack does this patient have?
	* 1. Increasing of thyroxine excretion
		2. \* Increasing of catecholamines concentration
		3. Increasing of plasma renin activity
		4. Increasing of aldosterone level in blood
		5. Increasing of vasopressin excretion
82. A 23 y.o. woman who suffers from insulin-dependent diabetes was admitted to the acute care department with mental confusion, inadequate anxious behaviour, hyperhidrosis, excessive salivation, tachycardia. What examination will be a primary task?
	* 1. Plasma electrolytes test
		2. Blood urea and creatinine test
		3. \* Blood test for sugar
		4. Clinical blood analysis
		5. Gaseous composition of arterial blood
83. A 41-year-old woman complains of weakness, fatigue, fever up to 38°C, rash on the face skin, pain in the wrists and the elbows. On physical exam, erythematous rash on the cheeks with “butterfly” appearance, the wrists and elbow joints are involved symmetrically, swollen, tender on motions, friction rub over the lungs, the heart sounds are weak, regular, HR of 88/ minute, BP of 160/95 mm Hg. CBC shows anemia, leucopenia, lymphopenia; on urinalysis: proteinuria, leukocyturia, casts. What is the main mechanism of disease development?
	* 1. \* Production of antibodies to double-stranded DNA.
		2. Production of antibodies to myocytes.
		3. Production of antibodies to endothelial cells.
		4. Production of antibodies to myosin.
		5. Production of antimitochondrial antibodies.
84. A patient of 62 years with DM-2. Diabetes is being compensated by diet and Maninilum. Pаtient has to undergo an operation for inguinal hernia. What should be tactics of hypoglycemic therapy?
	* 1. \* Prescribe the drugs of an insulin of short activity
		2. Give Glurenorm in place of Maninilum.
		3. To continue with the current therapy
		4. Prescribe the drugs of insulin of long activity
		5. Prescribe guanyl guanidines
85. A 33-year-old lady has been suffering from DM for 5 years. The last 3 years she has taken more than 100 units of insulin per day. Body weight has increased up to 10 kg. Fasting blood glucose is 13 mmol /L, glucoseuria - 3\%. Generalized microangiopathy. By increasing the dose of insulin the parameters of glycemia do not change. The diagnosis is:
	* 1. \* DM 1st type, severe form, decompensation, insulin resistant
		2. DM 2nd type, severe form, decompensation
		3. DM 1st type, severe form, subcompensation, Somoji phenomenon
		4. DM 2nd type, moderate form, Zabrodi phenomenon
		5. DM 1st type, severe form, decompensation, allergic response on insulin
86. Interpret GTT. Glycemia: I trial – 5,3 mMol/l, II trial – 8,2 mMol/l, III trial – 4,8 mMol/l
	* 1. \* Normal
		2. Impairment of carbohydrate tolerance
		3. Diabetes mellitus
		4. Necessary to repeat test
		5. Necessary to order additional laboratory tests.
87. A female patient 28 years old, became depressed, her mood is melancholic; this state is associated with hypobulia, hypokinesia, slow speed of thinking. Her attitude towards her past present and future is pessimistic. The pathogenetic mechanism of this state is supposed to involve dysfunction in the:
	* 1. \* Hypothalamus
		2. Frontal lobes
		3. Pituitary
		4. Hippocampus
		5. Corpus callosum
88. A female patient 28 years old, became depressed, her mood is melancholic; this state is associated with hypobulia, hypokinesia, slow speed of thinking. Her attitude towards her past present and future is pessimistic. The pathogenetic mechanism of this state is supposed to involve dysfunction in the:
	* 1. \* Hypothalamus
		2. Frontal lobes
		3. Pituitary
		4. Hippocampus
		5. Corpus callosum
89. A 48yr old obse diadetic with impariment of visin for 3 weeks .on examintaion he is found to show evidence of peripheral neuropathy and grade of II diabetic retinopathy.His blood pressure 160 to 250mm hg ,blood sugar 10to 250mg %,while taking 5mg glibenclamide 3 time daily ,urine examination shows sugar +urine ,ni ablumin excretion ans acteone .urine excretion druning 24hrs is 400mg.whch is following mangment is approprirate?
	* 1. \* Enalapril and insulin
		2. Phetenoforminand enalapril
		3. Nefidipine and phenoformin
		4. Nefidipine and insulin
		5. Insulin and phenoformin
90. A patient is noted to have paroxysmal episodes of hypertension,tremors,weakness and sweating.Physical examination reveals tachycardia and hypertension.The urinary catecholamines and their metabolites are elevated and a computerised tomography scan detects a mass within the adrenal gland.Which is the most likely
	* 1. \* Pheocromocytoma
		2. Cushing syndrome
		3. Conns disease
		4. Essential hypertension.Crisis conditions
		5. Cushing disease
91. If a 55year male presents with normotension, nephroticsyndrome, azotemia, collateral abdominal veins with upward flow and there is history of gross, painless haematuria 6 months back, the mostly likely diagnosis is
	* 1. \* Hypernephroma
		2. Amyloidosis
		3. Papillary necrosis
		4. Periarteritis
		5. Liver Cirrhosis
92. A 56 year old woman has an elevated serum calicum level of 12.2mg/dl.She has no history of any illness,or treatment associated with hypercalcemia.Which of the following studies would be most helpful in making diagnosis of primary hyperparathyriodism
	* 1. \* Serum para thyroid hormone
		2. Serum ionized calcium
		3. Serum phosphate
		4. CT scan of the neck
		5. 24 hrs urine calcium excretion
93. A 30y.o. patient complains of local pressing heartache, dyspnea during physical exercise, memory aggravation and constipation for 3 months. Menstruation is small. Objectively: Skin is dry and pale. T- 35.4 C. Expressive edema of face and limbs. Tones are dull, rhythmic. Ps – 52 bpm, AP – 90/60. Hemogram: RBC – 2.8T/l, Hb – 92G/l, ESR – 10 mm/hour. I2-absorbtion is15( in 24 hours. What medication would you prescribe to the patient?
	* 1. \* Thyroxin
		2. Mercazolin
		3. Digoxin
		4. Furosemid
		5. Ferroplex
94. A 33-year-old lady has been suffering from DM for 5 years. The last 3 years she has taken more than 100 units of insulin per day. Body weight has increased up to 10 kg. Fasting blood glucose is 13 mmol /L, glucoseuria - 3\%. Generalized microangiopathy. By increasing the dose of insulin the parameters of glycemia do not change.
	* 1. \* DM 1st type, severe form, decompensation, insulin resistant
		2. DM 2nd type, severe form, decompensation
		3. DM 1st type, severe form, subcompensation, Somoji phenomenon
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95. Interpret GTT. Glycemia: I trial – 5,3 mMol/l, II trial – 8,2 mMol/l, III trial – 4,8 mMol/l
	* 1. \* Normal
		2. Impairment of carbohydrate tolerance
		3. Diabetes mellitus
		4. Necessary to repeat test
		5. Necessary to order additional laboratory tests.
96. A 38 years old patient was urgently admitted to the hospital with complaints of sudden weakness, dizziness, loss of consciousness, body weight loss, , nausea, vomiting, severe pain in epigastric area, diarrhea, skin hyperpigmentation. What is the most probable diagnosis?
	* 1. \* Addisonic crisis
		2. Acute gastroenteritis
		3. Meningoencephalitis
		4. Scleroderma
		5. Pellagra
97. A 28 years old patient had used simple insulin for 2 years. Two days ago he started to use new scheme of therapy with Protaphan. Previous evening he was presented with sudden weakness, increased sweating, loss of consciousness. What is the most probable diagnosis?
	* 1. \* Hypoglycemic coma
		2. Hyperosmolar coma
		3. Uremic coma
		4. Ketoacidotic coma
		5. Stroke
98. A 26 years old patient was revealed on a street with the loss of conscioucness. He was admitted to the hospital with provisional diagnosis of alcoholic intoxication. Episodes of cramps were registered. The skin is dry, skeletal muscles tonus is increased. Pathological reflexes are positive. The smell from his mouth is normal. There are signs of injections on the abdomen and hips. Pulse 90 per min, BP 104/75 mmHg. What is the most probable
	* 1. \* Hypoglycemic coma
		2. Ketoacidotic coma
		3. Alcoholic coma
		4. Drugs intoxication
		5. Cerebral Hemorrhage
99. A 42 years old female complaints of nausea, frequent defecation, weakness, dizziness, body weight loss. Skin colour is similar to intensive tan. Hyperpigmentation is the greatest on joints, palms. BP 86/60 mmHg. What is necessary to be performed to define the cause of the disorder?
	* 1. \* Determination of urine 17-КS and 17- OHCS
		2. Hands X-ray
		3. Urinalysis
		4. Determination of urine catecholamines
		5. Determination of urine calcium
100. A 32 years old patient was presented with primary chronic adrenal insufficiency of moderate severity. How will be changed the level if 17-KS after the test with ACTH (synacthen)?
	* 1. \* No changes
		2. 50 \% increase
		3. 100 \% increase
		4. 50 \% decrease
		5. 100 \% decrease
101. A 33 years old female has diabetes mellitus for 5 years. She uses more than 100 insulin units per day for the last 6 months. Her body weight gained for 10 kg. Fasting glucose level is 13 mmol/l, daily urine glucose – 3 %. Generalized microangiopathy. Hypoglycemia was reported after attempts of insulin dosage increase. What is the
	* 1. \* Insulin resistance
		2. Dawn phenomenon
		3. Diabetic nephropathy
		4. Diabetic neuropathy
		5. Insulin allergy
102. A 67 years old female with diabetes mellitus type 2 presents with severe pain and soreness of the legs, most of all of hips. The touch is extremely painful. What is the most probable diagnosis ?
	* 1. \* Diabetic acute painful neuropathy
		2. Autonomic neuropathy
		3. Central chronic neuropathy
		4. Radiculoneuropathy
		5. Asthenic syndrome
103. A patient was admitted with the loss of consciousness. He has history of diabetes mellitus type 1 for 12 years and acute gastroenteritis during the last week. There are dry skin, soft eyeballs, shallow breathing, no acetone smell. What is the most probable coma?
	* 1. \* Hyperosmolar
		2. Hyperlactacidotic
		3. Ketoacidotic
		4. Hypoglycemic
		5. Alcoholic
104. A patient presents with the loss of consciousness, dry hot skin, facial hyperemia, Kussmaul’s breathing, acetone smell. Blood gluse level - 33 mmol/l. Ketoacidotic coma was diagnosed. What is to be done first of all ?
	* 1. \* Intravenous insulin injection
		2. Intravenous injection of glucose
		3. Intravenous injection of glutamic acid
		4. Intravenous injection of sodium chlorine solution
		5. Hydrocortisone + thyrotropin
105. An unconscious patient presents with moist skin, shallow breathing. There are signs of previous injection on the shoulders and hips. BP 110/70 mmHg. Tonus of skeletal muscles and relexes are increased. Cramps of muscles of the extremities are seen. What is the most likely disorder?
	* 1. \* Hypoglycemic coma
		2. Hyperglycemic coma
		3. Hyperosmolar coma
		4. Hyperlactacidotic coma
		5. Stroke
106. A young hypertensive patient has serum K+ 2.8 meq/L and aldosterone level with 1 ed plasma rennin activity. The likely cause is/are -
	* 1. Renal artery stenosis
		2. Ectopic ACTH syndrome
		3. Diuretic therapy
		4. \* Conn's syndrome
		5. Liddle's syndrome
107. Lalloo, 50 years old, a chronic smoker, presents with history of hemoptysis. He was having truncal obesity and hypertension. He had an elevated ACTH level which was not suppressible with high dose dexamethasone. What would be the most probable diagnosis
	* 1. Bilateral adrenal hyperplasia
		2. Adrenal adenoma
		3. Pituitary tumour
		4. \* Ectopic ACTH producing lung cancer
		5. Tumor of pancreas
108. 67-year-old man with chronic obstructive pulmonary disease is evaluated because of chronic dyspnea, minimally productive cough, and limited exercise tolerance. He thinks his dyspnea on exertion has worsened. He stopped smoking cigarettes 8 years ago and is currently using an ipratropium inhaler four times per day and salmeterol discus twice per day. His body mass index, which 6 months ago was 21, is now 19. On physical examination, he is afebrile, his pulse rate is 94/min and regular, and respiration rate is 20/min. His breathing is unlabored at rest. He has signs of chest hyperinflation and decreased breath sounds without wheezing. He has no peripheral edema. The remainder of his examination is normal; results of a fecal occult blood test are negative. Baseline spirometry is unchanged. Forced expiratory volume in 1 sec (FEV1) 35% of predicted Forced vital capacity (FVC) 85% of predicted FEV1/FVC ratio50% PO2 62 mm Hg PCO2 45 mm Hg pH 7.38 (with the patient breathing room air) Chest radiograph reveals only hyperinflation. What is the best way to manage this patient’s weight loss?
	* 1. \* Refer him for pulmonary rehabilitation with exercise and nutritional counseling.
		2. Provide dietary instructions to increase his caloric intake.
		3. Treat him with anabolic steroids
		4. Prescribe oxygen supplementation to improve his oxygen consumption.
		5. Add inhaled corticosteroids to his medical regimen.
109. 68-year-old man with severe chronic obstructive pulmonary disease (forced expiratory volume in 1 sec 32% of predicted) is evaluated because of severe dyspnea and the inability to carry out his activities of daily living. He is on maximal bronchodilator and oxygen therapy. Which of the following might pulmonary rehabilitation improve?
	* 1. \* Exercise tolerance
		2. Forced expiratory volume in 1 sec
		3. Oxygenation
		4. Survival
110. A 22-yr-old barman presents with a dry cough of sudden onset. He complains of a chest pain and rusty sputum. He also has a very high fever, rapid breathing, cyanosis and crepitations. Pneumonia was suspected. What is the nesessary method of investigation?
	* 1. \* Chest X-ray
		2. Spirography
		3. Ultrasound examination
		4. General blood analysis
		5. Sputum analysis
111. A 22-yr-old barman presents with a dry cough of sudden onset. He complains of a chest pain and rusty sputum. He also has a very high fever, rapid breathing, cyanosis and crepitations. Pneumonia was suspected. What is the most nesessary method of investigation?
	* 1. \* X-ray
		2. Spirography
		3. Analysis of sputum
		4. General blood analysis
		5. General urine analysis
112. A 24-yr-old car mechanic is brought to casualty by his girlfriend. She describes a 2-day history of rigors, sweats and intermittent confusion. On examination he is agitated, sweaty and pyrexial with 38.6° C. He is hyperventilating and cyanosed despite receiving O2 by face mask. There is dullness to percussion and bronchial breathing at the left lung basse. What method of investigation is nesessary?
	* 1. \* Chest X-ray
		2. Spiral CT with contrast
		3. Arterial blood gases
		4. Blood count and film
		5. Urea and electrolytes
113. A 28 years old patient, complaints on cough with small amount of colourless sputum, pain in the right half of thorax during breathing, shortness of breath, increase of temperature to 39 °С. Felt ill rapidly. Used aspirin. Objectively: herpes on lips. In lower lobe of right lung there is dull percussion sound, bronchial breathing. X-ray: there is homogeneous infiltration of right lower lobe. What is the most possible etiology of pneumonia?
	* 1. \* Pneumococcus
		2. Staphylococcus
		3. Mycoplasma
		4. Legionella
		5. Klebsiella
114. A 30 year old man had road traffic accident and sustained fracture of femur. Two days later he developed sudden breathlessness. The most probable cause can be:
	* 1. Pneumonia.
		2. Congestive heart failure.
		3. Bronchial asthma.
		4. \* Fat Embolism.
		5. Acute bronchitis.
115. A 35-yr-old accountant presents with a chronic cough, dyspnoea and wheezing. He produces copious sputum. His arterial carbon dioxide is low and his arterial oxygen is normal. X-ray: high pneumatization of lungs. What is your diagnosis?
	* 1. \* Emphysema
		2. Bronchogenic carcinoma
		3. Pulmonary embolism
		4. Pneumonia
		5. Tuberculosis
116. A 37-year-old man with asthma is evaluated because he continues to have frequent attacks and now feels his short-acting ? -agonist is not providing relief. He states he is using his medications, including a long-acting ? -agonist inhaler, inhaled high-dose corticosteroids, and a short-acting ?-agonist inhaler as rescue medication. He has symptoms daily and nocturnal symptoms about twice per week. On physical examination, he is in mild respiratory distress. He is afebrile. Pulse rate is 90/min and regular, respiration rate is 18/min, and blood pressure is 140/85 mm Hg. He has bilateral wheezing. Spirometry shows a forced expiratory volume in 1 sec (FEV1) 65% of predicted; it improves with bronchodilators to 85% of predicted. He has no history of recent viral upper respiratory infections or rhinitis or symptoms of gastroesophageal reflux disease. Which of the following is the best next step in this patients management?
	* 1. \* Observe the patient using the metered-dose inhaler.
		2. Add a leukotriene inhibitor
		3. Switch to an oral ? -agonist and have the patient return for a pill count
		4. Initiate oral prednisone therapy and have the patient return for a pill count
		5. Have the patient return with a symptom and treatment log.
117. A 27-year-old male is presented to the health center because of abdominal pain in right upper part, generalized pruritus and jaundice for last 3 days. He says that the pain started to disturb him gradually and often awake him early in the morning. His past medical history is pertinent for ulcerative colitis. Although he has not taken any medication for last 4 years. His temperature is 39.2°C and physical examination revealed pain in the right subcostal region with deep inspiration and generalized jaundice. What is the most serious complication of the such disease?
	* 1. Perforation of rectum.
		2. Perforation of stomach wall.
		3. Infarction of small bowel.
		4. \* Cholangiocarcinoma.
		5. Pancreatic pseudocyst formation.
118. A 38 years old patient, who drunk a lot of alcohol, has severe pneumonia. His condition was worsened, the temperature of body rose to 39-40 °С, an unpleasant smell appeared from a mouth, increased amount of purulent sputum; increased ESR and amount of band leucocytes. On the X-ray - in the lower lobe of right lung there is massive infiltration with light area in a center. What complication is it necessary to suspect?
	* 1. \* Acute pulmonary abscess
		2. Bronchiectasis
		3. Infarction-pneumonia
		4. Gangrene of lungs
		5. Empyema of pleura
119. A 40-year-old woman, a nurse, is evaluated because of worsening asthma symptoms. She has had mild, intermittent asthma since college, for which she has been using an albuterol inhaler as needed, usually less than once a month. During the past 3 months, she has experienced cough, tightness of the chest, and wheezing, which improve after the use of inhaled albuterol. She uses the inhaler twice a day on average and has awakened at least twice a week with nocturnal cough. She works three consecutive 12-hour day shifts, and the cough is regularly worse at the end of each shift. During her days off, she has fewer asthma symptoms and feels significantly better by the time she returns to work. She has a history of allergic rhinitis that has also recently become more symptomatic. Approximately 6 months ago, she acquired a kitten that sleeps in the bedroom. She has lived in her home for 6 years, and it is carpeted and has heavy draperies. Chest examination is notable for good air entry. There are scattered end-expiratory wheezes. In addition to treatment with inhaled corticosteroids, which of the following interventions is most likely to benefit this patient?
	* 1. \* Avoiding exposure to latex products
		2. Treatment with an oral antihistamine
		3. Getting rid of the kitten
		4. Removing the carpets and draperies from her home
		5. Treatment with a leukotriene-modifying drug
120. A 45-year-old man is evaluated because of a 6-month history of progressive left shoulder pain, which has not responded to nonsteroidal medications. He also has anorexia of recent onset, with a 2.3-kg (5-Ib) weight loss. He currently smokes 2 packs of cigarettes per day and has a 60-pack-year smoking history. On physical examination, he is in mild distress. He is afebrile; pulse rate is 80/min and regular, respiration rate is 14/min, and blood pressure is 120/65 mm Hg. Musculoskeletal examination shows no abnormalities, and he has normal strength and range of motion in his left arm and shoulder. Radiograph of his left shoulder shows no abnormalities, but radiography of his chest shows a mass in the left apex. CT scan of the chest confirms a posterior left upper lobe mass, which appears to be abutting the vertebral bodies. All mediastinal nodes are
	* 1. \* MRI of the chest
		2. HRCT scan of the left upper lobe
		3. Resection of the mass
		4. CT scan of the brain
		5. Radionuclide bone scan
121. A 46-year-old woman who works as a nurse is evaluated because of a 2-year history of episodic wheezing and a squeaky voice.” This past spring, her symptoms worsened, requiring her to seek medical attention; she was placed on a short-acting ? -agonist that did not provide much relief. She has no history of wheezing and says that these changes began after a severe influenza infection 3 years ago. Currently she feels well and has had no symptoms for several months; she is not taking any medications. Physical examination shows no abnormalities, and baseline spirometry is normal. What is the best test to evaluate this patients condition?
	* 1. \* Methacholine challenge testing
		2. Bronchoscopy to evaluate her trachea
		3. Exercise echocardiogram
		4. CT scan of the sinuses
122. A 48 years old patient, complaints on weakness, dyspnea, pain in the left half of thorax, permanent cough with viscid sputum, in which particles of blood are sometimes determined. For the last 3 months lost 5 kg of body mass. On the X-ray of lungs there is total homogeneous shade is determined from the left side. Organs of mediastinum are displaced to the left. What diagnosis is possible?
	* 1. \* Lung athelectasis
		2. Lungs gangrene
		3. Total exudative pleurisy
		4. Pneumonia
		5. Empyema of pleura.
123. A 50-yr-old women is too breathless to speak. Her pulse is 100/min respiratory rate 28/min and PEFR is 200 l/min. Examination reveals dry and moist rales and CXR shows pneumosclerosis. What is the best method of investigation to find severity of obstruction?
	* 1. \* Spirography
		2. Chest X-ray
		3. Ultrasound examination
		4. General blood analysis
		5. Sputum analysis
124. A 53-year-old woman with a history of mild persistent asthma is evaluated because of a recent increase in her symptoms, with dyspnea and cough occurring daily and a cough that awakens her once a week. She is currently using low-dose inhaled corticosteroids. She has no symptoms of rhinitis or gastroesophageal reflux. On physical examination, she has intermittent wheezing bilaterally. Which of the following is the most appropriate change in her therapy?
	* 1. \* Add a long-acting ? -agonist
		2. Initiate azithromycin therapy
		3. Add a nebulized short-acting ? -agonist
		4. Add inhaled ipratropium bromide
		5. Add a leukotriene inhibitor.
125. A 53-yr-old smoker with chronic cough and copious yellow sputum presents in a state of agitation. He is confused. His pulse is bounding. He has a terrible headache and you find papilloedema on fundoscopy. What is the cause?
	* 1. \* Emphysema
		2. Bronchogenic carcinoma
		3. Pneumonia
		4. Respiratory failure
		5. Bronchial asthma
126. A 53-yr-old smoker with chronic cough and copious yellow sputum presents in a state of agitation. He is confused. His pulse is bounding. He has a terrible headache and you find papilloedema on fundoscopy. What may be founded on chest X-ray?
	* 1. \* Signs of fibrosis and hyperpneumatization
		2. Infiltration
		3. Round shadow
		4. Round shadow with horizontal level of fluid
		5. Signs of fibrosis and local infiltration
127. A 55-year-old man is evaluated in the emergency department because of a 5-day history of increased dyspnea and cough productive of yellow-green mucus. Nine months ago, he required prolonged mechanical ventilation for an exacerbation of chronic obstructive pulmonary disease. His medical history includes hypertension. On recent pulmonary function testing, the forced expiratory volume in 1 sec (FEV1) was 38% of predicted. His temperature is 38.1 C (100.5 F), pulse rate is 135/min and irregular, respiration rate is 25/min, and blood pressure is 90/65 mm Hg. He is mildly lethargic but arousable and oriented. He has a weak cough with pooling of secretions in the oral cavity and hypopharynx. Electrocardiogram demonstrates multifocal atrial tachycardia. Chest examination reveals accessory muscle use, coarse rhonchi, and decreased breath sounds at the right base. Leukocyte count is 1 7,000/?L. Chest radiograph shows right lower lobe consolidation. With the patient breathing 4 L oxygen, arterial blood gases show a FO2 of 50 mm Hg, a PCO2 of 65 mm Hg, and a pH of 7.25. Therapy with methylprednisolone sodium succinate, 125mg intravenously every 6 h, is intiated, along with nebulized albuterol and ipratropium bromide every 4 h, and azithromycin, 500 mg administered intravenously daily. Which of the following is the most appropriate additional management?
	* 1. \* Intubate and begin mechanical ventilation.
		2. Initiate mucloytic therapy, chest physiotherapy, and oral-tracheal suctioning
		3. Administer a helium-oxygen mixture of 70%:30%, delivered by face mask.
		4. Initiate bilevel noninvasive positive-pressure ventilation by face mask
		5. Administer 40% oxygen by Venturi mask
128. A 38-year-old man who works as a reporter for a travel magazine came to his physician because of the acute onset of jaundice, malaise and temperatures to 38.5°С. He has returned from Burma 2 weeks ago where he spent 4 weeks. He says that he abstains from alcohol beverages and does not take any medications. Laboratory studies show elevated serum aminotransferases, high bilirubin (both indirect and direct) and negative serology markers for hepatitis A virus (HAV) and С virus (HCV) infection. He was vaccinated for hepatitis В virus (HBV) 3 years ago. Now he has positive for anti-HBsAg antibodies. Which of the following serologic markers should be tested as the most appropriate for establishing the diagnosis?
	* 1. Anti-HCV IgG antibodies by RIBA.
		2. Anti-HDV IgG antibodies.
		3. \* Anti-HEV IgM antibodies.
		4. Anti-HGV IgG antibodies.
		5. HbsAg.
129. A 55-year-old man is evaluated in the emergency department because of an acute, severe asthma attack; he is hospitalized in the intensive care unit for aggressive medical therapy and monitoring. He is expectorating thick greenish sputum. His medical history includes hypertension, cholecystectomy, and glaucoma. Chest radiograph reveals hyperinflation only. Medical therapy in the emergency department included repeated doses of aerosolized albuterol and ipratropium, as well as methylprednisolone, 125mg administered intravenously. Peak expiratory flow rate is unimproved at 80 L/min. Which of the following is the most appropriate next step in this patient’s management?
	* 1. \* Intravenous magnesium sulfate
		2. Nebulized ipratropium bromide administered by face mask
		3. Broad-spectrum antibiotics targeting community-acquired respiratory pathogens
		4. Inhaled corticosteroids
130. A 55-yr-old smoker with a long history of recurrent chest infection presents with haemoptysis and greenish sputum. On examination he has clubbing and coarse crepitations over the bases of both lungs. What is the cause?
	* 1. \* Bronchiectasis
		2. Pulmonary infarction
		3. Bronchogenic carcinoma
		4. Pneumonia
		5. Foreign body inhalation
131. A 56-yr-old man wheezes and coughs. He has tried to give up smoking, but he finds it very difficult. He is thin and healthy looking with a rounded chest. His breathing is noisy. His cough is unproductive. What method of investigation is not useful?
	* 1. \* Ultrasound examination
		2. Chest X-ray
		3. Spirography
		4. General blood analysis
		5. Sputum analysis
132. A 56-yr-old man wheezes and coughs. He has tried to give up smoking, but he finds it very difficult. He is thin and healthy looking with a rounded chest. His breathing is noisy. His cough is unproductive. What treatment has to be prescribed?
	* 1. \* Salbutamol
		2. Amoxycillin
		3. Prednisolone
		4. ACC
		5. Bronchial lavage
133. A 56-yr-old man wheezes and coughs. He has tried to give up smoking, but he finds it very difficult. He is thin and healthy looking with a rounded chest. His breathing is noisy. His cough is unproductive. What is the previous diagnosis?
	* 1. \* Emphysema
		2. Bronchogenic carcinoma
		3. Pneumonia
		4. Asthma
		5. Bronchitis
134. A 57-year-old man with advanced chronic obstructive pulmonary disease (COPD) and systemic hypertension is evaluated because of a 6-day history of productive cough and shortness of breath. He uses inhaled albuterol and ipratropium bromide, a long-acting theophylline preparation, and lisinopril. He uses supplemental oxygen at night and during ambulation. Ciprofloxacin is prescribed for an exacerbation of CO PD. Three days later, having had nausea for a day, the man is brought to the emergency department after he is found nearly unconscious. Arterial oxygen saturation is 89%, with the patient breathing room air. Electrocardiogram shows normal sinus rhythm with nonspecific ST-T changes in the lateral chest leads. Which of the following is likely to have interacted with ciprofloxacin and caused the symptoms that brought the man to the emergency department?
	* 1. \* Theophylline
		2. Albuterol
		3. Ipratropium bromide
		4. Lisinopril
		5. Oxygen
135. A 57-year-old man with severe persistent asthma is evaluated on routine follow-up. He states that his asthma has been under good control for the last 3 months on high-dose inhaled corticosteroids and a long-acting ? -agonist. He uses a short-acting ? -agonist only three times per week as a rescue medication, and he has nocturnal symptoms very rarely. Peak expiratory flows have been stable. His physical examination is normal, including clear breath sounds, and spirometry is normal. It is decided that he will keep using the short-acting ? -agonist as a rescue medication. Which of the following is the best next step in this patient’s management?
	* 1. \* Continue the long-acting ? -agonist and decrease the dose of inhaled corticosteroid
		2. Stop the long-acting ? -agonist and decrease the dose of inhaled corticosteroid.
		3. Continue current therapy and have the patient return in 6 months.
		4. Stop the long-acting ? -agonist and maintain the dose of inhaled corticosteroid
136. A 40-year-old male with long-standing alcohol abuse complains on abdominal swelling which has been progressive course during last several months. He has a history of gastrointestinal bleeding. On physical examination there are spider angiomas and palmar erythema. Abdominal collateral vessels are seen around the umbilicus. The shifting dullness and bulging flanks are noted. What is the important investigation for such patient?
	* 1. \* Diagnostic paracentesis.
		2. UGI series.
		3. Ethanol level.
		4. CT scan.
		5. Esophagogastroduodenoscopy.
137. A 59-year-old man with advanced chronic obstructive pulmonary disease is evaluated because of a daily cough productive of white or yellow sputum, dyspnea after climbing one flight of stairs, and a recent 4.5-kg (10-Ib) weight loss with no associated change in appetite or food intake. The patient stopped smoking 4 years ago. On physical examination, he has diminished breath sounds throughout all lung fields. Arterial oxygen saturation measured by pulse oximetry with the patient at rest, breathing room air, is 87%. Chest radiograph suggests hyperinflation of the lungs but shows no pulmonary infiltrates or abnormalities of the cardiac silhouette. Pulmonary function studies show a forced expiratory volume in 1 sec (FEy1) 39% of predicted and forced vital capacity (FVC) 78% of predicted. Which of the following may prolong life in this patient?
	* 1. \* Supplemental oxygen
		2. Albuterol
		3. Ipratropium bromide
		4. Theophylline
138. A 40-year-old white female complains on pruritus. She has an elevated alkaline phosphatase and positive antimitochondrial antibody test. What is the most prabable disease does this woman has?
	* 1. \* Primary biliary cirrhosis.
		2. Sclerosing cholangitis.
		3. Anaerobic liver abscess.
		4. Hepatoma.
		5. Hepatitis C.
139. A 40-year-old white female complains on pruritus. She has an elevated alkaline phosphatase and positive antimitochondrial antibody test. What is the most probable disease does this woman has?
	* 1. \* Primary biliary cirrhosis.
		2. Sclerosing cholangitis.
		3. Anaerobic liver abscess.
		4. Hepatitis D.
		5. Hemochromatosis.
140. 32-year-old IV drug user presents complaining of fevers, hemoptysis, and pleuritic chest pain over the preceding 2 weeks. On physical examination, his temperature is 38.2°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. What is the most likely diagnosis?
	* 1. Pneumonia
		2. Viral syndrome
		3. \* Infective endocarditis
		4. Pericarditis
		5. Congenital cardiac shunt
141. 33-year-old male was diagnosed with heart failure 2 years ago. His symptoms worsened over the past 3 months and he was hospitalized with an acute decompensation 6 weeks ago. He was discharged on therapy with lisinopril, 20 mg daily, furosemide, 80 mg twice daily, carvedilol, 3.125 mg twice daily, and potassium supplementation. In the 6 weeks since discharge his carvedilol dose was titrated to 25 mg twice daily. He currently can walk one block before dyspnea and notes no orthopnea and trace lower extremity edema. His blood pressure is 125/65 mm Hg and his heart rate is 78/min. He has a regular rhythm, a 2/4 holosystolic murmur at the apex, and no S3. Laboratory data are normal. The most likely EchoCG changes are:
	* 1. \* Dilated chambers
		2. Hypertrophy of VS
		3. Constrictive pericarditis
		4. his left ventricular ejection fraction of 65%
		5. Pericardial effusion
142. 60 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37В°C. Which investigation you will do to cofirm the diagnosis?
	* 1. \* Echocardiograghy
		2. ECG
		3. Chest X-ray
		4. Biochemical blood anylisis
		5. ASLO titre
143. 64 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37В°C. Which diagnosis do you suspect?
	* 1. \* infective endocarditis
		2. rheumatic fever
		3. pyelonephritis
		4. myocarditis
		5. pneumonia
144. 65 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37В°C. Which investigation you will do to cofirm the diagnosis?
	* 1. \* Echocardiograghy
		2. ECG
		3. Chest X-ray
		4. Biochemical blood anylisis
		5. ASLO titre
145. 68 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37В°C. Which diagnosis do you suspect?
	* 1. \* infective endocarditis
		2. rheumatic fever
		3. pyelonephritis
		4. myocarditis
		5. pneumonia
146. 70 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37°C. Which investigation you will do to cofirm the diagnosis?
	* 1. \* Echocardiograghy
		2. ECG
		3. Chest X-ray
		4. Biochemical blood anylisis
		5. ASLO titre
147. 69 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37°C. Which investigation you will do to cofirm the diagnosis?
	* 1. \* Echocardiograghy
		2. ECG
		3. Chest X-ray
		4. Biochemical blood anylisis
		5. ASLO titre
148. 70 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37°C. Which investigation you will do to confirm the diagnosis?
	* 1. ECG
		2. Chest X-ray
		3. \* Echocardiograghy
		4. Biochemical blood anylisis
		5. ASLO titre
149. A 11-year-old girl is evaluated for a fever and joint pains. Three weeks earlier, she had a sore throat that resolved without treatment. Four days ago, she developed pain and swelling of the right ankle and the right elbow. Today she complains of pain and swelling of the left knee. Physical examination reveals a temperature of 101В°F and an HR of 110. A soft HSM and an S3 are audible at the cardiac apex. The left knee is erythematous and tender; it has an effusion. Laboratory evaluation demonstrates an elevated antistreptococcal antibody. You make the clinical diagnosis of acute rheumatic fever. In regard to this patient, which of the following statements is true?
	* 1. \* She should receive benzathine PCN every 3 weeks until she is 25 years old.
		2. Blood cultures are likely to be positive for group A streptococci.
		3. Cardiac examination is also likely to disclose an OS and a low-pitched middiastolic murmur at the cardiac apex.
		4. Acute antibiotic treatment is not required, as the patient's sore throat has resolved.
		5. She may have residual deformity of her left knee.
150. A 12-year-old boy residing with his parents on a military base presents with a fever of 38.9 В° C and complains of lower back, knee, and wrist pain. The arthritis is not localized to any one joint. He gives a history of a severe sore throat several weeks earlier. Physical examination of the skin reveals pea-sized swellings over the elbows and wrists. He also has two serpiginous, erythematous pink areas on the anterior trunk, each about 5 cm in diameter. Laboratory investigation includes negative blood cultures, negative throat cultures, normal CBC, and erythrocyte sedimentation rate (ESR) of 100. An antistreptolysin- O (ASO) titer is elevated. This point, appropriate therapy would consist of
	* 1. \* parenteral penicillin and aspirin
		2. supportive care alone
		3. parenteral penicillin
		4. parenteral penicillin and glucocorticoids
		5. parenteral penicillin, aspirin, and diazepam
151. A 15-year-old boy residing with his parents on a military base presents with a fever of 38.6 ° C and complains of lower back, knee, and wrist pain. The arthritis is not localized to any one joint. He gives a history of a severe sore throat several weeks earlier. Physical examination of the skin reveals pea-sized swellings over the elbows and wrists. He also has two serpiginous, erythematous pink areas on the anterior trunk, each about 5 cm in diameter. Laboratory investigation includes negative blood cultures, negative throat cultures, normal CBC, and erythrocyte sedimentation rate (ESR) of 100. An antistreptolysin- O (ASO) titer is elevated. This point, appropriate therapy would consist of
	* 1. \* parenteral penicillin and aspirin
		2. supportive care alone
		3. parenteral penicillin
		4. parenteral penicillin and glucocorticoids
		5. parenteral penicillin, aspirin, and diazepam
152. A 15-year-old girl is evaluated for a fever and joint pains. Three weeks earlier, she had a sore throat that resolved without treatment. Four days ago, she developed pain and swelling of the right ankle and the right elbow. Today she complains of pain and swelling of the left knee. Physical examination reveals a temperature of 101°F and an HR of 110. A soft HSM and an S3 are audible at the cardiac apex. The left knee is erythematous and tender; it has an effusion. Laboratory evaluation demonstrates an elevated antistreptococcal antibody. You make the clinical diagnosis of acute rheumatic fever. In regard to this patient, which of the following statements is true?
	* 1. \* She should receive benzathine PCN every 3 weeks until she is 25 years old.
		2. Blood cultures are likely to be positive for group A streptococci.
		3. Cardiac examination is also likely to disclose an OS and a low-pitched middiastolic murmur at the cardiac apex.
		4. Acute antibiotic treatment is not required, as the patient's sore throat has resolved.
		5. She may have residual deformity of her left knee.
153. A 35-year-old IV drug user presents complaining of fevers, hemoptysis over the preceding 2 weeks. On physical examination, his temperature is 38.2°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus and echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. Which of the following is the strongest indication to consider valve replacement surgery in the patient?
	* 1. \* Progressive congestive heart failure (CHF)
		2. Hematuria
		3. Positive cultures for Staphilococcus aureus on the second day of therapy
		4. Splinter hemorrhages and Osler’s nodes
		5. Splenomegaly
154. A 25-year-old IV drug user presents complaining of fevers, hemoptysis over the preceding 2 weeks. On physical examination, his temperature is 38.2В°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus and echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. Which of the following is the strongest indication to consider valve replacement surgery in the patient?
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		2. Hematuria
		3. Positive cultures for Staphilococcus aureus on the second day of therapy
		4. Splinter hemorrhages and OslerвЂ™s nodes
		5. Splenomegaly
155. A 25-year-old IV drug user presents complaining of fevers, hemoptysis, and pleuritic chest pain over the preceding 2 weeks. On physical examination, his temperature is 38.2В°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus and echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. He is started on IV antibiotic therapy with nafcillin. Despite 2 weeks of appropriate antibiotic therapy, he continues to have intermittent fevers and has developed a grade 2/6 pansystolic murmur along his left sternal border as well as a first-degree AV block on his ECG. His repeat blood cultures remain positive for S. aureus.\n Which diagnostic test is most appropriate at this time?
	* 1. \* TEE
		2. Electrophysiologic study
		3. TTE
		4. Bronchoscopy
		5. Cardiac catheterization
156. A 32-year-old IV drug user presents complaining of fevers, hemoptysis, and pleuritic chest pain over the preceding 2 weeks. On physical examination, his temperature is 38.2°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. What is the most likely diagnosis?
	* 1. \* Infective endocarditis
		2. Pneumonia
		3. Viral syndrome
		4. Pericarditis
		5. Congenital cardiac shunt
157. A 35-year-old construction worker reports having had fevers and chills for several days. Examination reveals a temperature of 102°F, HR of 110 bpm, and BP of 120/85 mm Hg. His teeth are in poor condition. His lungs are clear, and cardiac examination is unremarkable. Blood cultures are drawn and grow Streptococcus viridans. He is diagnosed with SBE. Despite antibiotics, the patient continues to have persistent fever and develops acute dyspnea on the fifth hospital day. Physical examination is likely to reveal:
	* 1. \* An HSM at the apex
		2. An early-peaking, crescendo-decrescendo murmur at the upper sternal border
		3. Weak and delayed carotid upstrokes
		4. An apical middiastolic murmur with presystolic accentuation and an OS
		5. A three-component pericardial friction rub
158. A 47-year-old construction worker reports having had fevers and chills for several days. Examination reveals a temperature of 102°F, HR of 110 bpm, and BP of 120/85 mm Hg. His teeth are in poor condition. His lungs are clear, and cardiac examination is unremarkable. Blood cultures are drawn and grow Streptococcus viridans. He is diagnosed with SBE. Despite antibiotics, the patient continues to have persistent fever and develops acute dyspnea on the fifth hospital day. Physical examination is likely to reveal:
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		3. Weak and delayed carotid upstrokes
		4. An apical middiastolic murmur with presystolic accentuation and an OS
		5. A three-component pericardial friction rub
160. A 35-year-old woman comes to your office for the first time. A cardiologist in another city told her that she has mitral valve prolapse and therefore needs to take antibiotics prior to dental procedures. A copy of her echocardiogram report states that she has Doppler-demonstrated mitral regurgitation. She will have a tooth extracted in 4 days and asks for a 2-day supply of clindamycin, which she was given previously. She states that she is allergic to penicillin. According to current guidelines from the American Heart Association, which of the following is most appropriate for prophylaxis prior to this patients dental procedure? Tell her that she does not need prophylaxis for this procedure
	* 1. \* Prescribe a single 600-mg dose of clindamycin to be taken 1 hour before the procedure
		2. Prescribe a 2-day course of cephalexin to start 30 minutes before the procedure
		3. Prescribe a 7-day course of cephalexin to start today
		4. Prescribe a 2-day course of clindamycin to start 30 minutes before the procedure
		5. Prescribe a 1-day course of cephalexin to start 30 minutes before the procedure
161. A 29 year-old woman comes to your office for the first time. A cardiologist in another city told her that she has mitral valve prolapse and therefore needs to take antibiotics prior to dental procedures. A copy of her echocardiogram report states that she has Doppler-demonstrated mitral regurgitation. She will have a tooth extracted in 4 days and asks for a 2-day supply of clindamycin, which she was given previously. She states that she is allergic to penicillin. According to current guidelines from the American Heart Association, which of the following is most appropriate for prophylaxis prior to this patients dental procedure? Tell her that she does not need prophylaxis for this procedure?
	* 1. \* Prescribe a single 600-mg dose of clindamycin to be taken 1 hour before the procedure
		2. Prescribe a 2-day course of cephalexin to start 30 minutes before the procedure
		3. Prescribe a 7-day course of cephalexin to start today
		4. Prescribe a 2-day course of clindamycin to start 30 minutes before the procedure
		5. Prescribe a 7-day course of clindamycin to start 30 minutes before the procedure
162. A 35-year-old woman who emmigrated to the United States is referred to you by her gynecologist for evaluation of hypertension that was noted 1 week ago, when she sought an evaluation for infertility. She was first told that she had hypertension at 20 years of age, but did not follow up with a physician until recently. On your advice, her gynecologist initiated treatment with amlodipine, 5 mg, after obtaining a blood pressure of 200/100 mm Hg. The patient has frequent headaches and also has cold feet and leg cramping when she walks long distances. Physical examination shows blood pressure of 160/90 mm Hg in the left arm while sitting and heart rate of 70/min. Jugular venous pressure is normal. Carotid pulses are brisk bilaterally. Cardiac examination shows a sustained apical impulse. S1 is normal and S2 is physiologically split. An early systolic ejection sound is noted, and an early peaking murmur is noted at the second right intercostal space. A short diastolic murmur is audible along the left sternal border. Lungs are clear to auscultation. Electrocardiogram shows left ventricular hypertrophy. Findings on urinalysis are normal. Which of the following is the most appropriate next step in the evaluation of this patient?
	* 1. \* Measure the blood pressure in the lower extremities.
		2. Measure serum thyroid-stimulating hormone.
		3. Order an echocardiogram
		4. . Order a 24-hour urine test for metanephrine and vanillylmandelic acid.
		5. Obtain a chest radiograph
163. A 39-year-old woman is referred to you by her gynecologist for evaluation of hypertension that was noted 1 week ago, when she sought an evaluation for infertility. She was first told that she had hypertension at 20 years of age, but did not follow up with a physician until recently. On your advice, her gynecologist initiated treatment with amlodipine, 5 mg, after obtaining a blood pressure of 200/100 mm Hg. The patient has frequent headaches and also has cold feet and leg cramping when she walks long distances. Physical examination shows blood pressure of 160/90 mm Hg in the left arm while sitting and heart rate of 70/min. Jugular venous pressure is normal. Carotid pulses are brisk bilaterally. Cardiac examination shows a sustained apical impulse. S1 is normal and S2 is physiologically split. An early systolic ejection sound is noted, and an early peaking murmur is noted at the second right intercostal space. A short diastolic murmur is audible along the left sternal border. Lungs are clear to auscultation. Electrocardiogram shows left ventricular hypertrophy. Findings on urinalysis are normal. Which of the following is the most appropriate next step in the evaluation of this patient?
	* 1. Measure serum thyroid-stimulating hormone.
		2. \* Measure the blood pressure in the lower extremities.
		3. Order an echocardiogram.
		4. Order a 24-hour urine test for metanephrine and vanillylmandelic acid.
		5. Obtain a chest radiograph.
164. A 42-year-old man is transferred to the intensive care unit because of abrupt onset of hypotension and hypoxemia. He was admitted to the hospital earlier in the day with a 1-week history of fever and night sweats that occurred after dental cleaning. Physical examination shows a temperature of 38.1 °C (100.4 °F), heart rate of 121/min, and blood pressure of 88/30 mm Hg. Diffuse pulmonary crackles are noted. Heart sounds are regular, with a summation gallop. No murmurs are heard. Electrocardiogram shows sinus tachycardia. The hemoglobin level is 14.2 g/dL, and leukocyte count is 18,100/1iL. Transesophageal echocardiography shows a bicuspid aortic valve with associated oscillating soft tissue densities that suggest vegetations. Partial destruction of both cusps is seen, with severe aortic regurgitation. Left ventricular size and systolic function are normal. You order blood cultures and initiate broad-spectrum antimicrobial therapy. Which of the following interventions is indicated?
	* 1. \* Initiate treatment with nitroprusside.
		2. Initiate treatment with a ?-blocker.
		3. Insert an intra-aortic balloon counterpulsation catheter.
		4. Refer the patient for heart catheterization with coronary arteriography.
		5. Transfer the patient to surgery for emergent aortic valve replacement.
165. 25-yr-old woman complains of tiredness and malaise, fever. Her T waves are widespread and deep. Choose the single most likely diagnosis from the list of options below.
	* 1. Myocardial ischaemia
		2. Left ventricular aneurysm
		3. Aortic stenosis
		4. HOCM
		5. \* Myocarditis
166. A 13-year-old boy is brought by his mother for evaluation of fever. All of the following would suggest the diagnosis of acute rheumatic fever EXCEPT:
	* 1. \* shortened P-Q interval on ECG.
		2. rapid, involuntary, purposeless movements
		3. migratory polyarthritis
		4. subcutaneous nodules
		5. a rash on the trunk and proximal extremities
167. A boy has had a pyrexia, rash, raised ESR, 2 weeks after faringitis. Subcutaneous nodules and a generalised rash is noted on the trunk. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Erythema marginatum
		2. Maculopapular rash
		3. Erythema multiforme
		4. Lichen planus
		5. Erythema nodosum
168. A 14-yr-old boy has had a pyrexia, rash, raised ESR, 2 weeks after faringitis. Subcutaneous nodules and a generalised rash is noted on the trunk. Choose the single most likely diagnosis from the list options below.
	* 1. \* Erythema marginatum
		2. Maculopapular rash
		3. Erythema multiforme
		4. Lichen planus
		5. Erythema nodosum
169. A 36-year-old man is transferred to the intensive care unit because of abrupt onset of hypotension and hypoxemia. He was admitted to the hospital earlier in the day with a 1-week history of fever and night sweats that occurred after dental cleaning. Physical examination shows a temperature of 38.1 °C (100.4 °F), heart rate of 121/min, and blood pressure of 88/30 mm Hg. Diffuse pulmonary crackles are noted. Heart sounds are regular, with a summation gallop. No murmurs are heard. Electrocardiogram shows sinus tachycardia. The hemoglobin level is 14.2 g/dL, and leukocyte count is 18,100/1iL. Transesophageal echocardiography shows a bicuspid aortic valve with associated oscillating soft tissue densities that suggest vegetations. Partial destruction of both cusps is seen, with severe aortic regurgitation. Left ventricular size and systolic function are normal. You order blood cultures and initiate broad-spectrum antimicrobial therapy. Which of the following interventions is indicated?
	* 1. Initiate treatment with nitroprusside.
		2. Initiate treatment with a ?-blocker.
		3. Insert an intra-aortic balloon counterpulsation catheter.
		4. Refer the patient for heart catheterization with coronary arteriography.
		5. Transfer the patient to surgery for emergent aortic valve replacement
170. A 37-year-old man is evaluated because of fatigue, backache, and intermittent fever of 3 months duration. He has no history of cardiac disease or drug allergies. On physical examination discloses a soft diastolic murmur of aortic insufficiency, which is a new finding. There is splenomegaly. Four sets of blood cultures grow a microorganism of the viridans streptococci group, which is sensitive to penicillin. A transthoracic echocardiogram shows a thickened bicuspid aortic valve with evidence of mild aortic insufficiency. Which of the following intravenous agents is the most appropriate initial antibiotic therapy for this patient?
	* 1. \* Penicillin G for 4 weeks
		2. Vancomycin for 4 weeks
		3. Penicillin G plus gentamicin, both for 4 weeks
		4. Penicillin G plus gentamicin, both for 6 weeks
		5. Ceftriaxone for 8 weeks
171. A 47-year-old woman comes to your office with the chief complaint of palpitations. Symptoms occur once or twice a week for about 30 minutes at a time; they are associated with light-headedness and a sense of anxiety. She notes occasional brief episodes of sharp chest pain but denies dyspnea or syncope. On physical examination, her HR is 68 bpm and regular, BP 125/80 mm Hg. Cardiac examinatior is notable for a normal S1 and S2 and an extra sound in midsystole. There is no murmur. Routine laboratory studies are normal, including CBC and TSH. The next step in management would be:
	* 1. \* Echocardiogram and event monitor
		2. Reassurance
		3. Holter monitor
		4. Event monitor
		5. Tilt-table testing
172. A girl is brought by his mother for evaluation of fever. All of the following would suggest the diagnosis of acute rheumatic fever except:
	* 1. \* shortened P-Q interval on ECG.
		2. rapid, involuntary, purposeless movements
		3. migratory polyarthritis
		4. subcutaneous nodules
		5. a rash on the trunk and proximal extremities
173. A 37-year-old woman comes to your office with the chief complaint of palpitations. Symptoms occur once or twice a week for about 30 minutes at a time; they are associated with light-headedness and a sense of anxiety. She notes occasional brief episodes of sharp chest pain but denies dyspnea or syncope. On physical examination, her HR is 68 bpm and regular, BP 125/80 mm Hg. Cardiac examinatior is notable for a normal S1 and S2 and an extra sound in midsystole. There is no murmur. Routine laboratory studies are normal, including CBC and TSH. The next step in management would be:
	* 1. Reassurance
		2. Holter monitor
		3. Event monitor
		4. \* Echocardiogram and event monitor
		5. Tilt-table testing
174. A 49-year-old man presents for an initial office visit. He has no medical problems, but his family history is notable for the early death of his father. On physical examination, he is 6'2"tall and weighs 165 lb. His BP is 112/45 mm Hg.Cardiac examination is regular with a normal S} and S2, a midsystolic click, a late systolic murmur at the apex, and an early diastolic murmur heard at the left midstemal border. His lungs are clear and there is no peripheral edema. ECG is unremarkable. In addition to routine health maintenance, which of the following tests should be performed first:
	* 1. \* TTE
		2. TEE
		3. Cardiac catheterization
		4. CT of the chest
		5. MRA of the chest
175. A 45-year-old man presents for an initial office visit. He has no medical problems, but his family history is notable for the early death of his father. On physical examination, he is 6'2"tall and weighs 165 lb. His BP is 112/45 mm Hg.Cardiac examination is regular with a normal S} and S2, a midsystolic click, a late systolic murmur at the apex, and an early diastolic murmur heard at the left midstemal border. His lungs are clear and there is no peripheral edema. ECG is unremarkable. In addition to routine health maintenance, which of the following tests should be performed first:
	* 1. TEE
		2. \* TTE
		3. Cardiac catheterization
		4. CT of the chest
		5. MRA of the chest
176. A 12-yr-old boy presents with polyarthritis and abdominal pain. He had a sore throat a week ago. On examination he is noted to have an early blowing diastolic murmur at the left sternal edge. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Acute rheumatic fever
		2. Congestive heart failure
		3. Aortic stenosis
		4. SLE
		5. Mitral stenosis
177. A 60-year-old man is evaluated because of fatigue, backache, and intermittent fever of 3 months duration. He has no history of cardiac disease or drug allergies. On physical examination, there are three splinter hemorrhages under his fingernails but no other abnormalities of his skin. Ophthalmologic examination reveals a right conjunctival hemorrhage. Cardiac examination discloses a soft diastolic murmur of aortic insufficiency, which is a new findingA transesophageal echocardiogram confirms these findings and also shows an oscillating mass on the aortic valve. Which of the following intravenous agents is the most appropriate initial antibiotic therapy for this patient?
	* 1. \* Penicillin G for 4 weeks
		2. Vancomycin for 4 weeks
		3. Penicillin G plus gentamicin, both for 4 weeks
		4. Penicillin G plus gentamicin, both for 6 weeks
		5. Ceftriaxone for 8 weeks
178. A 54-year-old man is evaluated because of fatigue, backache, and intermittent fever of 3 months duration. He has no history of cardiac disease or drug allergies. On physical examination, there are three splinter hemorrhages under his fingernails but no other abnormalities of his skin. Ophthalmologic examination reveals a right conjunctival hemorrhage. Cardiac examination discloses a soft diastolic murmur of aortic insufficiency, which is a new findingA transesophageal echocardiogram confirms these findings and also shows an oscillating mass on the aortic valve. Which of the following intravenous agents is the most appropriate initial antibiotic therapy for this patient?
	* 1. \* Penicillin G for 4 weeks
		2. Vancomycin for 4 weeks
		3. Penicillin G plus gentamicin, both for 4 weeks
		4. Penicillin G plus gentamicin, both for 6 weeks
		5. Ceftriaxone for 8 weeks
179. A 60-year-old man, a smoker, presents with intermittent fevers over a several week period. He has no significant past medical history but was told that he had a murmur at some point in the past. His temperature is 100°F, HR 85 bpm, and BP 135/70 mm Hg. Physical examination reveals digital clubbing and splenomegaly. Small, erythematous, nontender spots are noted over the palmar aspect of his hands. His lungs are clear to auscultation.Cardiac examination reveals a midsystolic click and a faint apical holosystolic murmur. What is the most likely diagnosis?
	* 1. \* Infective endocarditis
		2. Pneumonia
		3. Viral syndrome
		4. Pericarditis
		5. Congenital cardiac shunt
180. A 15-yr-old boy presents with polyarthritis and abdominal pain. He had a sore throat a week ago. On examination he is noted to have an early blowing diastolic murmur at the left sternal edge. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Acute rheumatic fever
		2. Congestive heart failure
		3. Aortic stenosis
		4. SLE
		5. Mitral stenosis
181. A 69-year-old man, a smoker, presents with intermittent fevers over a several week period. He has no significant past medical history but was told that he had a murmur at some point in the past. His temperature is 100°F, HR 85 bpm, and BP 135/70 mm Hg. Physical examination reveals digital clubbing and splenomegaly. Small, erythematous, nontender spots are noted over the palmar aspect of his hands. His lungs are clear to auscultation.Cardiac examination reveals a midsystolic click and a faint apical holosystolic murmur. What is the most likely diagnosis?
	* 1. Pneumonia
		2. Viral syndrome
		3. \* Infective endocarditis
		4. Pericarditis
		5. Congenital cardiac shunt
182. A 65-year-old man is referred to you after an episode of syncope. While walking on the beach in Florida, he had sudden loss of consciousness and awoke to find his family looking down at him. He does not recall the event, but his daughter states that he "fell over" without warning. He has never had syncope in the past but does admit to occasional chest pain and exertional dyspnea. Physical examination reveals a BP of 132/76 mm Hg and a HR of 72 bpm. His lungs are clear. His carotid pulses are diminished and there is a loud, late-peaking systolic ejection murmur over the sternal border near the second intercostal space. The second heart sound is faintly audible. Pulses are 1 + in all four extremities; there is no edema. The most likely cause of this patient's syncope is:
	* 1. \* AS
		2. AMI
		3. Orthostatic hypotension
		4. Vasovagal syncope
		5. MS
183. A 17 year old male is referred by high school coach for a physical examination before joining the football team. His elder brother had died suddenly during football practise, no autopsy was done. The patient has a loud systolic murmur on chest auscultation. All of the following would be constant with hypertrophic cardiomyopathy, except:
	* 1. A crescendo-decrescendo systolic murmur
		2. \* Murmur radiating to neck
		3. Brisk carotid upstroke
		4. Increase in murmur during valsalva or standing
		5. Asymmetrical hypertrophy of septum
184. A 70-year-old man presents with complaints of dyspnea and a pounding sensation in his neck, which he has noted over the past several months. He has not seen a physician in over 20 years. He notes that when was under the care of a physician, he was on two antihypertensive agents but stopped taking them when they ran out because he "felt fine." On physical examination, his BP is 190/55 mm Hg and his pulse rate is 88/min. He has a bounding carotid pulse. The cardiac apical impulse is hyperdynamic and laterally displaced. On auscultation, ST is soft and a high-pitched descrescendo diastolic murmur is heard in the third left intercostal space. Lungs are clear to auscultation. His extremities are without edema; however, visible pulsations in his nail beds are noted. What is the most likely etiology of his symptoms?
	* 1. \* AR
		2. AS
		3. MS
		4. Mitral insufficiency
		5. Tricuspid insufficiency
185. A 16-year-old male is referred by his high school coach for a physical examination before joining the football team. His older brother died suddenly during football practice; no autopsy was obtained. The patient has a loud systolic murmur. All the following would be consistent with hypertrophic cardiomyopathy EXCEPT
	* + 1. crescendo-decrescendo systolic murmur
		1. \* radiation into the neck
		2. brisk carotid upstrokes
		3. increase in the murmur on Valsalva or standing
		4. decrease with passive leg raising
186. A 78-year-old man is admitted to the intensive care unit because of severe congestive heart failure that requires monitoring with a central venous catheter. After 2 days, he develops diaphoresis, tachycardia, and a temperature of 39.5 °C (103.1 °F). A small amount of purulent material is noted at the catheter site. The catheter is removed, blood culture specimens are drawn, and empiric vancomycin is begun. The patient improves, but the catheter tip and both sets of blood cultures grow Staphylococcus aureus that is reported to be sensitive to oxacillin. Vancomycin is changed to nafcillin, 2 g intravenously every 4 hours. No signs of endocarditis are noted on physical examination, and repeat blood cultures show no growth. On hospital day 7, the patient appears ready for discharge, based on cardiac and hemodynamic parameters. Which of the following is the most appropriate management at this time?
	* 1. \* Obtain a transesophageal echocardiogram; if this does not show signs of endocarditis, continue the intravenous nafcillin for a total of 14 days
		2. No additional diagnostic studies are needed; stop the intravenous nafcillin
		3. No additional diagnostic studies are needed; continue the intravenous nafcillin for a total of 8 weeks
		4. No additional diagnostic studies are needed; substitute oral dicloxacillin for the intravenous nafcillin for a total of 10 days of antibiotics
		5. Obtain a transesophageal echocardiogram; if this does not show signs of endocarditis, continue the intravenous nafcillin for a total of 6 weeks
187. A 11-yr-old boy has had a pyrexia, rash, raised ESR, 2 weeks after faringitis. Subcutaneous nodules and a generalised rash is noted on the trunk. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Erythema marginatum
		2. Maculopapular rash
		3. Erythema multiforme
		4. Lichen planus
		5. Erythema nodosum
188. A young motorist suffered injuries in a major road traffic accident. He was diagnosed to have fracture of left femur and left humerus. He was also having fractures of multiple ribs anteriorly on both the sides. On examination the blood pressure was 80/60 mm Hg. and heart rate was 140/minute. The patient was agitated, restless. Jugular veins were distended. Air entry was adequate in both the lung fields. Heart sounds were barely audible. Femoral pulses were weakly palpable but distally no pulsation could be felt. On priority basis, the immediate intervention would be :
	* 1. Rapid blood transfusion
		2. \* Urgent pericardial tap.
		3. Intercostal tube drainage on both the sides.
		4. Fixation of left femur and repair of femoral artery.
		5. Rapid fluid infusion
189. A 14-yr-old boy has had a pyrexia, rash, raised ESR, 2 weeks after pharingitis. Subcutaneous nodules and a generalised rash is noted on the trunk. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Erythema marginatum
		2. Maculopapular rash
		3. Erythema multiforme
		4. Lichen planus
		5. Erythema nodosum
190. An 86-year-old woman is evaluated for recent abrupt onset of dyspnea. She underwent bioprosthetic aortic valve replacement 16 years ago because of calcific aortic stenosis. She has no history of recent febrile illness, and she has had no recent medical or dental procedures. Physical examination shows a harsh, crescendo-decrescendo systolic murmur at the right upper sternal border, radiating to the carotids. Which of the following is the most likely cause of the patients symptoms?
	* 1. \* Prosthetic valve failure
		2. Paraprosthetic leak
		3. Thrombus formation
		4. Mitral stenosis and mitral regurgitation
		5. Infective endocarditis
191. Two years after undergoing mitral valve replacement, a 48-year-old man has a cerebrovascular accident. Except for fever, general physical examination is noncontributory. A transesophageal echocardiogram shows an oscillating mass on the mitral valve but no evidence of perivalvular extension or abscess. Six sets of blood cultures grow Enterococcus faecalis, which is resistant to penicillin and ampicillin but sensitive to vancomycin. A decision is made to treat medically, and the patient is begun on vancomycin, 1 g intravenously every 12 hours, and gentamicin, 80mg intravenously every 8 hours. The technician notes that the vancomycin peak and trough levels and the gentamicin trough level are in the desirable range but that the laboratory’s therapeutic peak range for gentamicin is 4 to 8 ?g/mL. Repeat blood cultures show no growth, and complete blood count and serum creatinine values are normal.
	* 1. \* Keep both the gentamicin and the vancomycin doses unchanged
			1. Increase the gentamicin dose; keep the vancomycin unchanged
		2. Decrease the interval between the gentamicin doses; keep the vancomycin unchanged
			1. Increase the vancomycin dose; keep the gentamicin unchanged
			2. Increase the gentamicin dose; keep the vancomycin unchanged and decrease the interval between the gentamicin doses.
192. A 35-year-old IV drug user presents complaining of fevers, hemoptysis over the preceding 2 weeks. On physical examination, his temperature is 38.2В°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus and echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. Which of the following is the strongest indication to consider valve replacement surgery in the patient?
	* 1. \* Progressive congestive heart failure (CHF)
		2. Hematuria
		3. Positive cultures for Staphilococcus aureus on the second day of therapy
		4. Splinter hemorrhages and OslerвЂ™s nodes
		5. Splenomegaly
193. A 17-yr-old girl has had a pyrexia, rash, raised ESR, 3 weeks after faringitis. Subcutaneous nodules and a generalised rash is noted on the trunk. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Erythema marginatum
		2. Maculopapular rash
		3. Erythema multiforme
		4. Lichen planus
		5. Erythema nodosum
194. A 17-yr-old boy presents with polyarthritis and abdominal pain. He had a sore throat a week ago. On examination he is noted to have an early blowing diastolic murmur at the left sternal edge. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Acute rheumatic fever
		2. Congestive heart failure
		3. Aortic stenosis
		4. SLE
		5. Mitral stenosis
195. A 78-year-old man is admitted to the intensive care unit because of severe congestive heart failure that requires monitoring with a central venous catheter. After 2 days, he develops diaphoresis, tachycardia, and a temperature of 39.5 °C (103.1 °F). A small amount of purulent material is noted at the catheter site. The catheter is removed, blood culture specimens are drawn, and empiric vancomycin is begun. The patient improves, but the catheter tip and both sets of blood cultures grow Staphylococcus aureus that is reported to be sensitive to oxacillin. Vancomycin is changed to nafcillin, 2 g intravenously every 4 hours. No signs of endocarditis are noted on physical examination, and repeat blood cultures show no growth. On hospital day 7, the patient appears ready for discharge, based on cardiac and hemodynamic parameters. Which of the following is the most appropriate management at this time?
	* 1. \* Obtain a transesophageal echocardiogram; if this does not show signs of endocarditis, continue the intravenous nafcillin for a total of 14 days
		2. No additional diagnostic studies are needed; stop the intravenous nafcillin
		3. No additional diagnostic studies are needed; continue the intravenous nafcillin for a total of 8 weeks
		4. No additional diagnostic studies are needed; substitute oral dicloxacillin for the intravenous nafcillin for a total of 10 days of antibiotics
		5. Obtain a transesophageal echocardiogram; if this does not show signs of endocarditis, continue the intravenous nafcillin for a total of 6 weeks
196. A 60-year-old woman is hospitalized for an exacerbation of chronic obstructive pulmonary disease. She is treated with ipratropium bromide by nebulizer every 4 hours; intravenous azithromycin, 500 mg/d; methylprednisolone, 125 mg intravenously every 6 hours; and oxygen by nasal cannula. During the first 2 hospital days, her condition remains unchanged. On hospital day 3, she develops increased dyspnea and a cough productive of sputum. On physical examination, she is awake and alert and in moderate respiratory distress. Her temperature is 36.7 C (98 F), pulse rate is 110/min, respiration rate is 20/min, and blood pressure is 150/90 mm Hg. Her lungs are hyperresonant to percussion, with accessory muscle use, poor air movement, mild wheezing, and no crackles. Chest radiograph demonstrates hyperinflation, with no other abnormalities. Leukocyte count is 16,000/?L. Arterial blood gas measurements, with the patient breathing 1.5 L oxygen, show PO2 of 55 mm Hg, PaCO2 of 55 mm Hg, and pH of 7.32. She is transferred to the intensive care unit for close observation and possible assisted ventilation. Which of the following is most appropriate additional management for this patient?
	* 1. \* Add albuterol to ipratropium bromide by nebulizer every 4 hours.
		2. Discontinue azithromycin and begin levofloxacin.
		3. Begin intravenous aminophylline
		4. Increase methylprednisolone to 250 mg every 6 hours.
		5. Increase oxygen by nasal cannula to 3 L/min.
197. A 41-year-old morbidly obese female came to the emergency department with colicky abdominal pain in her right upper part of abdomen. She says that recently pain became more severe than it has been. Also pain often occurs after meals for the last 4 months. Her previous medical history is positive for diabetes mellitus type 2, hypertension, hyperlipidemia and smoking. On physical examination her temperature is 38.1°C and her scleras are mildly icteric. What imaging modality may be limited in this patient?
	* 1. MRCP.
		2. CT scan.
		3. \* Ultrasonography.
		4. Esophogastroduodenoscopy (EGD).
		5. HIDA scan.
198. A 61-year-old man is evaluated in the emergency department because of a 3-day history of cough productive of yellow sputum. He has a history of coronary artery disease, severe diabetes, and moderate emphysema. He routinely uses supplemental oxygen, 2 L/min. He states that he is more dyspneic than usual and is now short of breath even at rest. He reports no hemoptysis or chest pain. His oxygen saturation is 91% on 2 L supplemental oxygen; he is using accessory muscles of respiration and pursed-lipped breathing. Physical examination shows a prolonged expiratory-to-inspiratory phase on exhalation and a few scattered wheezes. He has tachycardia and bilateral pitting edema of the extremities. Chest radiograph shows changes consistent with emphysema but is otherwise unchanged from baseline. Complete blood count shows leukocytosis with a left shift. Two days ago, his arterial blood gas values were PaO2 70 mm Hg, PaCO248 mm Hg, and pH 7.37. Today, the values are PaO2 59 mm Hg, PaCO2 64 mm Hg, and pH 7.30. Which of the following is the best next step in this patients management?
	* 1. \* Hospitalize him
		2. Prescribe oral prednisone, and instruct him to follow up with his primary physician in 1 to 2 weeks.
		3. Prescribe oral prednisone and an oral antibiotic, and instruct him to follow up with his primary physician in 1 to 2 weeks.
		4. Increase his supplemental oxygen to 3 L/min, prescribe oral prednisone and an oral antibiotic, and instruct him to follow up with his primary physician in 1 to 2 weeks.
		5. Reassure him that exacerbations are common in COPD, increase his supplemental oxygen to 3 L/min, and instruct him to follow up with his primary physician within 1 week.
199. A 66-year-old woman with chronic obstructive pulmonary disease is evaluated because of chronic cough and dyspnea. She currently uses a long-acting bronchodilator twice per day, an inhaled corticosteroid twice per day, ipratropium four times per day, and albuterol four to six times per day. She smokes 1 pack of cigarettes per day. On physical examination, her vitals signs are normal. Her oxygen saturation at rest and with exertion is 94%. She has diminished breath sounds, a prolonged expiratory-to-inspiratory phase, and no wheezes. Her heart rate and rhythm are regular, with a normal i, a physiologically split S2, and no murmurs or rubs. Chest radiograph reveals hyperinflation, increased retrosternal airspace, and flattened hemidiaphragms bilaterally. Which of the following should be initiated at this time to address this patient’s cough and dyspnea?
	* 1. \* Discuss techniques to help her to quit smoking
		2. Increase her use of the long-acting bronchodilator.
		3. Prescribe supplemental oxygen
		4. Provide emergency treatment for a tension pneumothorax.
		5. Increase her dosage of inhaled corticosteroid.
200. A 45 year-old man was undergone to the routine physical examination with a study of blood analysis. Physical examination revealed an increased liver diameter. Also the liver edge is palpable and is without pathological changes. Blood studies show elevated number of liver enzymes. The physician suspects alcoholic hepatitis. Which of the following findings can prove such diagnosis?
	* 1. Alanine aminotransferase - 2000 U/L.
		2. \* Aspartate aminotransferase (AST)/alanine aminotransferase (ALT) ratio - 2.5.
		3. Gamma-glutamyl transferase (GGT) - 20 U/L.
		4. Mean corpuscular volume (MCV) - 65 urn3.
		5. Platelet count - 600,000/mm3.
201. A 67-year-old man is evaluated because of a 3-week history of cough productive of blood-streaked sputum. A chest radiograph shows an infiltrate in the right upper lobe. He is treated with antibiotics for 2 weeks, but the blood-streaked sputum persists. A CT scan of the chest shows a mass obstructing the right upper lobe and evidence of postobstructive pneumonitis. Examination of the mediastinum shows enlarged lymph nodes in the right paratracheal space. A positron emission tomography (PET) scan shows uptake in the mass itself and in the lymph nodes in the right paratracheal space. Fiberoptic bronchoscopy is performed; an endobronchial lesion is identified and a sample is taken for biopsy. The biopsy shows squamous cell carcinoma. Which of the following is the best next step in this patients management?
	* 1. \* Perform immediate mediastinoscopy.
		2. Refer him for radiation therapy
		3. Refer him for surgery
		4. Perform a repeat positron emission tomography scan
202. A 70-year-old man is evaluated because of shortness of breath. He has noted progression of his symptoms, primarily with exertion over the past 6 months. He is unable to walk one flight of stairs or two blocks on level ground without becoming short of breath. He has no chest pain, paroxysmal nocturnal dyspnea, orthopnea, or lower extremity edema. He has a 40-pack-year history of cigarette smoking, but stopped smoking 10 years ago. He worked in a naval shipyard 50 years ago but has spent most of his working life as a schoolteacher. On physical examination, his respiration rate is 18/min but he does not appear short of breath. Examination of the chest shows an increased anterior-posterior diameter. On auscultation he has diffusely decreased breath sounds and a prolonged expiratory phase with no wheezing. He has no cyanosis or clubbing. Spirometry shows forced expiratory volume in 1 sec (FEV1) 55% of predicted and forced vital capacity (FVC) 80% of predicted with a ratio of FEV1 to FVC 60%. Which of the following is the best test to evaluate this patients condition?
	* 1. \* Lung volumes and diffusing capacity
		2. Echocardiography
		3. Exercise spirometry
		4. Methacholine challenging testing
203. A 71-year-old woman is evaluated because of progressive fatigue, weakness, and dyspnea on exertion. A former smoker, she has a history of advanced emphysema and is on continuous long-term oxygen therapy. She currently uses a long-acting bronchodilator twice per day, theophylline and an inhaled corticosteroid twice per day, ipratropium four times per day, and albuterol four to six times per day. Physical examination is normal. Heart and lung examinations are consistent with long-standing, advanced emphysema. Her laboratory and radiographic findings are unremarkable. Which of the following is the best next step in this patient’s management?
	* 1. \* Refer her to a multidisciplinary rehabilitation program.
		2. Prescribe an antidepressant medication
		3. Prescribe an empiric course of “pulse dose” corticosteroids at 500 mg/d for 3 consecutive days.
204. An old woman complains of wheeze, dyspnoea and cough. She cannot sleep at night because of a chronic cough. Her CXR suggests hyperinflation. Spyrography: FEV1, FVC, Typhno index are low. What is the previous diagnosis?
	* 1. \* COPD
		2. Bronchogenic carcinoma
		3. Emphysema
		4. Respiratory failure
		5. Bronchial asthma
205. Drug abuser, a 41-yr-old man, presents with fever, cough and breathlessness. This was preceded by viral influenza. Chest radiograph shows multiple abscesses. What is the most possible etiology of disease?
	* 1. \* Staphylococcus aureus
		2. Cryptococcus
		3. Streptococcus pneumoniae
		4. Legionella pneumonia
		5. Mycobacterium avium
206. During 8 years patient is disturbed with cough in the morning with little amount of sputum, shortness of breath. He is a smoker for more than 10 years. Objective examination: cyanosys, increased duration of expiration, dry wheezes. Possible diagnosis is:
	* 1. \* COPD
		2. Pneumonia
		3. Idiopathic alveolitis
		4. Bronchiectasis
		5. Bronchial asthma
207. During percussion of lungs in patient who got had barotrauma on a factory, was founded that lower borders of lungs are located one rib lower than normally, height and wideness of apexes of both lungs are considerably enlarged. What disease must doctor think about?
	* 1. \* Emphysema of lungs
		2. Exudative pleurisy
		3. Chronic bronchitis
		4. Bronchial asthma
		5. Pneumothorax
208. A 45-year-old female with long-standing alcohol abuse complains on abdominal swelling which has been progressive for last several months. On physical examination there are spider angiomas and palmar erythema. Abdominal collateral vessels are seen around the umbilicus. A paracentesis is performed. The serum albumin is decreased and ascitic fluid albumin is 1.4 g/dL. The most probable diagnosis is:
	* 1. \* Portal hypertension.
		2. Pancreatitis.
		3. Tuberculous peritonitis.
		4. Hepatoma.
		5. Ascitis
209. Female B., 44 years old, complains on cough with mucous sputum, increase of temperature to 39 °С, weakness, dyspnea, sweating. Breathing rate - 26/min., skin is moisture. Below left scapula there is shortening of percussion sound. Breathing during auscultation is weaker, moist rales. Blood test: L - 11х109/l, ESR - 29 mm/h. Your previous diagnosis?
	* 1. \* Left-side lower lobe pneumonia
		2. Gangrene of lungs
		3. Left-side exudative pleurisy
		4. Cancer of left side lower lobe
		5. Pulmonary abscess
210. Female patient K., 46 years old, after decreasing of fever after flu noticed pain appeared in a thorax, cough with yellow-green sputum (amount-150 ml a day), sometimes with some blood. Objectively: breathing rate - 36/min. In lungs from the right side lower scapula there is dull sound during percussion, hard breathing, and moist rales. Blood test: L - 18,6х109/l, ESR -64 mm/h. Analysis of sputum: L -80-100 , Er - 40-50, elastic fibres, cocci. X-ray: rhadicis are enlarged, from the right side lower lobe is heterogeneously infiltrated with two lighter areas. What is the most possible previous diagnosis?
	* 1. \* Right-side pneumonia with abscesses
		2. Peripheral cancer
		3. Infiltrative tuberculosis in the phase of disintegration
		4. Exudative pleurisy
		5. Infarction-pneumonia
211. Female, 34 years old, has an increase of body temperature to 38 °С, cough with purulent sputum, weakness, dyspnea, pain in a thorax during breathing. During percussion there is shortening of sound in the lower part of left lung, during auscultation – moist rales. What method of investigation is the decisive one to confirm diagnosis?
	* 1. \* X-ray examination
		2. Bacteriological analysis of sputum
		3. Spirometry
		4. Pneumotachometry
		5. Bronchography
212. Girl 18 y.o., seamstress, complaints mainly during working time on the attacks of dry cough, feeling of running nose. She often ills with viral respiratory infections. Her mather is ill with bronchial asthma. Objectively: breathing rate - 18/min. Heart rate - 80/min, BP - 110/70. In lungs vesicular breathing, dry wheezes are heared in distance. Tones of heart are weaker than normally. Test with berotec showed reversibility of bronchial obstruction. What tactic will be the best for the patient?
	* 1. \* To change job
		2. To use intal
		3. To change her place
		4. To use berotec constantly
		5. To use antihystaminic preparations
213. Girl of 23, for 2 years is ill with bronchial asthma. Some times ago attacks of dyspnea became more frequent and started to arise 4-5 times a week, night attacks - 2-3 times a month. She used salbutamol to remove that symptoms. Test with the antigen of home dust is positive. Objectively: condition is satisfactory. Breathing rate - 20/min. Heart rate - 76/min, BP -120/80. In lungs breathing is vesicular. Tones of heart are a little weak, rhythm is normal. What mechanism is desicive in development of bronchial obstruction in this case?
	* 1. \* Hyperreactivity of bronchi
		2. Тrachео-bronchial dyskinesia
		3. Violation of metabolism of arachidonic acid
		4. Adrenergic disorders
		5. Activity of the parasympathetic nervous system is increased
214. A 47-year-old agricultural worker complains on a chronic cough, purulent sputum and abdominal distention. He has just arrived in England from Spain where he was picking up grapes. Choose the most probable diagnosis from the list of options.
	* 1. \* Tuberculosis.
		2. Cirrhosis.
		3. Malabsorption.
		4. Pancreatitis.
		5. Peptic ulcer.
215. Male patient F., 48 years old, during a week was at home with diagnosis of respiratory viral infection. Doctor noticed complaints on cough with small amount of mucus-purulent sputum, weakness. Objectively: condition is relatively satisfactory. T - 37,2 °С. Breathing rate - 18/min., pulse - 80/min., BP - 110/70. In lungs there is vesicular breathing, with a hard tint, single dry wheezes. Tones of heart are a little dull, rhythm is correct. What is the treatment tactic?
	* 1. \* To prescribe antibacterial therapy
		2. To stay at home for some more days
		3. To go on work
		4. To send patient to pulmonologist
		5. To hospitalize patient to the pulmonological department
216. Male patient G., 56 years old, complaints on permanent pain in a thorax which disturbs for last 2 months. Pain is not connected with breathing. There is also cough with particles of blood in sputum. Weakness, fatigue are present. On the X-ray of thorax in the lower lobe of right lung there is spherical shadow, size 4x6 cm, related to the lungs rhadicis. What is the most possible diagnosis?
	* 1. \* Perypheral lung cancer
		2. Tuberculoma
		3. Metastasis
		4. Pulmonary abscess
		5. Pneumonia
217. Man 32 y.o., complaints on attack of expiration dyspnea, which lasts for 48 hours, cough with small amount of sputum. He is ill with bronchial asthma for 5 years, was treated with glucocorticosteroids, used inhalers. Objectively: condition is severe, patient sits. Diffuse cyanosis, pulse -110/min, BP - 110/70. Tones of heart are weak, II tone is louder above the pulmonary artery. During percussion in lungs there is “box” sound, large amount of dry wheezes. In blood there is eosinophylia - 18 %. What medicines are preparations of choice for this patient?
	* 1. \* Corticosteroids
		2. ? -2-agonists
		3. Theophyllin
		4. Cholynolytics
		5. Antihystamines
218. Man 39 y.o., 8 last years is ill with bronchial asthma. Rapidly during physical work felt worsening of breathing, cough, heared from distance wheezes, appeared and began to increase dyspnea. Medicine of what pharmacological group is it better to recommend for the patient to remove such attacks of dyspnea?
	* 1. \* Agonits of ? 2-adrenoreceptors
		2. Metilxantines
		3. ? 2-adrenoblockers
		4. Inhalated glucocorticoids
		5. Oral glucocorticoids
219. A 20-year-old IV drug user presents complaining of fevers, hemoptysis, and pleuritic chest pain over the preceding 3 weeks. On physical examination, his temperature is 38.5 В°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus. What is the most likely diagnosis?
	* 1. \* Infective endocarditis
		2. Pneumonia
		3. Viral syndrome
		4. Pericarditis
		5. Congenital cardiac shunt
220. Man 39 y.o., driver, complaints on the shortness of breath during physical exertion, cough with the small amount of light sputum mostly in the morning. For a long time is ill with COPD. He is a smoker, uses alcohol episodically. Objectively: temperature - 36,5 °С, breathing rate - 24/min., pulse - 90/min., BP - 120/ 80. During auskultation breathing is hard, moderate amount of dry wheezes. FEV1 - 68 % of normal index. What methods are necessary to prevent the disease?
	* 1. \* To stop smoking
		2. To change the job
		3. To avoid alcohol
		4. Sanation of chronic infection
		5. To change region of living
221. A 22-year-old IV drug user presents complaining of fevers, hemoptysis, and pleuritic chest pain over the preceding 2 weeks. On physical examination, his temperature is 38.2°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus. What is the most likely diagnosis?
	* 1. \* Infective endocarditis
		2. Pneumonia
		3. Viral syndrome
		4. Pericarditis
		5. Congenital cardiac shunt
222. Man 46 y.o., 10 last years suffers from bronchial asthma. Rapidly during physical work felt worsening of breathing, cough, heared from distance wheezes, appeared and began to increase dyspnea. Medicine of what pharmacological group is it better to recommend for the patient to remove such attacks of dyspnea?
	* 1. \* Agonits of ? 2-adrenoreceptors
		2. Metilxantines
		3. ?2-adrenoblockers
		4. Inhalated glucocorticoids
		5. Oral glucocorticoids
223. A 20-year-old IV drug user presents complaining of fevers, hemoptysis, and pleuritic chest pain over the preceding 2 weeks. On physical examination, his temperature is 38.2°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus. What is the most likely diagnosis?
	* 1. \* Infective endocarditis
		2. Pneumonia
		3. Viral syndrome
		4. Pericarditis
		5. Congenital cardiac shunt
224. A 23-yr-old woman with a heart condition has a rash on her lower arms. It is pink or red and ring like. It moves up and down her arms and she can not get rid of it. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Erythema marginatum
		2. Maculopapular rash
		3. Lichen planus
		4. Erythema nodosum
		5. Maculopapular rash
225. A 24-yr-old man presents with a chronic headache. His blood pressure is 145/90 mm Hg. He is found to have femoral delay. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Mitral Stenosis
		2. Coarctation of aorta
		3. Aortic stenosis
		4. Mitral Regurgitation
		5. Aortic Regurgitation
226. A 25-year-old IV drug user presents complaining of fevers, hemoptysis over the preceding 2 weeks. On physical examination, his temperature is 38.2°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus and echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. Which of the following is the strongest indication to consider valve replacement surgery in the patient?
	* 1. \* Progressive congestive heart failure (CHF)
		2. Hematuria
	1. Positive cultures for Staphilococcus aureus on the second day of therapy
		1. Splinter hemorrhages and Osler’s nodes
		2. Splenomegaly
227. Man 60 y.o., complains on expiration dyspnea which increases at the physical exertion, cough with small amount of mucus-purulent sputum mostly in the morning. He is ill with COPD. Objectively: temperature - 36,0 °С, breathing rate - 22/min., pulse - 84/min., BP - 110/70. Skin is wet, diffuse cyanosis. Auscultation: breathing is hard, diffuse dry and moist wheezes are present. FEV - 62 %; pharmacological test with atrovent showed 5 % increasing of this index. What mechanism of bronchial obstruction development is the most possible in this case?
	* 1. \* Diffuse sclerotic changes
		2. Hypercrynia
		3. Inflammatory edema
		4. Bronchial spasm
		5. Mucostasis
228. A 25-yr-old man presents with worsening shortness of breath and chest tightness. His father had collapsed and died suddenly when he was 33. On examination, the cardiac apex is double and grade III/VI systolic murmur is heard at the left sternal border. Choose the single most likely diagnosis from the list of options below.
	* 1. Mitral stenosis
		2. ASD
		3. Aortic stenosis
		4. \* HOCM
		5. Mitral regurgitation
229. A 25-yr-old woman with a heart condition has a rash on her lower arms. It is pink or red and ring like. It moves up and down her arms and she can not get rid of it. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Erythema marginatum
		2. Maculopapular rash
		3. Erythema multiforme
		4. Lichen planus
		5. Erythema nodosum
230. A 26 yr old asymptomatic woman is found to have arrythymias and a systolic murmur associated with midsystolic clicks; which investigation would you use:
	* 1. \* Echocardiography
		2. Electrophysiological testing
		3. Tc scan
		4. Angiography
		5. Chest X-ray
231. A 26-year-old man presents with intermittent, sharp, mid-sternal chest pain. The pain is somewhat worse with inspiration and associated with mild dyspnea. Several weeks prior, he had "cold" symptoms. What is the most likely diagnosis?
	* 1. Acute Ml
		2. UA
		3. Stable angina
		4. Spontaneous pneumothorax
		5. \* Pericarditis
232. A 28-year-old woman with a history of rheumatic MS presents to your office for a yearly examination. Which of the following abnormalities would you expect to find on her physical examination?
	* 1. \* Crisp additional heart sound after S2 heard best with the diaphragm of the stethoscope at the apex
			1. High-pitched descrescendo diastolic murmur at the third left intercostal space
		2. Pulsus parvus et tardus
		3. Midsystolic click at the apex
		4. Increased pulsus paradoxus
233. A 29-yr-old woman with a heart condition has a rash on her lower arms. It is pink or red and ring like. It moves up and down her arms and she can not get rid of it. Choose the single most likely diagnosis from the list of options below
	* 1. \* Erythema marginatum
		2. Maculopapular rash
		3. Erythema multiforme
		4. Lichen planus
		5. Erythema nodosum
234. A 32-yr-old woman with a heart condition has a rash on her lower arms. It is pink or red and ring like. It moves up and down her arms and she can not get rid of it. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Erythema marginatum
		2. Maculopapular rash
		3. Lichen planus
		4. Erythema nodosum
		5. Maculopapular rash
235. A 29-yr-old man presents with chest pain and feeling faint. ECHO shows septal hypertrophy and abnormal mitral valve motion. Choose the single most likely diagnosis from the list of options.
	* 1. Angina pectoris
		2. Aortic stenosis
		3. \* HOCM
		4. MI
		5. Acute pericarditis
236. Man 60 y.o., complaints on shortness of breath with difficulties during expiration, with worsening during physical exertion, cough small amount of mucus-purulent sputum mostly in the morning. He is ill with COPD. Objectively: temperature - 36,0 °С, breathing rate - 22/min., pulse - 84/min., BP - 110/70. Skin is moisture, diffuse cyanosys. At auscultation breathing is hard, there are diffuse wheezes. FEV1 - 62 %; pharmacological test with atrovent showed increasing of FEV1 in 5 %. What is the mechanism of development of bronchial obstruction in this case?
	* 1. \* Diffuse sclerotic changes
		2. Hypercrynia
		3. Inflammatory edema
		4. Bronchial spasm
		5. Mukostazis
237. A 30-yr-old man presents with chest pain and feeling faint. O/E he has PSM and a S4. ECG shows LVH. ECHO shows septal hypertrophy and abnormal mitral valve motion. Choose the single most likely diagnosis from the list of options below.
	* 1. Myocardial ischaemia
		2. Acute pericarditis
		3. Aortic stenosis
		4. \* HOCM
		5. Myxoedema
238. A 31-year-old woman from India presents with several months of increasing lower extremity edema and dyspnea on exertion. She also notes that her voice has become hoarse. What is the diagnosis?
	* 1. \* MS
		2. AS
		3. Al
		4. Mitral insufficiency
		5. Tricuspid insufficiency
239. A 32-year-old woman has known MS. She is able to exercise daily for 45 min without symptoms. Six months ago she had a TTE that showed a mean gradient of 5 mmHg, MVA of 1.6 cm2, and a PAP of 30 mmHg. She wants to get pregnant. What would you recommend?
	* 1. \* PMBV
		2. Repeat TTE
		3. TEE
		4. MVR
		5. Proceed with pregnancy with beta blockade as necessary
240. A 36-yr-old man presents with chest pain and feeling faint. O/E he has an ejection systolic murmur and a S4. ECG shows LVH. ECHO shows septal hypertrophy and abnormal mitral valve motion. Choose the single most likely diagnosis from the list of options.
	* 1. Angina pectoris
		2. Aortic stenosis
		3. \* HOCM
		4. MI
		5. Acute pericarditis
241. A 34-year-old man with a history of a bicuspid AV is diagnosed with endocarditis. Despite 2 weeks of appropriate antibiotic therapy, he has persistent fevers and bacteremia. A diagnostic study is performed and a paravalvular abscess discovered. What is the next step in this patient's management?
	* 1. \* Refer for surgery
		2. Continue current antibiotic therapy
		3. Add gentamicin
		4. Change nafcillin to vancomycin
		5. Change nafcillin to ceftriaxone
242. A 35 year old athlete has height 184 cm., arm span 194 cm., pulse rate 64/min., BP 148/64 mm Hg. Chest auscultation reveals long diastolic murmur over right 2nd intercostal space on routine examination. The probable diagnosis is:
	* 1. \* Aortic regurgitation
		2. Atrial septal defect
		3. Ebstein anomaly
		4. Coarctation of aorta
		5. Bicuspid aortic valve
243. F.
244. A 36-year-old woman from Trinidad presents with intermittent palpitations, which she has had for several months. She also notes dyspnea on exertion and occasional orthopnea. Examination demonstrates an HR of 100 bpm and BP of 110/60. Her lungs are clear but her JVP is elevated at 8 mm Hg. She has a loud S2 and a low-pitched diastolic murmur at the cardiac apex. An additional sound is heard shortly after the S2. What is the cause of her murmur?
	* 1. \* MS
		2. AS
		3. AR
		4. MR
		5. ASD
245. A 36-yr-old woman presents with malaise and low-grade fever for 3 weeks. She recently had treatment for a dental abscess. On examination she has splinter haemorrhages and an early diastolic murmur. Choose the single most likely treatment from the list of options below.
	* 1. \* 2 or more antibiotics together
		2. Amoxycillin
		3. Ciprofloxacin
		4. Cefotaxime
		5. Co-amoxiclav
246. Man of 43 complaints on dyspnea during physical activity. Objectively: temperature 36,4 °С, breathing rate - 20/min, pulse - 78/min, BP-125/80. Emphysematous form of thorax. In lungs – weak vesicular breathing. What research must be provided by patient at home to decide question about efficiency of prescribed broncholytics?
	* 1. \* Peakflowmetry
		2. Spirography
		3. EKG-control of overload of right departments of heart
		4. Bronchoscopy
		5. Analysis of sputum (amount and microscopy)
247. A 38-year-old asymptomatic woman comes to see you for evaluation of a murmur. She has a 3/6 systolic murmur heard over the precordium and at the base of the heart. The murmur is preceded by a mid systolic click and is late peaking but ends with the second heart sound. The click moves closer to the first heart sound upon standing. The echocardiogram shows moderate MR. Which of the following is correct?
	* 1. \* IE prophylaxis is unnecessary
		2. The risk of AF is
	1. Surgical referral is essential before the regurgitation becomes severe
		1. In MR, nifedipine allows safe delay of surgery
		2. In MR, ACE inhibitors improve survival
248. Man of 48 has severe attack of dyspnea during expiration, with intensive dry cough with heared on distance wheezes, palpitation. What preparation is the best one for the first aid?
	* 1. \* Salbutamol
		2. Theophyllin
		3. Lasolvan
		4. Atrovent
		5. Prednisone
249. А 43-year-old woman comes to see you for evaluation of a murmur. She has a 3/6 systolic murmur heard over the precordium and at the base of the heart. The murmur is preceded by a mid systolic click and is late peaking but ends with the second heart sound. The click moves closer to the first heart sound upon standing. Which of the following is the diagnosis?
	* 1. \* MR due to leaflet prolapse
		2. MR due to a flail leaflet
		3. AS due to a pliable bicuspid valve
		4. MS with pliable leaflets
		5. An "innocent" flow murmur
250. A 40-yr-old drug addict is noted to have a PSM at the bottom of the sternum. Giant 'cv' waves are present in the JVP. Choose the single most likely diagnosis from the list of options below.
	* 1. \* TR, infective endocarditis
		2. Rheumatic MR
		3. Congenital AS
		4. Atrial myxoma
		5. Congenital PS
251. A 44-yr-old drug addict is noted to have a PSM at the bottom of the sternum. Giant 'cv' waves are present in the JVP. Choose the single most likely diagnosis from the list of options below.
	* 1. Rheumatic MR
		2. Congenital AS
		3. Atrial myxoma
		4. \* infective endocarditis ,TR
		5. Congenital PS
252. A 40-yr-old man complains of swollen legs and breathlessness. Examination reveals hepatosplenomegaly. CXR shows a normal but dense heart shadow and clear lung fields. Choose the single most likely diagnosis from the list of options below.
	* 1. Pneumonia
		2. Acute myocarditis
		3. \* Constrictive pericarditis
		4. HOCM
		5. Congestive cardiomyopathy
253. A 40-yr-old man complains of swollen legs and breathlessness. Examination reveals hepatosplenomegaly. CXR shows a normal but dense heart shadow and clear lung fields. Choose the single most likely management from the list of options below.
	* 1. Pericardial tap
		2. \* CT scan chest
		3. Frusemide
		4. Incision and drainage
		5. Radiotherapy
254. 37-yr-old woman presents after fainting during a work-out in the gym. On auscultation he has a harsh midsystolic murmur in the aortic area radiating to the carotids. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Aortic stenosis
		2. Aortic regurgitation
		3. Tricuspid Regurgitation
		4. Mitral Stenosis
		5. Mitral Regurgitation
255. A 40-yr-old man presents after fainting during a work-out in the gym. On auscultation he has a harsh midsystolic murmur in the aortic area radiating to the carotids. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Aortic stenosis
		2. Aortic regurgitation
		3. Tricuspid Regurgitation
		4. Mitral Stenosis
		5. Mitral Regurgitation
256. Patient 30 y.o. after a viral infection has every-day symptoms of dyspnea, which causes lowering of activity and bad sleep; night symptoms are more frequent then once a week. PEV and FEV1 - 60-80 %, day variability > 30 %. There is a necessity of every-day usage of ?-2-agonists of short action. What is the diagnosis?
	* 1. \* Persistent bronchial asthma of moderate severity
		2. Mild persistent bronchial asthma
		3. Intermittent bronchial asthma
		4. Severe persistent bronchial asthma
		5. Status asthmaticus
257. A 40-yr-old woman presents with malaise and low-grade fever for 2 weeks. She recently had treatment for a dental abscess. On examination she has splinter haemorrhages and an early diastolic murmur. Choose the single most likely treatment from the list of options below.
	* 1. \* 2 or more antibiotics together
		2. Amoxycillin
		3. Ciprofloxacin
		4. Cefotaxime
		5. Co-amoxiclav
258. A 42-yr-old man presents with sharp chest pain. He has had it for 3 days and it radiates down into his abdomen. Breathing deeply and coughing aggravate it. On auscultation of the chest you hear pericardial friction rub. Which of the following drugs are avoided in the treatment of the patient?
	* 1. Aspirin
		2. prednisone,
		3. \* Heparin
		4. Indomethacin
		5. Colchicine
259. A 43-year-old woman had acute onset of shortness of breath and lightheadedness. She had a history of rheumatic fever and subsequent MVR. On physical examination, she was pale and tachypneic. HR was 95 bpm and regular, with a low-volume pulse. BP was 95/44 mmHg. There were bilateral pulmonary rales with associated lower extremity edema and elevated JVP. A new murmur was present. The next step in your evaluation should be:
	* 1. \* TTE
		2. Cardiac catheterization
		3. Cardiac CT
		4. TEE
		5. Chest X-ray
260. A 43-yr-old drug addict is noted to have a PSM at the bottom of the sternum. Giant 'cv' waves are present in the JVP. Choose the single most likely diagnosis from the list of options below.
	* 1. \* TR, infective endocarditis
		2. Rheumatic MR
		3. Congenital AS
		4. Atrial myxoma
		5. Congenital PS
261. A 43-yr-old woman presents with fever and weight loss. She is pale and her spleen is enlarged. Her fingers are mildly clubbed with painful lesions on the pulps. She is breathless. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Infective endocarditis
		2. Left atrial myxomaq
		3. Pericarditis
		4. SLE
		5. Bacteraemia
262. A 43-yr-old woman presents with fever and weight loss. She is pale and her spleen is enlarged. Her fingers are mildly clubbed with painful lesions on the pulps. She is breathless. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Infective endocarditis
		2. Left atrial myxomaq
		3. Pericarditis
		4. SLE
		5. Bacteraemia
263. A 43-yr-old woman presents with fever and weight loss. She is pale and her spleen is enlarged. Her fingers are mildly clubbed with painful lesions on the pulps. She is breathless. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Infective endocarditis
		2. Left atrial myxomaq
		3. Pericarditis
		4. SLE
		5. Bacteraemia
264. A 35-yr-old woman presents with fever and weight loss. She is pale and her spleen is enlarged. Her fingers are mildly clubbed with painful lesions on the pulps. She is breathless. Choose the single most likely diagnosis from the list of options below.
	* 1. Left atrial myxomaq
		2. Pericarditis
		3. SLE
		4. \* Infective endocarditis
		5. Bacteraemia
265. Patient 42 years old complaints on attacks of dyspnea, every time uses 1-2 doses of salbutamol. These attacks are accompanied with cough and minimal amount of viscid glassy sputum. He is ill for 8 years. Objectively: temperature - 36,7 C; breathing rate - 21 in min.; pulse-90 in min.; BP - 130/80.; FEV1 - 77 %. In lungs – a little of dry wheezes. Blood test: eosinophyles - 6 %. What preparations are “basical” in the treatment of this patient?
	* 1. \* antiinflammatory
		2. Cholynolytics
		3. Mucolytics
		4. Antihystaminic
		5. ? 2-agonists
266. A 51-year-old female came to the emergency department complaining on abdominal pain in the left lower part. She says that illness began acute with the pain, subjective fever and diarrhea over the last 8 hours. Abdominal exam shows tenderness in the LLQ of the abdomen.There is no rebound tenderness at McBurney's point and negative Murphy's sign. What investigation is most appropriate for this patient?
	* 1. Ultrasound of the abdomen.
		2. \* CT scan with and without contras.
		3. Colonoscopy.
		4. Barium enema.
		5. Plain upright abdominal X-ray.
267. A 51-yr-old man with previous rheumatic heart disease presents with malaise and low-grade fever for a month. She recently had treatment for a dental abscess. On examination she has splinter haemorrhages and an early diastolic murmur. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Infective endocarditis
		2. Left atrial myxomaq
		3. Pericarditis
		4. SLE
		5. Bacteraemia
268. A 45-yr-old woman with previous rheumatic heart disease presents with malaise and low-grade fever for a month. She recently had treatment for a dental abscess. On examination she has splinter haemorrhages and an early diastolic murmur. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Infective endocarditis
		2. Left atrial myxomaq
		3. Pericarditis
		4. SLE
		5. Bacteraemia
269. A 46-yr-old drug addict is noted to have a PSM at the bottom of the sternum. Giant 'cv' waves are present in the JVP. Choose the single most likely diagnosis from the list of options below
	* 1. \* infective endocarditis ,TR
		2. Rheumatic MR
		3. Congenital AS
		4. Atrial myxoma
		5. Congenital PS
270. A 50-yr-old man presents with fever and chest pain. He has a history of angina. His ECG reveals concave elevations of the ST segments in leads II, V5 and V6. Choose the single most likely diagnosis from the list of options below.
	* 1. Myocardial ischaemia
		2. \* Acute pericarditis
		3. Aortic stenosis
		4. HOCM
		5. Myxoedema
271. A 52-year-old woman is referred for shortness of breath. Her clinical examination shows a 2/6 diastolic murmur along the LSB and a wide pulse pressure. The patient has no signs of heart failure but has a third heart sound and a soft systolic murmur of MR. In patients with a barely audible diastolic murmur and heart failure, what sign is suggestive that severe AR is the cause of the heart failure?
	* 1. \* ABP of 130/45 mmHg
		2. A third heart sound
		3. A murmur of functional MR
		4. An increased second heart sound
		5. A decreased first heart sound
272. A 52-yr-old woman presents with malaise and low grade fever for 1 month. She has splinter haemorrhages in her fingernail beds and macroscopic haematuria. Her spleen is just palpable.
	* 1. \* Infective endocarditis
		2. Portal hypertension
		3. Lymphoma
		4. Felty's syndrome
		5. Myelofibrosis
273. A 42-yr-old woman presents with malaise and low grade fever for 1 month. She has splinter haemorrhages in her fingernail beds and macroscopic haematuria. Her spleen is just palpable.
	* 1. Portal hypertension
		2. Lymphoma
		3. Felty's syndrome
		4. Myelofibrosis
		5. \* Infective endocarditis
274. A 59 year old man with severe myxomatous mitral regurgitation is asymptomatic, with a left ventricular ejection fraction of 45% and an endsystolic diameter index of 2.9 cm/m2. The most appropriate treatment is:
	* 1. \* Mitral valve repair or replacement
		2. No treatment
		3. ACE inhibitor therapy
		4. Digoxin and diuretic therapy
		5. Diuretics
275. Patient 44 y.o., complaints on attack of dyspnea, which arises suddenly at night. Connects this attack with overcooling. He is ill for more than 10 years. Thorax of emphysematous form. During percussion in lungs – “box” sound. During auscultation there is plenty of dry wheezes. In blood: moderate leucocytosis, eosinophylia - 10 %. On the X-ray film – increased pneumatization of pulmonary tissue. What diagnosis is the most possible one?
	* 1. \* Bronchial asthma, exacerbation phase
		2. Bronchiectasis, exacerbation phase
		3. COPD, exacerbation phase
		4. Chronic bronchitis
		5. Eosinophylic pulmonary vasculitis
276. A 60-year-old man presents for a general medical examination. He is totally asymptomatic, has a normal physical activity but a 3/6 systolic murmur is heard over his precordium, at the base of the heart and at the apex. Among the following diagnoses, which is the least likely to produce this murmur?
	* 1. \* MR due to a prolapse of the anterior leaflet
		2. AS
		3. MR due to a prolapse of the posterior leaflet
		4. VSD
		5. HCM
277. A 60-year-old man presents for a general medical examination. He is totally asymptomatic, has a normal physical activity but a 3/6 systolic murmur is heard over his precordium, at the base of the heart and at the apex. An echocardiogram is performed and shows the presence of MR. What is the most frequent cause of MR leading to surgery in the United States?
	* 1. \* Mitral valve prolapse
		2. Rheumatic disease
		3. IE
		4. Mitral annular calcification
		5. Ischemic MR
278. A 62-yr-old man presents with sharp chest pain. He has had it for 3 days and it radiates down into his abdomen. Breathing deeply and coughing aggravate it. On auscultation of the chest you hear a scratching sound. Choose the single most likely diagnosis from the list of options below.
	* 1. Pneumonia
		2. Acute myocarditis
		3. \* Acute pericarditis
		4. HOCM
		5. Congestive cardiomyopathy
279. A 65-year-old man presents with fevers, chills, weight loss, and malaise. His examination demonstrates splinter hemorrhages in his nail beds and conjunctival petechiae. A lll/VI HSM is heard at the cardiac apex. Echocardiography demonstrates a vegetation on his mitral valve and moderate MR. Blood cultures are obtained and grow Streptococcus bovis. He is placed on appropriate antibiotics and remains hemodynamically stable. Further evaluation at this stage should include:
	* 1. \* Colonoscopy
		2. TEE
		3. Thoracic CT scan
		4. СТ scan of the head
		5. Cardiac catheterization
280. A 71-year-old man presents with fevers, chills, weight loss, and malaise. His examination demonstrates splinter hemorrhages in his nail beds and conjunctival petechiae. A lll/VI HSM is heard at the cardiac apex. Echocardiography demonstrates a vegetation on his mitral valve and moderate MR. Blood cultures are obtained and grow Streptococcus bovis. He is placed on appropriate antibiotics and remains hemodynamically stable. Further evaluation at this stage should include:
	* 1. TEE
		2. Thoracic CT scan
		3. СТ scan of the head
		4. Cardiac catheterization
		5. \* Colonoscopy
281. A 75-year-old man presents for evaluation of dyspnea. He reports several years of occasional exertional chest pain and the recent onset of dyspnea both on exertion and at rest. He admits to a single episode of light-headedness while climbing stairs several weeks prior. Examination reveals a soft S2/a HI/VI, and a crescendo-decrescendo systolic murmur at the upper sternal border that radiates to his carotids. What is the cause of his murmur?
	* 1. \* AS
		2. AR
		3. MS
		4. MR
		5. ASD
282. Patient 45 y.o., complaints on dyspnea during small physical exertion, cough with minimal amount of “glass-like” sputum, attacks of dyspnea up to 3 times a day, more often at night, sweating. She is ill for more than 5 years. Has an allergy on dust, smeech. For treatment uses bekotid for near the year. Diagnosis?
	* 1. \* Bronchial asthma
		2. Eosinophylic pulmonary infiltrat
		3. COPD
		4. Bronchiectasis with bronchial spasm
		5. Pulmonary vasculitis (syndrome of Charg - Stross)
283. A female patient develops chest pain which is not associated with exercise and chest auscultation shows multiple non ejection clicks. The investigation which is used to diagnose the disease is :
	* 1. \* Echocardiography
		2. Pyrophosphate scan
		3. Thallium 201 scan
		4. ECG
		5. Angiography
284. Patient 47 y.o., complaints on cough, dyspnea during physical exertion, local pain in the heart region, general weakness. Suffers with COPD for 10 years. During auscultation of lungs were founded disseminated dry wheezes. Systolic blood pressure in the pulmonary artery is 50. It is the most important to prescribe for treatment:
	* 1. \* Euphyllin
		2. Bromhexin
		3. Caffeine
		4. Prednisone
		5. Atropin
285. A middle aged man presents with fever and variable heart murmur. He also complains of fever, malaise and night sweats. On examination you find clubbing and splenomegaly. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Infective endocarditis
		2. Pericardial effusion
		3. SLE
		4. Bacteraemia
		5. Acute myocarditis
286. A student of high school presents with fever and variable heart murmur. He also complains of fever, malaise and night sweats. On examination you find clubbing and splenomegaly. Choose the single most likely diagnosis from the list of options below.
	* 1. Pericardial effusion
		2. SLE
		3. \* Infective endocarditis
		4. Bacteraemia
		5. Acute myocarditis
287. A post-operative cardiac surgical patient developed sudden hypotension, raised central venous pressure, pulsus paradoxus at the 4th post operative hour. The most probable diagnosis is:
	* 1. Excessive mediastinal bleeding
		2. Ventricular dysfunction
		3. Congestive cardiac failure
		4. \* Cardiac tamponade
		5. Shock
288. A young basketball player with ht 188 cm and arm span 197 cm has a diastolic murmur best heard in second right intercostal space: likely cause of murmur is:
	* 1. \* AR
		2. AS
		3. Coarctation of aorta
		4. MR
		5. Bicuspid aortic valve
289. A young man presents with dyspnoea (especially at nights) and wheeze. He is exhausted and coughs. His sputum is frothy and contains blood. ECHO shows the heart to be globular in shape and contracting poorly. Choose the single most likely diagnosis from the list of options below.
	* 1. Pneumonia
		2. Acute myocarditis
		3. Aortic stenosis
		4. HOCM
		5. \* DCM
290. A 20 yr old man presents with dyspnoea, chest pain, fainting spells and palpitations. On auscultation you find a jerky pulse and a late systolic murmur. ECHO demonstrates asymmetrical septal hypertrophy. Choose the single most likely diagnosis from the list of options below.
	* 1. Pneumonia
		2. Acute myocarditis
		3. Aortic stenosis
		4. \* HOCM
		5. Congestive cardiomyopathy
291. An 18-yr-old girl attends family planning clinic, having recently started contraception. On examination she has a systolic murmur and weak foot impulses. Choose the single most likely diagnosis from the list of options below.
	* 1. \* Coarctation of aorta
		2. Mitral Regurgitation
		3. Aortic stenosis
		4. Mitral Stenosis
		5. Aortic Regurgitation
292. An 86-year-old woman is evaluated for recent abrupt onset of dyspnea. She underwent bioprosthetic aortic valve replacement 16 years ago because of calcific aortic stenosis. She has no history of recent febrile illness, and she has had no recent medical or dental procedures. Physical examination shows a harsh, crescendo-decrescendo systolic murmur at the right upper sternal border, radiating to the carotids. Which of the following is the most likely cause of the patients symptoms?
	* 1. \* Prosthetic valve failure
		2. Paraprosthetic leak
		3. Thrombus formation
		4. Infective endocarditis
		5. rheumatic fever
293. Patient 47 y.o., with long history of bronchial asthma, has more frequency of attacks of dyspnea and inhalations of astmopent and berotec are not effective. From prescription of what medicine is it better to begin intensive treatment?
	* 1. \* Glucocorticoids
		2. Oxigen therapy
		3. Bronchodylators
		4. Infuzion therapy
		5. Heart glucozides
294. Following streptococcal sore throat infection, a middle-aged man develops acute chest pain with breathlessness and pallor. His heart rate is rapid and irregular. His cardiac enzymes are normal. There is no evidence of constriction/ right heart failure. Choose the single most likely diagnosis from the list of options below.
	* 1. Pneumonia
		2. \* Acute myocarditis
		3. Acute pericarditis
		4. HOCM
		5. Congestive cardiomyopathy
295. Patient is sent to you for evaluation of dyspnea. A prescheduled exercise echocardiogram is performed. The patient performs only to 50% of her predicted functional aerobic capacity before having to stop because of dyspnea. At peak exercise, the following Doppler signals were obtained: Mean transmitral gradient 22 mmHg, TR velocity 3.8 m/sec, HRl40bpm. What would you do at this time?
	* 1. \* TEE, then PMBV
		2. MVR
		3. Pulmonary angiography
		4. Catheterization of the right and left sides of the heart
		5. Treatment with beta blockers
296. 32-year-old IV drug user presents complaining of fevers, hemoptysis, and pleuritic chest pain over the preceding 2 weeks. On physical examination, his temperature is 38.2°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. What is the most likely diagnosis?
	* 1. Pneumonia
		2. Viral syndrome
		3. \* Infective endocarditis
		4. Pericarditis
		5. Congenital cardiac shunt
297. 33-year-old male was diagnosed with heart failure 2 years ago. His symptoms worsened over the past 3 months and he was hospitalized with an acute decompensation 6 weeks ago. He was discharged on therapy with lisinopril, 20 mg daily, furosemide, 80 mg twice daily, carvedilol, 3.125 mg twice daily, and potassium supplementation. In the 6 weeks since discharge his carvedilol dose was titrated to 25 mg twice daily. He currently can walk one block before dyspnea and notes no orthopnea and trace lower extremity edema. His blood pressure is 125/65 mm Hg and his heart rate is 78/min. He has a regular rhythm, a 2/4 holosystolic murmur at the apex, and no S3. Laboratory data are normal. The most likely EchoCG changes are:
	* 1. \* Dilated chambers
		2. Hypertrophy of VS
		3. Constrictive pericarditis
		4. his left ventricular ejection fraction of 65%
		5. Pericardial effusion
298. 60 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37В°C. Which investigation you will do to cofirm the diagnosis?
	* 1. \* Echocardiograghy
		2. ECG
		3. Chest X-ray
		4. Biochemical blood anylisis
		5. ASLO titre
299. Patient 49 y.o., complaints on dyspnea, cough. Sputum is absent. Used many puffs of salbutamol, intal, but without any efficacy. Objectively: sits, leaning on a table. Total cyanosis of the body. Peripheral edema is absent. Breathing is superficial, dyspnea, during auscultation breathing cannot be heard in some places; wheezes are diffuse, expiration is considerably prolonged. Tones of heart are weak, tachycardia. Pulse - 112/min, BP - 110/70. Liver is near the edge of costal arc. What is the previous diagnosis?
	* 1. \* Status asthmaticus
		2. Bronchial asthma of moderate severity
		3. COPD
		4. Aspiration of foreign body
		5. Heart asthma
300. 64 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37В°C. Which diagnosis do you suspect?
	* 1. \* infective endocarditis
		2. rheumatic fever
		3. pyelonephritis
		4. myocarditis
		5. pneumonia
301. 65 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37В°C. Which investigation you will do to cofirm the diagnosis?
	* 1. \* Echocardiograghy
		2. ECG
		3. Chest X-ray
		4. Biochemical blood anylisis
		5. ASLO titre
302. 68 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37В°C. Which diagnosis do you suspect?
	* 1. \* infective endocarditis
		2. rheumatic fever
		3. pyelonephritis
		4. myocarditis
		5. pneumonia
303. 70 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37°C. Which investigation you will do to cofirm the diagnosis?
	* 1. \* Echocardiograghy
		2. ECG
		3. Chest X-ray
		4. Biochemical blood anylisis
		5. ASLO titre
304. 69 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37°C. Which investigation you will do to cofirm the diagnosis?
	* 1. \* Echocardiograghy
		2. ECG
		3. Chest X-ray
		4. Biochemical blood anylisis
		5. ASLO titre
305. Patient 55 y.o., after appendectomy during 2 days complaints on progressive shortness of breath and cough with yellow sputum. Such symptoms are present in an autumn and spring for several years. He smoks for 25 years. Temperature - 37,1 °С. In lungs - breathing is weaker than normally with some dry wheezes. In blood: L - 10х109/л. X-ray: hyperpneumatization of lungs, diffuse pneumofibrosis. Bronkhoskopy: hyperemia of mucosa with presence of purulent mucus. What is the previous diagnosis?
	* 1. \* COPD
		2. Bronchial asthma
		3. Bronchiectasis
		4. Tromboemboly of pulmonary artery
		5. Pneumonia
306. 70 year old man presented with a three month history of malaise, lethargy, and 8 kg weight loss. Five months previously he had a transurethral resection of the prostate (TURP) for benign prostatic hypertrophy. The early postoperative period was complicated by retention of urine requiring reinsertion of a temporary catheter. On examination there was a pansystolic murmur consistent with mitral regurgitation. The apex beat was not displaced and no other cardiac abnormality was documented. The patient had a temperature of 37°C. Which investigation you will do to confirm the diagnosis?
	* 1. ECG
		2. Chest X-ray
		3. \* Echocardiograghy
		4. Biochemical blood anylisis
		5. ASLO titre
307. A 11-year-old girl is evaluated for a fever and joint pains. Three weeks earlier, she had a sore throat that resolved without treatment. Four days ago, she developed pain and swelling of the right ankle and the right elbow. Today she complains of pain and swelling of the left knee. Physical examination reveals a temperature of 101В°F and an HR of 110. A soft HSM and an S3 are audible at the cardiac apex. The left knee is erythematous and tender; it has an effusion. Laboratory evaluation demonstrates an elevated antistreptococcal antibody. You make the clinical diagnosis of acute rheumatic fever. In regard to this patient, which of the following statements is true?
	* 1. \* She should receive benzathine PCN every 3 weeks until she is 25 years old.
		2. Blood cultures are likely to be positive for group A streptococci.
		3. Cardiac examination is also likely to disclose an OS and a low-pitched middiastolic murmur at the cardiac apex.
		4. Acute antibiotic treatment is not required, as the patient's sore throat has resolved.
		5. She may have residual deformity of her left knee.
308. A 12-year-old boy residing with his parents on a military base presents with a fever of 38.9 В° C and complains of lower back, knee, and wrist pain. The arthritis is not localized to any one joint. He gives a history of a severe sore throat several weeks earlier. Physical examination of the skin reveals pea-sized swellings over the elbows and wrists. He also has two serpiginous, erythematous pink areas on the anterior trunk, each about 5 cm in diameter. Laboratory investigation includes negative blood cultures, negative throat cultures, normal CBC, and erythrocyte sedimentation rate (ESR) of 100. An antistreptolysin- O (ASO) titer is elevated. This point, appropriate therapy would consist of
	* 1. \* parenteral penicillin and aspirin
		2. supportive care alone
		3. parenteral penicillin
		4. parenteral penicillin and glucocorticoids
		5. parenteral penicillin, aspirin, and diazepam
309. A 15-year-old boy residing with his parents on a military base presents with a fever of 38.6 ° C and complains of lower back, knee, and wrist pain. The arthritis is not localized to any one joint. He gives a history of a severe sore throat several weeks earlier. Physical examination of the skin reveals pea-sized swellings over the elbows and wrists. He also has two serpiginous, erythematous pink areas on the anterior trunk, each about 5 cm in diameter. Laboratory investigation includes negative blood cultures, negative throat cultures, normal CBC, and erythrocyte sedimentation rate (ESR) of 100. An antistreptolysin- O (ASO) titer is elevated. This point, appropriate therapy would consist of
	* 1. \* parenteral penicillin and aspirin
		2. supportive care alone
		3. parenteral penicillin
		4. parenteral penicillin and glucocorticoids
		5. parenteral penicillin, aspirin, and diazepam
310. Patient A., 35 y.o., noticed infrequent (rarer than 1 time a week) attacks of dyspnea, which is easily removed with inhalations of ?-2-agonists of short action. During attack in lungs are heard dry wheezes, between attacks FEV1 is more than 80 % from normal. What is the diagnosis:
	* 1. \* Intermittent bronchial asthma
		2. Persistant bronchial asthma of moderate severity
		3. Mild persistent bronchial asthma
		4. Severe persistent bronchial asthma
		5. Given information is not enough for determination of severity of bronchial asthma
311. A 15-year-old girl is evaluated for a fever and joint pains. Three weeks earlier, she had a sore throat that resolved without treatment. Four days ago, she developed pain and swelling of the right ankle and the right elbow. Today she complains of pain and swelling of the left knee. Physical examination reveals a temperature of 101°F and an HR of 110. A soft HSM and an S3 are audible at the cardiac apex. The left knee is erythematous and tender; it has an effusion. Laboratory evaluation demonstrates an elevated antistreptococcal antibody. You make the clinical diagnosis of acute rheumatic fever. In regard to this patient, which of the following statements is true?
	* 1. \* She should receive benzathine PCN every 3 weeks until she is 25 years old.
		2. Blood cultures are likely to be positive for group A streptococci.
		3. Cardiac examination is also likely to disclose an OS and a low-pitched middiastolic murmur at the cardiac apex.
		4. Acute antibiotic treatment is not required, as the patient's sore throat has resolved.
		5. She may have residual deformity of her left knee.
312. Patient B., a 25 years old engineer, appeared during a fire in the area of high concentration of CO (there is an act about an industrial accident). In hospital delivered in the irresponsible state. What laboratory indexes are the early criteria of estimation of severe of the state?
	* 1. Multiplying viscidity of blood
		2. Anemia
		3. Leicocytosis
		4. \* Carboxihemoglobinemia
		5. Methemoglobinemia
313. A 35-year-old IV drug user presents complaining of fevers, hemoptysis over the preceding 2 weeks. On physical examination, his temperature is 38.2°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus and echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. Which of the following is the strongest indication to consider valve replacement surgery in the patient?
	* 1. \* Progressive congestive heart failure (CHF)
		2. Hematuria
		3. Positive cultures for Staphilococcus aureus on the second day of therapy
		4. Splinter hemorrhages and Osler’s nodes
		5. Splenomegaly
314. A 25-year-old IV drug user presents complaining of fevers, hemoptysis over the preceding 2 weeks. On physical examination, his temperature is 38.2В°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus and echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. Which of the following is the strongest indication to consider valve replacement surgery in the patient?
	* 1. \* Progressive congestive heart failure (CHF)
		2. Hematuria
		3. Positive cultures for Staphilococcus aureus on the second day of therapy
		4. Splinter hemorrhages and OslerвЂ™s nodes
		5. Splenomegaly
315. A 25-year-old IV drug user presents complaining of fevers, hemoptysis, and pleuritic chest pain over the preceding 2 weeks. On physical examination, his temperature is 38.2В°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus and echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. He is started on IV antibiotic therapy with nafcillin. Despite 2 weeks of appropriate antibiotic therapy, he continues to have intermittent fevers and has developed a grade 2/6 pansystolic murmur along his left sternal border as well as a first-degree AV block on his ECG. His repeat blood cultures remain positive for S. aureus.\n Which diagnostic test is most appropriate at this time?
	* 1. \* TEE
		2. Electrophysiologic study
		3. TTE
		4. Bronchoscopy
		5. Cardiac catheterization
316. Patient complaints on attacks of dyspnea, which arises 1-2 times a week, night symptoms - 2 times a month and even more frequent. For a patient night sleep is broken as a result of attacks of dyspnea. FEV1 > 80 % from normal. What diagnosis would you suspect?
	* 1. \* Mild persistent BA
		2. Severe persistent BA
		3. Intermittent BA
		4. Moderate persistent BA
		5. Status asthmaticus
317. A 32-year-old IV drug user presents complaining of fevers, hemoptysis, and pleuritic chest pain over the preceding 2 weeks. On physical examination, his temperature is 38.2°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. What is the most likely diagnosis?
	* 1. \* Infective endocarditis
		2. Pneumonia
		3. Viral syndrome
		4. Pericarditis
		5. Congenital cardiac shunt
318. Patient D., 60 years old. Carcinoma of right main bronchus was suspected. What is the nesessary method of investigation?
	* 1. \* Fibreoptic bronchoscopy
		2. Sputum culture
		3. Mediastinoscopy
		4. Spyrography
		5. general blood analysis
319. A 35-year-old construction worker reports having had fevers and chills for several days. Examination reveals a temperature of 102°F, HR of 110 bpm, and BP of 120/85 mm Hg. His teeth are in poor condition. His lungs are clear, and cardiac examination is unremarkable. Blood cultures are drawn and grow Streptococcus viridans. He is diagnosed with SBE. Despite antibiotics, the patient continues to have persistent fever and develops acute dyspnea on the fifth hospital day. Physical examination is likely to reveal:
	* 1. \* An HSM at the apex
		2. An early-peaking, crescendo-decrescendo murmur at the upper sternal border
		3. Weak and delayed carotid upstrokes
		4. An apical middiastolic murmur with presystolic accentuation and an OS
		5. A three-component pericardial friction rub
320. A 47-year-old construction worker reports having had fevers and chills for several days. Examination reveals a temperature of 102°F, HR of 110 bpm, and BP of 120/85 mm Hg. His teeth are in poor condition. His lungs are clear, and cardiac examination is unremarkable. Blood cultures are drawn and grow Streptococcus viridans. He is diagnosed with SBE. Despite antibiotics, the patient continues to have persistent fever and develops acute dyspnea on the fifth hospital day. Physical examination is likely to reveal:
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321. A 35-year-old construction worker reports having had fevers and chills for several days. Examination reveals a temperature of 102°F, HR of 110 bpm, and BP of 120/85 mm Hg. His teeth are in poor condition. His lungs are clear, and cardiac examination is unremarkable. Blood cultures are drawn and grow Streptococcus viridans. He is diagnosed with SBE. Despite antibiotics, the patient continues to have persistent fever and develops acute dyspnea on the fifth hospital day. Physical examination is likely to reveal:
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		3. Weak and delayed carotid upstrokes
		4. An apical middiastolic murmur with presystolic accentuation and an OS
		5. A three-component pericardial friction rub
322. A 35-year-old woman comes to your office for the first time. A cardiologist in another city told her that she has mitral valve prolapse and therefore needs to take antibiotics prior to dental procedures. A copy of her echocardiogram report states that she has Doppler-demonstrated mitral regurgitation. She will have a tooth extracted in 4 days and asks for a 2-day supply of clindamycin, which she was given previously. She states that she is allergic to penicillin. According to current guidelines from the American Heart Association, which of the following is most appropriate for prophylaxis prior to this patients dental procedure? Tell her that she does not need prophylaxis for this procedure
	* 1. \* Prescribe a single 600-mg dose of clindamycin to be taken 1 hour before the procedure
		2. Prescribe a 2-day course of cephalexin to start 30 minutes before the procedure
		3. Prescribe a 7-day course of cephalexin to start today
		4. Prescribe a 2-day course of clindamycin to start 30 minutes before the procedure
		5. Prescribe a 1-day course of cephalexin to start 30 minutes before the procedure
323. Patient E., 43 years old, worker of coal mine, complaints on dyspnoea of expiratory character, cough with dark sputum. On roentgenogram there are the linear-reticulated diffuse changes. Doctor thinks about anthracosis. Which characteristic is peculiar for the coal dust?
	* 1. \* To raise phagocytosis activity.
		2. Stimulation of carcinogenesis.
		3. To cause the unspecific allergic reactions.
		4. To cause the considerable mechanical irritation.
		5. To form colloid precipitates.
324. A 29 year-old woman comes to your office for the first time. A cardiologist in another city told her that she has mitral valve prolapse and therefore needs to take antibiotics prior to dental procedures. A copy of her echocardiogram report states that she has Doppler-demonstrated mitral regurgitation. She will have a tooth extracted in 4 days and asks for a 2-day supply of clindamycin, which she was given previously. She states that she is allergic to penicillin. According to current guidelines from the American Heart Association, which of the following is most appropriate for prophylaxis prior to this patients dental procedure? Tell her that she does not need prophylaxis for this procedure?
	* 1. \* Prescribe a single 600-mg dose of clindamycin to be taken 1 hour before the procedure
		2. Prescribe a 2-day course of cephalexin to start 30 minutes before the procedure
		3. Prescribe a 7-day course of cephalexin to start today
		4. Prescribe a 2-day course of clindamycin to start 30 minutes before the procedure
		5. Prescribe a 7-day course of clindamycin to start 30 minutes before the procedure
325. Patient F., 46 years old, was hospitalized urgently with acute attack of dyspnoea. Last 5 years he works on poultry. During observation bronchial asthma was diagnosed. What additional methods of diagnosis are necessary to confirm professional genesis of asthma?
	* 1. sanitary-hygienic of characteristics of the work conditions.
		2. occupation.
		3. \* allergic and immunological tests.
		4. investigation of the function of external breath.
		5. roentgenography of pulmonary system.
326. A 35-year-old woman who emmigrated to the United States is referred to you by her gynecologist for evaluation of hypertension that was noted 1 week ago, when she sought an evaluation for infertility. She was first told that she had hypertension at 20 years of age, but did not follow up with a physician until recently. On your advice, her gynecologist initiated treatment with amlodipine, 5 mg, after obtaining a blood pressure of 200/100 mm Hg. The patient has frequent headaches and also has cold feet and leg cramping when she walks long distances. Physical examination shows blood pressure of 160/90 mm Hg in the left arm while sitting and heart rate of 70/min. Jugular venous pressure is normal. Carotid pulses are brisk bilaterally. Cardiac examination shows a sustained apical impulse. S1 is normal and S2 is physiologically split. An early systolic ejection sound is noted, and an early peaking murmur is noted at the second right intercostal space. A short diastolic murmur is audible along the left sternal border. Lungs are clear to auscultation. Electrocardiogram shows left ventricular hypertrophy. Findings on urinalysis are normal. Which of the following is the most appropriate next step in the evaluation of this patient?
	* 1. \* Measure the blood pressure in the lower extremities.
		2. Measure serum thyroid-stimulating hormone.
		3. Order an echocardiogram
		4. . Order a 24-hour urine test for metanephrine and vanillylmandelic acid.
		5. Obtain a chest radiograph
327. A 39-year-old woman is referred to you by her gynecologist for evaluation of hypertension that was noted 1 week ago, when she sought an evaluation for infertility. She was first told that she had hypertension at 20 years of age, but did not follow up with a physician until recently. On your advice, her gynecologist initiated treatment with amlodipine, 5 mg, after obtaining a blood pressure of 200/100 mm Hg. The patient has frequent headaches and also has cold feet and leg cramping when she walks long distances. Physical examination shows blood pressure of 160/90 mm Hg in the left arm while sitting and heart rate of 70/min. Jugular venous pressure is normal. Carotid pulses are brisk bilaterally. Cardiac examination shows a sustained apical impulse. S1 is normal and S2 is physiologically split. An early systolic ejection sound is noted, and an early peaking murmur is noted at the second right intercostal space. A short diastolic murmur is audible along the left sternal border. Lungs are clear to auscultation. Electrocardiogram shows left ventricular hypertrophy. Findings on urinalysis are normal. Which of the following is the most appropriate next step in the evaluation of this patient?
	* 1. Measure serum thyroid-stimulating hormone.
		2. \* Measure the blood pressure in the lower extremities.
		3. Order an echocardiogram.
		4. Order a 24-hour urine test for metanephrine and vanillylmandelic acid.
		5. Obtain a chest radiograph.
328. A 42-year-old man is transferred to the intensive care unit because of abrupt onset of hypotension and hypoxemia. He was admitted to the hospital earlier in the day with a 1-week history of fever and night sweats that occurred after dental cleaning. Physical examination shows a temperature of 38.1 °C (100.4 °F), heart rate of 121/min, and blood pressure of 88/30 mm Hg. Diffuse pulmonary crackles are noted. Heart sounds are regular, with a summation gallop. No murmurs are heard. Electrocardiogram shows sinus tachycardia. The hemoglobin level is 14.2 g/dL, and leukocyte count is 18,100/1iL. Transesophageal echocardiography shows a bicuspid aortic valve with associated oscillating soft tissue densities that suggest vegetations. Partial destruction of both cusps is seen, with severe aortic regurgitation. Left ventricular size and systolic function are normal. You order blood cultures and initiate broad-spectrum antimicrobial therapy. Which of the following interventions is indicated?
	* 1. \* Initiate treatment with nitroprusside.
		2. Initiate treatment with a ?-blocker.
		3. Insert an intra-aortic balloon counterpulsation catheter.
		4. Refer the patient for heart catheterization with coronary arteriography.
		5. Transfer the patient to surgery for emergent aortic valve replacement.
329. A 36-year-old man is transferred to the intensive care unit because of abrupt onset of hypotension and hypoxemia. He was admitted to the hospital earlier in the day with a 1-week history of fever and night sweats that occurred after dental cleaning. Physical examination shows a temperature of 38.1 °C (100.4 °F), heart rate of 121/min, and blood pressure of 88/30 mm Hg. Diffuse pulmonary crackles are noted. Heart sounds are regular, with a summation gallop. No murmurs are heard. Electrocardiogram shows sinus tachycardia. The hemoglobin level is 14.2 g/dL, and leukocyte count is 18,100/1iL. Transesophageal echocardiography shows a bicuspid aortic valve with associated oscillating soft tissue densities that suggest vegetations. Partial destruction of both cusps is seen, with severe aortic regurgitation. Left ventricular size and systolic function are normal. You order blood cultures and initiate broad-spectrum antimicrobial therapy. Which of the following interventions is indicated?
	* 1. Initiate treatment with nitroprusside.
		2. Initiate treatment with a ?-blocker.
		3. Insert an intra-aortic balloon counterpulsation catheter.
		4. Refer the patient for heart catheterization with coronary arteriography.
		5. Transfer the patient to surgery for emergent aortic valve replacement
330. A 37-year-old man is evaluated because of fatigue, backache, and intermittent fever of 3 months duration. He has no history of cardiac disease or drug allergies. On physical examination discloses a soft diastolic murmur of aortic insufficiency, which is a new finding. There is splenomegaly. Four sets of blood cultures grow a microorganism of the viridans streptococci group, which is sensitive to penicillin. A transthoracic echocardiogram shows a thickened bicuspid aortic valve with evidence of mild aortic insufficiency. Which of the following intravenous agents is the most appropriate initial antibiotic therapy for this patient?
	* 1. \* Penicillin G for 4 weeks
		2. Vancomycin for 4 weeks
		3. Penicillin G plus gentamicin, both for 4 weeks
		4. Penicillin G plus gentamicin, both for 6 weeks
		5. Ceftriaxone for 8 weeks
331. A 47-year-old woman comes to your office with the chief complaint of palpitations. Symptoms occur once or twice a week for about 30 minutes at a time; they are associated with light-headedness and a sense of anxiety. She notes occasional brief episodes of sharp chest pain but denies dyspnea or syncope. On physical examination, her HR is 68 bpm and regular, BP 125/80 mm Hg. Cardiac examinatior is notable for a normal S1 and S2 and an extra sound in midsystole. There is no murmur. Routine laboratory studies are normal, including CBC and TSH. The next step in management would be:
	* 1. \* Echocardiogram and event monitor
		2. Reassurance
		3. Holter monitor
		4. Event monitor
		5. Tilt-table testing
332. . A 37-year-old woman comes to your office with the chief complaint of palpitations. Symptoms occur once or twice a week for about 30 minutes at a time; they are associated with light-headedness and a sense of anxiety. She notes occasional brief episodes of sharp chest pain but denies dyspnea or syncope. On physical examination, her HR is 68 bpm and regular, BP 125/80 mm Hg. Cardiac examinatior is notable for a normal S1 and S2 and an extra sound in midsystole. There is no murmur. Routine laboratory studies are normal, including CBC and TSH. The next step in management would be:
	* 1. Reassurance
		2. Holter monitor
		3. Event monitor
		4. \* Echocardiogram and event monitor
		5. Tilt-table testing
333. A 49-year-old man presents for an initial office visit. He has no medical problems, but his family history is notable for the early death of his father. On physical examination, he is 6'2"tall and weighs 165 lb. His BP is 112/45 mm Hg.Cardiac examination is regular with a normal S} and S2, a midsystolic click, a late systolic murmur at the apex, and an early diastolic murmur heard at the left midstemal border. His lungs are clear and there is no peripheral edema. ECG is unremarkable. In addition to routine health maintenance, which of the following tests should be performed first:
	* 1. \* TTE
		2. TEE
		3. Cardiac catheterization
		4. CT of the chest
		5. MRA of the chest
334. A 45-year-old man presents for an initial office visit. He has no medical problems, but his family history is notable for the early death of his father. On physical examination, he is 6'2"tall and weighs 165 lb. His BP is 112/45 mm Hg.Cardiac examination is regular with a normal S} and S2, a midsystolic click, a late systolic murmur at the apex, and an early diastolic murmur heard at the left midstemal border. His lungs are clear and there is no peripheral edema. ECG is unremarkable. In addition to routine health maintenance, which of the following tests should be performed first:
	* 1. TEE
		2. \* TTE
		3. Cardiac catheterization
		4. CT of the chest
		5. MRA of the chest
335. Patient F., a 45-year-old woman has recently undergone lumpectomy and radiation therapy for a stage II breast cancer. She received chemotherapy for 6 months. Her periods ceased while she was receiving chemotherapy, and she remains amenorrheic. Her tumor was rich in estrogen receptor, and she is taking tamoxifen. Her hair is growing back, her energy is returning, and she has no specific complaints, but she is worried about recurrence. In addition to routine follow-up, what is the most appropriate management of this patient?
	* 1. \* Routine tumor marker evaluation every 3 to 4 months
		2. Positron emission tomography now and annually
		3. No further management
		4. Bone scan and annual CT of the chest, abdomen, and pelvis
		5. Estrogen replacement therapy
336. A 60-year-old man is evaluated because of fatigue, backache, and intermittent fever of 3 months duration. He has no history of cardiac disease or drug allergies. On physical examination, there are three splinter hemorrhages under his fingernails but no other abnormalities of his skin. Ophthalmologic examination reveals a right conjunctival hemorrhage. Cardiac examination discloses a soft diastolic murmur of aortic insufficiency, which is a new findingA transesophageal echocardiogram confirms these findings and also shows an oscillating mass on the aortic valve. Which of the following intravenous agents is the most appropriate initial antibiotic therapy for this patient?
	* 1. \* Penicillin G for 4 weeks
		2. Vancomycin for 4 weeks
		3. Penicillin G plus gentamicin, both for 4 weeks
		4. Penicillin G plus gentamicin, both for 6 weeks
		5. Ceftriaxone for 8 weeks
337. . A 54-year-old man is evaluated because of fatigue, backache, and intermittent fever of 3 months duration. He has no history of cardiac disease or drug allergies. On physical examination, there are three splinter hemorrhages under his fingernails but no other abnormalities of his skin. Ophthalmologic examination reveals a right conjunctival hemorrhage. Cardiac examination discloses a soft diastolic murmur of aortic insufficiency, which is a new findingA transesophageal echocardiogram confirms these findings and also shows an oscillating mass on the aortic valve. Which of the following intravenous agents is the most appropriate initial antibiotic therapy for this patient?
	* 1. \* Penicillin G for 4 weeks
		2. Vancomycin for 4 weeks
		3. Penicillin G plus gentamicin, both for 4 weeks
		4. Penicillin G plus gentamicin, both for 6 weeks
		5. Ceftriaxone for 8 weeks
338. A 60-year-old man, a smoker, presents with intermittent fevers over a several week period. He has no significant past medical history but was told that he had a murmur at some point in the past. His temperature is 100°F, HR 85 bpm, and BP 135/70 mm Hg. Physical examination reveals digital clubbing and splenomegaly. Small, erythematous, nontender spots are noted over the palmar aspect of his hands. His lungs are clear to auscultation.Cardiac examination reveals a midsystolic click and a faint apical holosystolic murmur. What is the most likely diagnosis?
	* 1. \* Infective endocarditis
		2. Pneumonia
		3. Viral syndrome
		4. Pericarditis
		5. Congenital cardiac shunt
339. A 69-year-old man, a smoker, presents with intermittent fevers over a several week period. He has no significant past medical history but was told that he had a murmur at some point in the past. His temperature is 100°F, HR 85 bpm, and BP 135/70 mm Hg. Physical examination reveals digital clubbing and splenomegaly. Small, erythematous, nontender spots are noted over the palmar aspect of his hands. His lungs are clear to auscultation.Cardiac examination reveals a midsystolic click and a faint apical holosystolic murmur. What is the most likely diagnosis?
	* 1. Pneumonia
		2. Viral syndrome
		3. \* Infective endocarditis
		4. Pericarditis
		5. Congenital cardiac shunt
340. A 65-year-old man is referred to you after an episode of syncope. While walking on the beach in Florida, he had sudden loss of consciousness and awoke to find his family looking down at him. He does not recall the event, but his daughter states that he "fell over" without warning. He has never had syncope in the past but does admit to occasional chest pain and exertional dyspnea. Physical examination reveals a BP of 132/76 mm Hg and a HR of 72 bpm. His lungs are clear. His carotid pulses are diminished and there is a loud, late-peaking systolic ejection murmur over the sternal border near the second intercostal space. The second heart sound is faintly audible. Pulses are 1 + in all four extremities; there is no edema. The most likely cause of this patient's syncope is:
	* 1. \* AS
		2. AMI
		3. Orthostatic hypotension
		4. Vasovagal syncope
		5. MS
341. Patient G., 36 years, works on a poultry factory. Her emergency hospitalized with acute attack of dyspnoea. During observation was diagnosed bronchial asthma. What additional methods of research must be conducted above all things for confirmation of professional genesis of bronchial asthma?
	* 1. roentgenologic research of breathing organs
		2. professional route of patient
		3. sanitary-hygienic characteristic of work conditions.
		4. research of function of the external breathing
		5. \* tests of allergists and immunological
342. A 70-year-old man presents with complaints of dyspnea and a pounding sensation in his neck, which he has noted over the past several months. He has not seen a physician in over 20 years. He notes that when was under the care of a physician, he was on two antihypertensive agents but stopped taking them when they ran out because he "felt fine." On physical examination, his BP is 190/55 mm Hg and his pulse rate is 88/min. He has a bounding carotid pulse. The cardiac apical impulse is hyperdynamic and laterally displaced. On auscultation, ST is soft and a high-pitched descrescendo diastolic murmur is heard in the third left intercostal space. Lungs are clear to auscultation. His extremities are without edema; however, visible pulsations in his nail beds are noted. What is the most likely etiology of his symptoms?
	* 1. \* AR
		2. AS
		3. MS
		4. Mitral insufficiency
		5. Tricuspid insufficiency
343. A 78-year-old man is admitted to the intensive care unit because of severe congestive heart failure that requires monitoring with a central venous catheter. After 2 days, he develops diaphoresis, tachycardia, and a temperature of 39.5 °C (103.1 °F). A small amount of purulent material is noted at the catheter site. The catheter is removed, blood culture specimens are drawn, and empiric vancomycin is begun. The patient improves, but the catheter tip and both sets of blood cultures grow Staphylococcus aureus that is reported to be sensitive to oxacillin. Vancomycin is changed to nafcillin, 2 g intravenously every 4 hours. No signs of endocarditis are noted on physical examination, and repeat blood cultures show no growth. On hospital day 7, the patient appears ready for discharge, based on cardiac and hemodynamic parameters. Which of the following is the most appropriate management at this time?
	* 1. \* Obtain a transesophageal echocardiogram; if this does not show signs of endocarditis, continue the intravenous nafcillin for a total of 14 days
		2. No additional diagnostic studies are needed; stop the intravenous nafcillin
		3. No additional diagnostic studies are needed; continue the intravenous nafcillin for a total of 8 weeks
		4. No additional diagnostic studies are needed; substitute oral dicloxacillin for the intravenous nafcillin for a total of 10 days of antibiotics
		5. Obtain a transesophageal echocardiogram; if this does not show signs of endocarditis, continue the intravenous nafcillin for a total of 6 weeks
344. A young motorist suffered injuries in a major road traffic accident. He was diagnosed to have fracture of left femur and left humerus. He was also having fractures of multiple ribs anteriorly on both the sides. On examination the blood pressure was 80/60 mm Hg. and heart rate was 140/minute. The patient was agitated, restless. Jugular veins were distended. Air entry was adequate in both the lung fields. Heart sounds were barely audible. Femoral pulses were weakly palpable but distally no pulsation could be felt. On priority basis, the immediate intervention would be :
	* 1. Rapid blood transfusion
		2. \* Urgent pericardial tap.
		3. Intercostal tube drainage on both the sides.
		4. Fixation of left femur and repair of femoral artery.
		5. Rapid fluid infusion
345. An 86-year-old woman is evaluated for recent abrupt onset of dyspnea. She underwent bioprosthetic aortic valve replacement 16 years ago because of calcific aortic stenosis. She has no history of recent febrile illness, and she has had no recent medical or dental procedures. Physical examination shows a harsh, crescendo-decrescendo systolic murmur at the right upper sternal border, radiating to the carotids. Which of the following is the most likely cause of the patients symptoms?
	* 1. \* Prosthetic valve failure
		2. Paraprosthetic leak
		3. Thrombus formation
		4. Mitral stenosis and mitral regurgitation
		5. Infective endocarditis
346. Two years after undergoing mitral valve replacement, a 48-year-old man has a cerebrovascular accident. Except for fever, general physical examination is noncontributory. A transesophageal echocardiogram shows an oscillating mass on the mitral valve but no evidence of perivalvular extension or abscess. Six sets of blood cultures grow Enterococcus faecalis, which is resistant to penicillin and ampicillin but sensitive to vancomycin. A decision is made to treat medically, and the patient is begun on vancomycin, 1 g intravenously every 12 hours, and gentamicin, 80mg intravenously every 8 hours. The technician notes that the vancomycin peak and trough levels and the gentamicin trough level are in the desirable range but that the laboratory’s therapeutic peak range for gentamicin is 4 to 8 ?g/mL. Repeat blood cultures show no growth, and complete blood count and serum creatinine values are normal.
	* 1. \* Keep both the gentamicin and the vancomycin doses unchanged
			1. Increase the gentamicin dose; keep the vancomycin unchanged
		2. Decrease the interval between the gentamicin doses; keep the vancomycin unchanged
			1. Increase the vancomycin dose; keep the gentamicin unchanged
			2. Increase the gentamicin dose; keep the vancomycin unchanged and decrease the interval between the gentamicin doses.
347. A 35-year-old IV drug user presents complaining of fevers, hemoptysis over the preceding 2 weeks. On physical examination, his temperature is 38.2В°C, pulse rate is 100/min, and BP is 110/68. His LV impulse is normal and no murmurs are appreciated on cardiac auscultation. His lungs are clear to auscultation. Three sets of blood cultures are positive for Staphylococcus aureus and echocardiography shows a tricuspid valve vegetation with trace tricuspid regurgitation. Which of the following is the strongest indication to consider valve replacement surgery in the patient?
	* 1. \* Progressive congestive heart failure (CHF)
		2. Hematuria
		3. Positive cultures for Staphilococcus aureus on the second day of therapy
		4. Splinter hemorrhages and OslerвЂ™s nodes
		5. Splenomegaly
348. A 78-year-old man is admitted to the intensive care unit because of severe congestive heart failure that requires monitoring with a central venous catheter. After 2 days, he develops diaphoresis, tachycardia, and a temperature of 39.5 °C (103.1 °F). A small amount of purulent material is noted at the catheter site. The catheter is removed, blood culture specimens are drawn, and empiric vancomycin is begun. The patient improves, but the catheter tip and both sets of blood cultures grow Staphylococcus aureus that is reported to be sensitive to oxacillin. Vancomycin is changed to nafcillin, 2 g intravenously every 4 hours. No signs of endocarditis are noted on physical examination, and repeat blood cultures show no growth. On hospital day 7, the patient appears ready for discharge, based on cardiac and hemodynamic parameters. Which of the following is the most appropriate management at this time?
	* 1. \* Obtain a transesophageal echocardiogram; if this does not show signs of endocarditis, continue the intravenous nafcillin for a total of 14 days
		2. No additional diagnostic studies are needed; stop the intravenous nafcillin
		3. No additional diagnostic studies are needed; continue the intravenous nafcillin for a total of 8 weeks
		4. No additional diagnostic studies are needed; substitute oral dicloxacillin for the intravenous nafcillin for a total of 10 days of antibiotics
		5. Obtain a transesophageal echocardiogram; if this does not show signs of endocarditis, continue the intravenous nafcillin for a total of 6 weeks
349. Patient H., a 52 years old man is evaluated because of a 2-month history of nonproductive cough, myalgias, and low-grade fever. When his illness began, a chest radiograph showed bilateral alveolar infiltrates, and a presumptive diagnosis of community-acquired pneumonia was made. He was treated with oral azithromycin without effect, followed by a 10-day course of levofloxacin, also without effect. During the course of his illness he has lost 4.5 kg without significant anorexia. He is a lifetime nonsmoker and works as an office manager. He has no pets and no unusual hobbies. On physical examination, his vitals signs are normal, except for a respiration rate of 20/min. He is in mild respiratory distress on exertion. On examination of the chest, bilateral crackles are audible, without wheezing. Chest radiograph shows bilateral alveolar infiltrates, which are changed in location from those seen on his original radiographs. Pulmonary function tests show forced expiratory volume in 1 sec (FEV1) 75% of predicted, forced vital capacity (FVC) 72% of predicted, total lung capacity 80% of predicted, and diffusing lung capacity for carbon monoxide 65% of predicted. Arterial blood gas values, with the patient breathing room air, are PO2 62 mm Hg, PCO 242 mm Hg, and pH 7.39.Which of the following is the most likely diagnosis?
	* 1. \* Cryptogenic organizing pneumonitis
		2. Hypersensitivity pneumonitis
		3. Resistant pneumococcal pneumonia
		4. Chlamydia pneumonia
		5. Bronchoalveolar cell carcinoma
350. Patient has severe attack of bronchial asthma which lasts more than 1 hour. Usage of beta-agonists in inhalation, euphyllin intravenously and cholynolytics was not effective. What medicines are necessary for emergency therapy?
	* 1. \* Glucocorticosteroids intravenously
		2. Beta-agonists intravenously
		3. Inhaled glucocorticosteroids
		4. antihystaminic
		5. Nonsteroid anti-inflammatory medicines
351. Patient I., a 50 years old man is evaluated in the emergency department because of fever, a nonproductive cough, and a 2-day history of myalgia and headache. He has also had some nausea and diarrhea. He is a heavy smoker. On physical examination, he is slightly disoriented. Temperature is 38.9 C, pulse rate is 110/min, respiration rate is 32/min. Chest radiograph shows fluffy infiltrates to the right upper and lower lobes. Results of laboratory testing show serum sodium of 128 meq/L, blood urea nitrogen of 42 mg/dL, serum creatinine of 2.2 mg/dL, and serum creatine kinase of 250 U/L. Which one of the following is best next step in the management of this patients pneumonia?
	* 1. \* Initiate empiric antibiotic therapy for Legionella
		2. Order direct fluorescent antibody testing of the sputum for Legionella
		3. Order serologic testing for Legionella
		4. Send a urine specimen for measurement of Legionella antigen
		5. All of the above
352. Patient J., 36 y.o., complains for fever (39 C), pain in the left part of the chest. Pleuroneumonia was diagnosed in the patient. What onset is typical for pleuropneumonia?
	* 1. \* Acute
		2. Latent
		3. Fulminant
		4. Gradual
		5. Non of the above
353. Patient K., 27 y.o., complains for dry cough, hoarseness, general weakness, sweating, increase of body temperature up to 37,50С. Data of physical examination: vocal fremitus is not changed, resonant pulmonary sound is heard above the lungs. Preliminary diagnosis?
	* 1. Acute
		2. \* Acute catarrhal bronchitis
		3. Pneumonia
		4. Pulmonary emphysema
		5. Pleural empyema
354. Patient K., 37 years old, worker of the factory, during a fire appeared in the area of high concentration of CO. In a clinic he was delivered without consciousness. In a blood test: Er - 4,5 x 1012/l, НЬ - 136 g/l, Le - 17,2 x 109/l, eoz - 0 %, stick nucleus - 5 %, segments - 65 %, lymphocytes - 22 %, monocytes - 3 %, ESR - 3 mm/h., carboxyhaemoglobin in blood - 52 %. What criterion is most important for determination of degree of severity of the patient?
	* 1. Results of ECG and spirography
		2. Presence of violations of breathing
		3. \* Duration of loss of consciousness
		4. Prevalence of trophic violations
		5. Development of vascular violations
355. A 60-year-old man who is alcoholic is admitted to the emergency department with hematemesis. His pulse is 110/min, blood pressure is 100/60 mm Hg and respiration rate is 19/min. He has multiple spider angiomata on his back and chest with bilateral gynecomastia. Abdominal examination revealed hepatosplenomegaly. Also his abdomen is distended and tympanic on percussion, a fluid level is easily detectable. His testicles are small and a rectal examination produces guaiac-negative stool. His hematocritis is 23%. After placement of a nasogastric tube 400 mL of bright red blood has been evacuated. After initial fluid resuscitation, what is the following, most appropriate investigation?
	* 1. Investigestion with barium.
		2. Esophageal balloon tamponade.
		3. \* Esophagogastroscopy.
		4. Exploratory celiotomy.
		5. Selective angiography.
356. Patient L. 25 years old has persistent bronchial asthma. Prophylaxis of attacks of dyspnea can be provided with:
	* 1. \* Fluticasoni
		2. Theophillin
		3. Salbutamol
		4. Antihystaminic medicines
		5. Atrovent
357. Patient M., 30 years old, during last 3 years works as a nurse in cabinet of manipulation. Last year during the contact with penicilline complains on discomfort in throat, sneezing, attack of cough and attack of dyspnoea which disappear after inhalation of salbutamol. During last months attack of dyspnoea became more severe and occurred only at contact with penicilline. During the life she had not any diseases. She hadn’t allergic diseases. She hadn’t received antibiotics. Can we consider the bronchial asthma to be professional in this patient?
	* 1. no, we can’t.
		2. yes, we can if we have conclusion about attacks of bronchial asthma.
		3. yes, we can if we have conclusion about appearance of bronchial asthma attacks after contact with penicilline.
		4. yes, we can.
		5. \* yes, we can, if allergic and immunological tests are positive.
358. Patient M., 39 years old, is ill with attacks of cough with yellow-brown sputum, pain in a right side, related to the deep breathing, sweating. He is ill for 6 days, after overcooling. Used aspirin. Objectively: T - 39,6 °С, breathing rate - 26/min., pulse - 110/min., BP -110/70. In lower part of right lung - moist loud rales. X-ray: in right lower lobe there is massive unhomogeneous infiltration with lighter areas, sinus is not changed. What complication of disease is the most possible?
	* 1. \* Abscesses
		2. Dry pleurisy
		3. Empiema of pleura
		4. Spontaneous pneumothorax
		5. Pulmonary athelectasis
359. Patient N., 45 y.o., complains for fever (38 C), sweating, dry caugh and general weakness. Bronchopneumonia was diagnosed in the patient. What onset is typical for bronchopneumonia?
	* 1. Acute
		2. Latent
		3. Fulminant
		4. \* Gradual
		5. Non of the above
360. Patient O., 29-yr-old male prostitute has felt generally unwell for 2 months with some weight loss. Over the last 3 weeks he has noticed a dry cough with increasing breathlessness. Two courses of antibiotics from the GP have produced no improvement. The CXR shows bilateral interstitial infiltrates. What is the most possible etiology of disease?
	* 1. \* Pneumocystis carinii
		2. Streptococcus pneumoniae
		3. Mycoplasma pneumoniae
		4. Fungal
		5. Legionella pneumoniae
361. Patient of 54 y.o., complaints on dyspnea during easy physical exertion, cough with small amount of sputum. Objectively: diffuse cyanosis. Thorax of emphysematous form. In lungs there is weak vesicular breathing with prolonged expiration, diffuse dry wheezes. BP -140/80. Pulse - 92/min., rhythmic. Spirography: FVC -65 %, FEV1 – 50 %, FEV1/FVC - 58 %. What is the type of respiratory failure:
	* 1. \* Obstructive type of RF
		2. Mixed with prevalence of restriction type of RF
		3. Restrictive type of RF
		4. Mixed with prevalence of obstruction type of RF
		5. There is no signs of respiratory failure
362. A 67-year-male is presented with a complaint on fatigue. There is no history of alcohol abuse or liver disease. Scleral are not noticed to be icterus on physical examination. The liver and spleen are nonpalpable. The patient is noticed to have a normocytic, normochromic anemia. The first step of such patient’s investigation is:
	* 1. CT scan of the abdomen.
		2. Hepatitis profile.
		3. \* Liver function tests, including direct ang indirect bilirubin and urine bilirubin.
		4. Abdominal ultrasound.
		5. Percutaneous transhepatic cholangiography.
363. Patient of 23, during viral respiratory infection used 1 gramm of aspirin, after that he received an attack of severe dyspnea with prolonged expiration, prescription of euffilin was necessary. There was no any allergic diseases in his history. Had two operations for the treatment of nasal poliposis. What is your diagnosis:
	* 1. \* Aspirin asthma
		2. Symptomatic bronchia; spasm
		3. Intermittent bronchial asthma
		4. Persistent bronchial asthma
		5. Asthma of physical exertion
364. A 67-year-old male presents with conjugated hyperbilirubinema with a bilirubin detected in the urine. Serum bilirubin is 12 mg/dL, AST and ALT are on normal range and alkaline phosphatase is 300 U/L (3 times more than norme). The next investigation is:
	* 1. \* Ultrasound or CT scan.
		2. Hepatitis profile.
		3. Reticulocyte count.
		4. Family history for hemochromatosis.
		5. Colonoscopy.
365. Patient of 41, complaints on permanent cough with small amount of mucus sputum. A morning cough disturbs for 5 years, 2-3 times a year after overcooling worses. He is a smoker, uses an alcohol. During percussion band-box sound over the lungs. Small amount of dry wheezes. X-ray shows increased sizes of rhadicis of lungs, diffuse pneumofibrosis. What diagnosis is the most possible?
	* 1. \* COPD
		2. Pneumonia
		3. Bronchiectasis
		4. Emphysema of lungs
		5. Bronchial asthma
366. Patient of 44 episodically in spring have dyspnea with worsening of expiration, wheezes in lungs. Brief daily symptoms are rarer than once a week, night symptomes less than 2 times a month. PEV and FEV1 - 80 %. Between exacerbations wheezes in lungs are absent. What is the possible diagnosis?
	* 1. \* Intermittent bronchial asthma
		2. Easy persistent bronchial asthma
		3. Middle persistent bronchial asthma
		4. Severe persistent bronchial asthma
		5. COPD
367. Patient of 44 episodically in spring have dyspnea with worsening of expiration, wheezes in lungs. Brief daily symptoms are rarer than once a week, night symptomes less than 2 times a month. PEV and FEV1 - 80 %. Between exacerbations wheezes in lungs are absent. What is the possible diagnosis?
	* 1. \* Intermittent bronchial asthma
		2. Easy persistent bronchial asthma
		3. Middle persistent bronchial asthma
		4. Severe persistent bronchial asthma
		5. COPD
368. Patient of 51, with 10-years history of bronchial asthma, has more frequency of attacks of dyspnea and inhalations of astmopent and berotec are not effective. From prescription of what medicine is it better to begin intensive treatment?
	* 1. \* Glucocorticoids
		2. Oxigen therapy
		3. Bronchodylators
		4. Infuzion therapy
		5. Heart glucozides
369. Patient of 52 has heavy attack of expiration dyspnea with severe moist cough with diffuse dry and moist wheezes, palpitation and diffuse cyanosis. What medicine is the most useful as the first aid?
	* 1. \* Salbutamol
		2. Strofantin
		3. Lazolvan
		4. Atrovent
		5. Prednisol
370. Patient of 52 has severe attack of expiration dyspnea, with severe dry cough with heared on distance wheezes, palpitation. What preparation is the best one for the first aid?
	* 1. \* Salbutamol
		2. Strofantin
		3. Lasolvan
		4. Atrovent
		5. Prednisone
371. Patient of 54, complaints on dyspnea during small physical exertion, cough with minimal amount of sputum. Objectively: diffuse cyanosis. Thorax of emphysematous form. In lungs breathing is vesicular, weak with prolonged expiration, dry wheezes are heard. BP -140/80. Pulse - 92/min, rhythmic. Spirography: FVC – 72 %, FEV1/FVC - 50 %. Write the type of respiratory failure in this patient:
	* 1. \* Obstructive
		2. Mixed type with prevalence of obstruction
		3. Restrictive
		4. Mixed type with prevalence of restriction
		5. Respiratory insufficiency is absent
372. A 68-year-old male is presented with a complaint on fatigue. There is no history of alcohol abuse or liver disease. Scleral are not noticed to be icterus on physical examination. The liver and spleen are nonpalpable. The patient is noticed to have conjugated hyperbilirubinema with bilirubin detected in the urine. Serum bilirubin is 12 mg/dL, AST and ALT are in normal range, and alkaline phosphatase is 300 U/L (3 times more than norme). The first step of such patient’s investigation is:
	* 1. \* Ultrasound or CT scan.
		2. Hepatitis profile.
		3. Reticulocyte count.
		4. Family history for hemochromatosis.
		5. Esophagogastroduodenoscopy.
373. Patient P., a young male homosexual with Kaposi's sarcoma complains of increasing breathlessness and a dry cough. He has a 3-day history of shivering, general malaise and productive cough. The X-ray shows right lower lobe consolidation. What is the most possible etiology of disease?
	* 1. \* Pneumocystis carinii
		2. Mycoplasma tuberculosis
		3. Haemophilus influenzae
		4. Chlamydia trachomatis
		5. Klebsiella pneumoniae
374. A 70-year-old male is presented with a complaint on fatigue. There is no history of alcohol abuse or liver disease. This patient does not take medication. Scleral are not noticed to be icterus on physical examination. There is no evidence of chronic liver disease on physical examinatio and the liver and spleen are nonpalpable. The patient is noticed to have a normocytic, normochromic anemia. The first step of such patient’s investigation is:
	* 1. CT scan of the abdomen.
		2. Hepatitis profile.
		3. \* Liver function tests, including direct and indirect bilirubin and urine bilirubin.
		4. Abdominal ultrasound.
		5. Esophagogastroduodenoscopy.
375. Patient Q., 37 years old, was operated in the surgical department because of appendicitis. After 4 days appeared the recidive of chills, cough, dyspnea, fever 38,5 °С, returned leucocytosis with shift to the left. On X-ray there is infiltration of lower right lobe. What is the diagnosis?
	* 1. \* Nosocomial pneumonia
		2. Pulmonary abscess
		3. Infarction pneumonia
		4. Community-acquired pneumonia
		5. Tuberculosis
376. Patient R., 48 y.o., complains for sharp pain in the right part of his chest at deep breathing and caugh. Pain in the chest which relates to disease of respiratory system, is typical for
	* 1. bronchiectatic disease
		2. asthma
		3. emphysema
		4. exudative pleurisy
		5. \* dry pleurisy
377. Patient S., a 25-yr-old male has just returned from holiday abroad presents with flu-like illness, headaches, high fever prior to this, he had complained of abdominal pain, vomiting, diarrhoea associated with blood per rectum. What is the most possible etiology of disease?
	* 1. \* Legionella pneumoniae
		2. Streptococcus pneumoniae
		3. Mycoplasma pneumoniae
		4. Pneumocystis carinii
		5. Fungal
378. Patient V. complaints on dyspnea in rest, fever, sweating, pain in a thorax. During examination the right part of thorax falls behind in the act of breathing, percussion - dull sound, auscultation - absence of respiratory sounds. On the X-ray: homogeneous darkening of 2/3 of right lung. Most informing for diagnosis is:
	* 1. \* Pleural punction
		2. Pneumotachometry
		3. Bronchoscopy
		4. Bronchography
		5. Spyrometry
379. Patient V., a 24 years old barman, presents with a dry cough of sudden onset. He complains of a chest pain and rusty sputum. He also has a very high fever, rapid breathing, cyanosis and crepitations. Pneumonia was suspected. What is the most nesessary method of investigation?
	* 1. \* X-ray
		2. Spirography
		3. Analysis of sputum
		4. General blood analysis
		5. General urine analysis
380. Patient W., 62 y.o., suffers with morning caugh with expectoration of large volume of greenish sputum The sputum is better expelled in a certain position of patient’s body. . Occureing of a such kind of caugh is typical for
	* 1. \* bronchiectatic disease
		2. asthma
		3. emphysema
		4. pneumonia
		5. pleurisy
381. A 70-year-old male is presented with a complaint on fatigue. There is no history of alcohol abuse or liver disease. This patient does not take medication. Scleral are not noticed to be icterus on physical examination. There is no evidence of chronic liver disease on physical examinatio and the liver and spleen are nonpalpable. The patient is noticed to have conjugated hyperbilirubinema with bilirubin detected in the urine. Serum bilirubin is 12 mg/dL, AST and ALT are on normal range and alkaline phosphatase is 300 U/L (3 times more than norme). The next step of such patient’s investigation is:
	* 1. \* Ultrasound or CT scan.
		2. Hepatitis profile.
		3. Reticulocyte count.
		4. Family history for hemochromatosis.
		5. Esophagogastroduodenoscopy.
382. Patient W., 67 years old, during the epidemic of influenza after decreasing of fever noticed pain appeared in a thorax, cough with yellow-green sputum (amount-100 ml a day), sometimes with some blood. Objectively: breathing rate - 36/min. In lungs from the right side lower scapula there is dull sound during percussion, hard breathing, and moist rales. Blood test: L - 18,6х109/l, ESR -64 mm/h. Analysis of sputum\: L -80-100 , Er - 40-50, elastic fibres, cocci. X-ray: rhadicis are enlarged, from the right side lower lobe is heterogeneously infiltrated with two lighter areas. What is the most possible previous diagnosis?
	* 1. \* Right-side pneumonia with abscesses
		2. Peripheral cancer
		3. Infiltrative tuberculosis in the phase of disintegration
		4. Exudative pleurisy
		5. Infarction-pneumonia
383. Patient X., 55 years old, was admitted to the hospital recently. He complaints on cough with very small amount of mucous-purulent sputum, significant weakness, increased temperature, which is accompanied with chill, dizziness. Objectively: t - 38°С. Breathing rate - 22/min. Heart rate - 90/min., BP - 110/70. From the right side below scapula the vocal shaking is increased, percussion sound is shortened, vesicular breathing is weaker, small amount of moist rales. Tones of heart are dull, rhythm is correct, moderate tachycardia. Doctor suspected pneumonia. The presence of what syndrome let to suspect such diagnosis?
	* 1. \* Pulmonary tissue infiltration
		2. Intoxication
		3. Inflammation
		4. Bronchial obstruction
		5. Respiratory insufficiency
384. Patient Z., a 33-yr-old car mechanic is brought to casualty by his girlfriend. She describes a 2-day history of rigors, sweats and intermittent confusion. On examination he is agitated, sweaty and pyrexial with 38.6° C. He is hyperventilating and cyanosed despite receiving O2 by face mask. There is dullness to percussion and bronchial breathing at the left lung basse. What method of investigation is necessary?
	* 1. \* Chest X-ray
		2. Spiral CT with contrast
		3. Arterial blood gases
		4. Blood count and film
		5. Urea and electrolytes
385. Previously healthy 28-year-old man is evaluated in the emergency department because of fever, productive cough, and shortness of breath. His temperature is 40 C (104 F), pulse is 120/min, respiration rate is 32/min, and blood pressure is 100/70 mm Hg. Measurement of arterial blood gases with the patient breathing room air shows PO2 of 55 mm Hg, PCO2 of 30 mm Hg, pH of 7.41. Chest radiograph reveals bilateral alveolar infiltrates with no effusions. Gram stain of the sputum reveals gram-positive diplococci. Which of the following is the most appropriate for this patient?
	* 1. \* Hospitalize him
		2. Treat him as an outpatient with oral therapy.
		3. Treat him as an outpatient with intravenous therapy.
		4. Hospitalize the patient in the intensive care unit.
		5. All of the above
386. Previously healthy 32-yr-old woman presents with general malaise, severe cough and breathlessness, which has not improved with a 7 day course of Amoxycillin. There is nothing significant to find on examination. The X-ray shows patchy shadowing throughout the lung fields. The blood film shows clumping of red cells with suggestion of cold agglutinins. What is the most possible etiology of disease?
	* 1. \* Mycoplasma pneumoniae
		2. Legionella pneumonia
		3. Haemophilus influenzae
		4. Chlamydia trachomatis
		5. Klebsiella pneumoniae
387. The 60-year-old patient tells you that she smoked three packs of cigarettes per day since she was 15 years old, until she was 40, and then smoked two packs per day. How many pack-years should you record in the patient's history?
	* 1. 45
		2. 80
		3. 90
		4. \* 115
		5. Non of above
388. A 66-year-old male is presented with a complaint on fatigue. There is no history of alcohol abuse or liver disease. This patient does not take medication. Scleral are not noticed to be icterus on physical examination. There is no evidence of chronic liver disease on physical examinatio and the liver and spleen are nonpalpable. The patient is noticed to have conjugated hyperbilirubinema with bilirubin detected in the urine. Serum bilirubin is 12 mg/dL, AST and ALT are on normal range and alkaline phosphatase is 300 U/L (3 times more than norme). The next step of such patient’s investigation is:
	* 1. \* Ultrasound of abdomen.
		2. Hepatitis profile.
		3. Reticulocyte count.
		4. Family history for hemochromatosis.
		5. Esophagogastroduodenoscopy.
389. The 82-year-old patient has a pulmonary infection. Which nursing action addresses the age-related change of increased vascular resistance to blood flow through pulmonary vasculature in this patient?
	* 1. Encouraging the patient to turn, cough, and deep breathe every hour.
		2. \* Assessing the patient's level of consciousness.
		3. Raising the head of the bed.
		4. Humidifying the oxygen.
		5. Non of above
390. The patient diagnosed with moderate stage COPD says there is no sense in stopping smoking now because the damage is done. Which response is the best rationale for encouraging this patient to stop smoking?
	* 1. “The damage will be reversed.”
		2. \* “The COPD will progress more slowly.”
		3. “Your risk for asthma development, which would further reduce your lung function, will be decreased.”
		4. “You will be less likely to lose excessive amounts of weight and will have a more normal appearance.”
		5. Non of above
391. The patient has broken ribs that penetrated through the skin as a result of a motor vehicle crash 3 days ago. The patient now complains of increased pain, shortness of breath, and fever. Which assessment finding alerts the physician to the possibility of a pleural effusion and empyema?
	* 1. Wheezing on exhalation on the side with the broken ribs
		2. \* Absence of fremitus at and below the site of injury
		3. Crepitus of the skin around the site of injury
		4. Absence of gastric motility
		5. Non of above
392. The patient has severe nasal congestion, headache, and sneezing but no rhinorrhea, watery eyes, sore throat, or fever. Which statement made by the patient alerts the physician to the possibility of rhinitis medicamentosa?
	* 1. “I have been taking two aspirins every 6 hours for this headache.”
		2. \* “My nose doesn't stay open even though I'm using nasal spray every hour.”
		3. “I have been taking a lot of vitamin C this year to keep from getting so many colds.”
		4. “The only way I can get to sleep with this nasal congestion is by taking an over-the-counter antihistamine at night.”
		5. Non of above
393. The patient is 34 years old and has been diagnosed with COPD as a result of being homozygous for a mutation of the alpha1-antitrypsin (AAT) gene alleles. His wife has two normal AAT gene alleles. He is concerned that his two children may develop this problem. What is your best response?
	* 1. “Because neither of your parents have COPD and your wife does not have the abnormal gene alleles, your children will not be affected.”
		2. “Because your wife is not affected nor is or a carrier, your children will have normal levels of AAT and their risk is the same as for the general population.”
		3. “Because you have the mutations and your wife does not, your son will be at an increased risk for developing COPD but your daughter will only be a carrier.”
		4. \* “Because both of your AAT gene alleles are mutated, your children will each have one abnormal gene and their risk for COPD is only increased if they smoke or are chronically exposed to other precipitating factors.”
		5. Non of above
394. The patient is a 42-year-old man recently diagnosed with new-onset asthma. What specific patiental/demographic information should you obtain related to this diagnosis?
	* 1. Previous diagnosis of pneumonia or tuberculosis
		2. Known allergies and hypersensitivities
		3. Nutritional intake and diet history
		4. \* Occupation and hobbies
		5. Non of above
395. The patient is a 48-year-old woman who has never smoked and has just been diagnosed with lung cancer. Which type is she most likely to have?
	* 1. \* Adenocarcinoma
		2. Large cell carcinoma
		3. Small cell carcinoma
		4. Squamous cell carcinoma
		5. Non of above
396. The patient is taking enalapril (Vasotec), an angiotensin-converting enzyme (ACE) inhibitor, for hypertension. Which respiratory side effect should you teach the patient to expect?
	* 1. Wheezing on exhalation
		2. Increased nasal stuffiness
		3. Chest pressure or pain
		4. \* Persistent dry cough
		5. Non of above
397. The patient who has experienced blunt trauma to the chest is at risk for developing a hemothorax. Which would the physician expect to find in a patient with a hemothorax?
	* 1. Hemoptysis
		2. Paradoxical chest movements
		3. \* Percussion dullness on affected side
		4. Hypertympanic sound on affected side
		5. Non of above
398. A 73-year-old male is presented with a complaint on fatigue. There is no history of alcohol abuse or liver disease. This patient does not take medication. Scleral are not noticed to be icterus on physical examination. There is no evidence of chronic liver disease on physical examinatio and the liver and spleen are nonpalpable. The patient is noticed to have conjugated hyperbilirubinema with bilirubin detected in the urine. Serum bilirubin is 12 mg/dL, AST and ALT are on normal range and alkaline phosphatase is 300 U/L (3 times more than norme). The next step of such patient’s investigation is:
	* 1. \* Ultrasound or CT scan.
		2. Hepatitis profile.
		3. Reticulocyte count.
		4. Family history for hemochromatosis.
		5. Colonoscopy .
399. The patient with hospital-acquired (nosocomial) pneumonia caused by a bacterial infection with a gram-negative microorganism is receiving treatment with intravenous amikacin (Amikin). In addition to frequent respiratory assessment, what other assessment should the physician routinely perform to identify a common complication of this medication?
	* 1. \* Monitor urine output every shift.
		2. Perform neuro checks every 2 hours.
		3. Examine the stool and vomitus for the presence of blood.
		4. Monitor the complete white blood cell count and differential daily.
		5. Non of above
400. Woman 40 y.o., entered the clinic with complaints on severe dyspnea, which lasts for several hour. Astmopent, which was effective before, does not act. Palpitation and anxiety appeared. She is ill for 8 years ill with chronic bronchitis. Objectively: condition is severe, patient sits, keeps her hands at the edge of table, pale cyanosis, on the distance whistling breathing is heard. In lungs is present weak breathing with disseminated dry wheezes. Pulse - 108/min. BP -140/80. Prescription of what medicine as the first aid is obligatory in this case ?
	* 1. \* Glucocorticoids
		2. Leukotrienes inhibitors
		3. Adrenomimetics
		4. Antihistamynic
		5. Cholinolytics
401. Woman 45 y.o., is ill with bronchial asthma for 20 years. She came to pulmonologist to discuss plan of treatment in different cases. Now attacks arise 2-3 times a week, uses intal, ventolin if necessary. What medicine would be useful in case of arising night attacks?
	* 1. \* Inhaled glucocorticosteroids
		2. To use intal
		3. To continue usual therapy
		4. To use prednisole
		5. To add atrovent to usual treatment
402. Woman 58 y.o., arrived to the hospital with complaints on dyspnea and palpitation. Objectively: condition is severe, patient is feary, breathing is noisy with participation of additional breathing muscles, diffuse cyanosis. In lungs – dry and moist rales are present, breathing sounds are weak in the lower departments of lungs. Pulse - 100/min., liver is a little lower the edge of costal arc, edema, 3 extrasystoles /min, BP - 140/100, Ра02 - 45, pH - 7,3. What syndrome is the main one in this patient?
	* 1. \* Respiratory failure
		2. Blood hypertension
		3. Tachycardia
		4. Arrhythmia
		5. Heart failure
403. Woman 58 y.o., is ill with bronchial asthma, entered the hospital with complaints on dyspnea and palpitation. Objectively: condition is severe, breathing is noisy with participation of additional breathing muscles, periodically cramps are present, diffuse cyanosis. In lungs – diffuse dry wheezes, breathing is weaker in the lower parts of lungs. Pulse - 100/min., liver is a little lower from the edge of costal arc, edema, 3 extrasystoles/min., BP - 140/100, Ра02 - 45, pH - 7,3. What syndrome is the most severe for this patient?
	* 1. \* Respiratory failure
		2. Blood hypertension
		3. Tachycardia
		4. Arrhythmia
		5. Heart failure
404. Woman 66 y.o., smoker, complaints on dry cough, dyspnea. Notices cough for 3-4 monthes every year for last 3-4 years. Objectively: breathing rate - 16/min., pulse -68/min., BP - 130/90. In lungs during percussion there is clear pulmonary sound. During auscultation – dry and moist wheezes. To find reversebility of bronchial obstruction it is necessary to provide test with:
	* 1. \* Salbutamol
		2. Forced expiration
		3. Obzidan
		4. Physical exertion
		5. Oxygen
405. A 77-year- male is presented with a complaint on fatigue. There is no history of alcohol abuse or liver disease. This patient does not take medication. Scleral are not noticed to be icterus on physical examination. There is no evidence of chronic liver disease on physical examinatio and the liver and spleen are nonpalpable. The patient is noticed to have conjugated hyperbilirubinema with bilirubin detected in the urine. Serum bilirubin is 12 mg/dL, AST and ALT are on normal range and alkaline phosphatase is 300 U/L (3 times more than norme). The next step of such patient’s investigation is:
	* 1. \* Ultrasound of abdomen.
		2. Hepatitis profile.
		3. Reticulocyte count.
		4. Percutaneous transhepatic cholangiography.
		5. Esophagogastroduodenoscopy.
406. Woman of 34, for 15 years is ill with bronchial asthma. Some time ago increased frequency of attacks of dyspnea, they arised 4-5 times a week, night attacks - 2-3 times a month. Used salbutamol to remove that attacks. Objectively: condition is satisfactory. Breathing rate - 20/min. Heart rate - 76/min, BP - 120/80. In lungs there is vesicular breathing. Tones of heart are a little weak, rhythm is normal. What medicine must be used for the prophylaxis of attacks of bronchial asthma on the first stage?
	* 1. \* Corticosteroids in inhalations
		2. Corticosteroids in injections
		3. Regular usage of salbutamol
		4. Corticosteroids orally
		5. Kromoglicat sodium
407. Woman of 62, is ill with bronchial asthma. Recently appeared pain behind the sternum, interruptions in work of heart. Objectively: t - 36,6 °С, pulse -78/min., extrasystoles are present, BP -160/95, breathing rate - 18/min. In lungs during auscultation breathing with prolonged expiration, diffuse dry wheezes are present. What preparations are not indicated in this situation?
	* 1. \* Obzidan
		2. Corinfar
		3. Nitrosorbid
		4. Sustak
		5. Ritmilen
408. Woman, 68 years old, with moderate emphysema is evaluated during a routine visit. She has chronic dyspnea on exertion but has no cough or sputum production. She uses supplemental oxygen, 2 L/min, when sleeping and on exertion. She currently uses albuterol and ipratropium four times per day, and salmeterol and theophylline twice per day. She is currently enrolled in a pulmonary rehabilitation program and is concerned about “catching a cold” from other people enrolled in the pulmonary rehabilitation program. What is the best advice for this patient?
	* 1. \* Practice good hand washing, attempt to avoid close prolonged contact with ill persons, and take pneumococcal and annual influenza vaccine.
		2. Avoid any social functions where there will be large crowds.
		3. Discontinue attendance at the pulmonary rehabilitation program.
		4. All of the above
		5. Take a daily antibiotic (long-term suppressive antibiotic therapy) to prevent pneumonia.
409. Woman, a 76 years old resident of a nursing home, is evaluated in the emergency department because of decreasing mental status and hypothermia. She has a history of stroke and is currently taking only aspirin. She has been able to eat on her own and there have been no witnessed aspirations. She has not been treated recently with antibiotics. Her leukocyte count is 12,000/?L, and her hemoglobin is 120 g/L. Serum electrolytes are within normal limits and she has mild chronic renal insufficiency. Chest radiograph shows a small interstitial infiltrate in the right lower lung field. She receives traditional empiric treatment for community-acquired pneumonia. Therapy for which of the following should also be considered?
	* 1. \* Enteric gram-negative organisms
		2. Pseudomonas aeruginosa
		3. Anaerobic bacteria
		4. Aspergillus fumigatus
		5. Mycobacterium tuberculosis
410. A 78-year-old male is presented with a complaint on fatigue. There is no history of alcohol abuse or liver disease. This patient does not take medication. Scleral are not noticed to be icterus on physical examination. There is no evidence of chronic liver disease on physical examinatio and the liver and spleen are nonpalpable. The patient is noticed to have conjugated hyperbilirubinema with bilirubin detected in the urine. Serum bilirubin is 12 mg/dL, AST and ALT are on normal range and alkaline phosphatase is 300 U/L (3 times more than norme). The next step of such patient’s investigation is:
	* 1. \* Ultrasound or CT scan.
		2. Percutaneous transhepatic cholangiography.
		3. Reticulocyte count.
		4. Esophagogastroduodenoscopy.
		5. Colonoscopy.
411. A child is presented with a massive hemetemesis and systemic hypotension. He has no fever or other pathological signs. Physical examination reveals massive splenomegaly without hepatomegaly. The most probable diagnosis is:
	* 1. \* Non-cirrhotic portal fibrosis.
		2. Bleeding duodenal ulcer.
		3. Oesophageal varices.
		4. Hepatocellular carcinoma.
		5. No one mentioned.
412. A nursing student has just completed her hepatitis B vaccine series. On reviewing of her blood tests, considering that she has no prior exposure of hepatitis B, what do you expect?
	* 1. Positive test for hepatitis B surface antigen.
		2. \* Antibody against hepatitis B surface antigen (anti-HBS) only.
		3. Antibody against hepatitis core antigen (anti-HBC).
		4. Antibody against both surface and core antigen.
		5. Antibody against hepatitis E antigen.
413. A paracentesis was performed in patient of 43-year-old long with alcohol abuse. On physical examination there are spider angiomas and palmar erythema. Abdominal collateral vessels are seen around the umbilicus. The serum albumin is decreased and ascitic fluid albumin is 1.4 g/dL. What is the most probable diagnosis?
	* 1. \* Portal hypertension.
		2. Pancreatitis.
		3. Tuberculous peritonitis.
		4. Hepatoma.
		5. Ascitis.
414. A patient is presented to a physician with a acute jaundice. Physical examination revealed enlarged liver with a generalized nodularity. A physician determined that one nodule is much larger than others. CT of the abdomen confirms multinodular cirrhosis and demonstrates a 7-cm mass near the lower border of the liver. CT-guided biopsy of this mass shows a malignant tumor from hepatic parenchymal cells. Which of the following risk factors is the most associated with the development of this tumor?
	* 1. Anatoxin exposure.
		2. Hemochromatosis.
		3. \* Hepatitis В virus infection.
		4. Opistharchis infection.
		5. Thorotrast exposure.
415. A patient has abdominal swelling which has progressive course during the last several months. On physical examination the patient is confused. Also there are abdominal spider angiomas and palmar erythema. Abdominal collateral vessels are seen around the umbilicus. The shifting dullness and bulging flanks are noticed. The patient’s mental status deteriorates. He received sedation because of his agitation. No meningeal signs are revealed. There is hyperreflexia and a nonrhythmic flapping tremor of the wrist. The most probable explanation of change of the patient’s the mental status?
	* 1. Tuberculosis meningitis.
		2. Subdural hematoma.
		3. Alcohol withdrawal seizure.
		4. \* Hepatic encephalopathy.
		5. Hyperglycemia.
416. A patient who has been taking alcoholic drinks on social occasions and has been smoking one pack of cigarettes daily for 30 years. She is currently taking a thiazide diuretic because of mild hypertension. Her temperature is 36.8° С, blood pressure is 130/80 mm Hg, pulse is 80/min and respiration rate is 14/min. Physical examination reveals icteric colour of skin and mucosae. Abdominal examination determined a slight tenderness in the right upper part of abdomen. Liver is enlarged on 1 cm below the right costal arch. The spleen is not palpable. Which of the following methods is the most appropriate for establishing of diagnosis?
	* 1. \* Abdominal ultrasound.
		2. Abdominal CT or MRI scan.
		3. Endoscopic retrograde cholangiopancreatography.
		4. Percutaneous liver biopsy.
		5. Percutaneous transhepatic cholangiography.
417. A 50-year-old woman with a 2-month history of polycythemia vera developed abdominal pain and ascites. Physical examination revealed smooth hepatomegaly and moderate jaundice. Pressure applied over the surface of liver cause distend of jugular veins. The abdominal wall is edematous and has a tortuous venous net on its surface. Edema of the legs is determined. Which of the following diseases is the most probable diagnosis?
	* 1. \* Budd-Chiari syndrome.
		2. Hepatic cirrhosis.
		3. Hepatocellular carcinoma.
		4. Primary sclerosing cholangitis.
		5. Steatosis.
418. A patient complains of feeling heaviness behind his breast bone, periodical sensation of food stoppage, dysphagy. During the X-ray examination barium contrast revealed a single saccular outpouching of anterodextral esophagus wall with regular contours and rigidly outlined neck. What is the most probable diagnosis?
	* 1. Hiatal hernia
		2. \* Esophageal diverticulum
		3. Varix dilatation of esophageal veins
		4. Cancer of esophagus
		5. Esophageal polyp
419. A patient suffers from chronic recurrent pancreatitis with evident disturbance of exocrinous function. After intake of rich spicy food and spirits his stool becomes fatty. Reduced production of what factor is the most probable cause of steatorrhea?
	* 1. Acidity of gastric juice
		2. Tripsin
		3. Amylase
		4. \* Lipase
		5. Alkaline phosphatase
420. A 38 y.o. woman was hospitalized to the surgical unit with acute abdominal pain irradiating to the spine and vomiting. On laparocentesis hemmorhagic fluid is obtained. What disease is suspected?
	* 1. Acute enterocolitis
		2. \* Acute pancreatitis
		3. Acute appendicitis
		4. Renal colic
		5. Perforative gastric ulcer
421. A patient is 65 y.o. He has been a smoker for 40 years. Hew has lost 10 kg during the last 3 months. Complains of pain in the epigastric area after taking meals, diarrhea, jaundice. Physical examination revealed enlarged, painless gallbladder. Feces are light-coloured and clay-like. Blood analysis revealed increased level of whole and direct bilirubin, alkaline phosphotase and glutaminepyruvate transferase. Clinical urine analysis showed positive bilirubin reaction and negative urobilinogene reaction. Where is the initial process that caused these changes?
	* 1. \* In pancreas
		2. In gallbladder
		3. In common bile duct
		4. In liver
		5. In duodenum
422. A 50 y.o. woman for 1 year complained of attacks of right subcostal pain after fatty meal. Last week the attacks have repeated every day and become more painful. What diagnostic study would you recommend?
	* 1. Blood cell count
		2. \* Ultrasound examination of the gallbladder
		3. Liver function tests
		4. X-ray examination of the gastrointestinal tract
		5. Ultrasound study of the pancreas
423. A 75 y.o. man has acute pain in the paraumbilical region accompanied by vomiting and feeling of abdominal swelling in approximately 30 minutes after meals. He lost 10 kg during the last months because he doesn't eat in order to avoid pain. Abdomen examination reveals no changes in the periods between pain attacks. Above the right femoral artery a murmur can be auscultated, peripheral pulsation in the lower extrimities is weak. X-ray examination of stomach and colonoscopy reealed no changes. What is the leading factor of this pathogenesis?
	* 1. Inflammation
		2. \* Ischemia
		3. Psychogenic changes
		4. Neoplastic process
		5. Transient obstruction
424. Medical examination of a man revealed "geographic tongue". This microsymptom is the evidence of the following vitamin deficiency:
	* 1. Vitamin C
		2. Vitamin D
		3. Vitamin PP
		4. Vitamin A
		5. \* Vitamins of B group
425. A 45 y.o. man complains of having intensive pain in the epigastric region 1,5-2 hours later after food intake. He has been suffering from ulcer for 11 years. Objectively: t0- 36,50С, RR- 16/min, Ps- 70 bpm, AP- 120/80 mm Hg. On palpation: local painfulness in the right epigastric region. What parameters of intragastric Ph-meter in the region of stomach body are the most typical for this patient's disease?
	* 1. рН = 5,0-6,0
		2. рН = 6,0-7,0
		3. рН = 3,0-4,0
		4. рН = 4,0-5,0
		5. \* рН = 1,0-2,0
426. A man with liver cirrhosis complained of nasal bleedings, right subcostal pain, weakness, nausea. On physical examination: jaundice, hemorrhagic rash, enlarged liver span (of 14 cm), liver edge irregular. What is the cause of hemorrhagic syndrome in this patient?
	* 1. \* Decreased liver production of procoagulants.
		2. As a consequence of DIC.
		3. Thrombocytopenia.
		4. As a result of portal hypertension.
		5. K and C hypovitaminosis.
427. A 45-year-old man for 1 month has complained of epigastric and right subcostal aching pain, pruritus, indigestion, dark color of the urine and acholic stool, fever, and significant weight loss. On exam: jaundice, presence of Curvuasier’s sign. US scan did not reveal stones in the gallbladder and choledochus. What is the most likely diagnosis?
	* 1. \* Cancer of the pancreas head
		2. Gallbladder stones
		3. Chronic pancreatitis
		4. Chronic cholangitis
		5. Chronic hepatitis
428. A 22-year-old woman complained of right subcostal aching pain, nausea, and decreased appetite. She fell ill 2 months after appendectomy when jaundice appeared. She was treated in an infectious hospital. 1 year later above mentioned symptoms developed. On exam: the subicteric sclerae, enlarged firm liver. Your preliminary diagnosis
	* 1. \* Chronic viral hepatitis
		2. Calculous cholecystitis
		3. Gilbert’s disease
		4. Acute viral hepatitis
		5. Chronic cholangitis
429. A 50 -year-old woman for 1 year complained of attacks of right subcostal pain after fatty meal. Last week the attacks have repeated every day and become more painful. What diagnostic study would you recommend?
	* 1. \* Ultrasound examination of the gallbladder
		2. Liver function tests
		3. X-ray examination of the gastrointestinal tract
		4. Ultrasound study of the pancreas
		5. Blood cell count
430. A 27 -year-old man complained of aching epigastric pain just after meal, heartburn, and nausea. Stomach endoscopy revealed a large amount of mucus, hyperemia and edema of mucous membrane in gastric fundus with areas of atrophy. Establish the diagnosis.
	* 1. \* Chronic type A gastritis
		2. Chronic type B gastritis
		3. Peptic ulcer of the stomach
		4. Chronic type C gastritis
		5. Menetrier’s disease
431. A 39 -year-old woman complained of squeezed epigastric pain 1 hour after meal and heartburn. She had been ill for 2 years. On palpation, there was moderate tenderness in pyloroduodenal area. Antral gastritis was revealed on gastroscopy. What study can establish genesis of the disease?
	* 1. \* Revealing of Helicobacter infection in gastric mucosa
		2. Detection of autoantibodies in the serum
		3. Gastrin level in blood
		4. Examination of stomach secretion
		5. Examination of stomach motor function
432. A patient, aged 48, complains of heaviness in the right hypochondrium, itching of the skin. Repeatedly he had been treated in infectious diseases hospital due to icterus and itch. Objectively: meteorism, ascitis, dilation of abdominal wall veins, protruded navel, spleen enlargement. Diagnosis is:
	* 1. \* Liver cirrhosis
		2. Cancer of the liver
		3. Cancer of the head of pancreas
		4. Gallstones
		5. Viral hepatitis B
433. A 27-year-old man complains of pains in epigastrium which are relieved by food intake. EGDFS shows antral erosive gastritis, biopsy of antral mucous presents Hеlicobacter Pylori. Diagnosis is:
	* 1. \* Gastritis of type B
		2. Gastritis of A type
		3. Reflux - gastritis
		4. Menetrier's gastritis
		5. Rigid antral gastritis
434. In the development of the inflammation processes glucocorticoids reduce the level of a certain most important active enzyme. It results also in the reducing of the synthesis of prostaglandins and leukotrienes which has a key-role in the development of the inflammation processes. Give the exact term of this enzyme.
	* 1. \* Phospholipase A2
		2. Arachidonic acid
		3. Lipoxygenasе
		4. Cyclooxygenase – 1
		5. Cyclooxygenase – 2
435. The patient has been in the hospital. The beginning of the disease was gradual: nausea, vomiting, dark urine, аcholic stools, yellowness of the skin and scleras. The liver is protruded by 3 cm. Jaundice was intensified on the 14th day of the disease. The liver diminished in sizes. Due to what complication of viral hepatitis, has the patient’s condition worsened?
	* 1. \* Hepatic encephlopathy
		2. Meningitis
		3. Relapse of viral hepatitis
		4. Cholangitis
		5. Infectious-toxic shock
436. A 20 yr old woman with a 3-4 month history of bloody diarrhoea; stool examination negative for ova and parasites;stool cultures negative for clostridium,campylobacter and yersinia;normal small bowel series;oedema,hyperemia and ulceration of the rectum and sigmoid colon seen on sigmoidoscopic examination.Select the most likely Diagnosis:
	* 1. \* Ulcerative colitis
		2. Gastroenteritis
		3. Carcinoid syndrome
		4. Zollinger-Ellison syndrome
		5. Granulomatous colitis
437. A 36yr. Old alcoholic patient has cirrhosis and pancreatic insufficiency due to recurrent pancreatitis. He complaints of nightblindness, decreased ability to taste food, and dry skin with hyperpigmentation. These complaints suggest deficiency of:
	* 1. \* Zinc
		2. Copper
		3. Selenium
		4. Chromium
		5. Manganese
438. A 47 year old man presents to his physician with progressive abdominal swelling.On examination he is found to have ascites and a tender,enlarged liver.If the patient describes a chronic course associated with wasting and low grade fever,the diffrential diagnosis should include everything EXCEPT:
	* 1. \* Chronic Pancreatitis
		2. Tuberculosis
		3. Cirrhosis with hepatocellular carcinoma
		4. Hepatitis
		5. Alcoholic liver disease with cirrhosis
439. A 45yr. Old man is admitted with his 3rd episode of upper gastrointestinal haemorrhage. He had 2 prior ulcer operation. Zollinger-Ellison syndrome is suspected. All the following would support your suspicions EXCEPT:
	* 1. \* Supression of hypergastrinaemia by secretin given IV
		2. A fasting gastrin level of 450pg/ml.
		3. Post operative notes detailling ulcers in the duodenum and jejunum
		4. Liver metastasis on CT scan
		5. A history of diarrhoea
440. A 60yr. Old woman, mother of 6 children, developed sudden onset of upper abdominal pain radiating to the back, associated with nausea, vomitting, fever and chills. Subsequently, she noticed yellow discoloration of her sclera and skin. On physical examination the patient was found to be febrile with temp.of 38.9C, along with right upper quadrant tenderness.Most likely Diagnosis:
	* 1. \* Choledocholithiasis
		2. Benign biliary stricture
		3. Malibnant biliary stricture
		4. Carcinoma of the head of the pancreas
		5. Choledochal cyst
441. The family doctor diagnosed in a patient an acute bleeding of an intestine. What is professional tactics of the doctor in this situation?
	* 1. \* The urgent hospitalisation in sergical departmewnt.
		2. To inject intravenously the aminocapronic acid.
		3. The urgent hospitalization in therapeutic department.
		4. A day time hospital.
		5. A hospital at home.
442. Pheochromocytoma is diagnosed in 35 years-old patient. Which of the following regimens is best for the preoperative management of this patient?
	* 1. Propranolol alone
		2. Propranolol followed by phenoxybenzamine
		3. Prazosin alone
		4. Propranolol followed by prazosin
		5. \* Phenoxybenzamine followed by propranolol
443. A young (36-yr-old) man is found to have hypertension. Pheochromocytoma is suspected because of paroxysmal episodes of symptoms, with blood pressure elevations up to 210/120 mm Hg during the paroxysms. Which of the following findings would further support a diagnosis of pheochromocytoma?
	* 1. Central obesity, with a dorsal fat pad
		2. Hypoglycemia
		3. Low serum potassium level
		4. Marked fall in blood pressure with spironolactone treatment
		5. \* Postural hypotension
444. A 42-yr-old woman complains of fatigue, weight loss and intermittent abdominal pain. She looks well tanned, although it is winter. She has postural hypotension and buccal pigmentation. What is the cause of fatigue?
	* 1. Anaemia
		2. Hypothyroidism
		3. Hemochromatosis
		4. Tuberculosis
		5. \* Addison's disease
445. A 57-year-old man complains of fatigue, weight loss, and joint pains. Laboratory studies reveal that his serum Cortisol level is undetectable. Which of the following findings would suggest most strongly that he has primary adrenal insufficiency rather than secondary adrenal insufficiency due to hypopituitarism?
	* 1. Serum sodium and potassium levels are normal.
		2. Serum free thyroxine levels are low.
		3. Blood pressure is low, and decreases further when the patient stands up.
		4. The patient has noted severe weakness and dizziness during upper resp.infection
		5. \* The patient has noted some darkening of the exposed areas of his skin.
446. A 55-year-old man has symptoms and physical findings of Cushing's syndrome, and his 24-hour urine free Cortisol excretion is consistently high. Serum Cortisol levels are not suppressed by standard low-dose dexa-methasone testing, but are suppressed normally by high-dose dexamethasone testing. This suggests which of the following diagnoses?
	* 1. Normal adrenal function
		2. Cushing's syndrome due to an adrenal adenoma
		3. Ectopic adrenocorticotropic hormone (ACTH) syndrome
		4. Cushing's syndrome due to exogenous glucocorticoid therapy
		5. \* Cushing's disease due to a pituitary corticotroph adenoma
447. A 27-year old woman presents with weakness, occasional vomiting, hypotension, skin and mucous membrane pigmentation. The diagnosis can be established by
	* 1. Мetyrapone test
		2. 24-hour urinary 17 ketosteroid
		3. Вasal plasms cortisol level
		4. Аll of them
		5. \* ACTH stimulation test
448. A 27-year old man presents with weakness, weight loss, occasional vomiting, hypotension, skin and mucous membrane pigmentation. The preliminary diagnosis is:
	* 1. Тhyrotoxicosis
		2. Secondary adrenal failure
		3. Hypopituitarism
		4. Anorrhexia nervosa
		5. \* Рrimary adrenal failure
449. A 26- year old female patient presents with hypertension, Na – 145 meq/I, K – 1,3 meq/l, normal serum creatinine most probable diagnose is:
	* 1. Pheochromocytoma
		2. Cushing’s syndrome
		3. Renal parenchymal disease
		4. Renal vascular disease
		5. \* Conna’s syndrome
450. A 51-year old male, a chronic smoker presents the history of hemoptysis. He was having truncal obesity and hypertension. He had an elevated ACTH level which was not suppressible with high dose dexamethasone. What will be the most probable diagnosis?
	* 1. Bilateral adrenal hyperplasia
		2. Adrenal adenoma
		3. Pituitary tumor
		4. All of them
		5. \* Ectopic ACTH producing lung cancer
451. A 54-yr-old obese woman presents to casualty with rib fractures and bruising following a fall in the bathroom. She is noted to be hypertensive and have glycosuria. What treatment can you recommend?
	* 1. Desmopressin
		2. Long-term replacement glucocorticoids and mineralocorticoids
		3. Carbimazole
		4. Thyroxine
		5. \* Metirapone
452. A 68-yr-old woman presents to her GP with weight loss and depression. On examination she is noted to have buccal pigmentation and pigmented scars. She appears dehydrated. Her BP is 100/60 mm Hg. What treatment can you recommend?
	* 1. Desmopressin
		2. Carbimazole
		3. Propylthiouracil
		4. Thyroxine
		5. \* Long-term replacement glucocorticoids and mineralocorticoids
453. A 62-yr-old female recently treated for renal tuberculosis presents with weight loss, diarrhoea, anorexia, hypotension and is noted to have hyperpigmented buccal mucosa and hand creases. Prescribe investigations, please.
	* 1. Stool for cysts, ova and parasites
		2. Serum and urine glucose
		3. Thyroid function tests
		4. Ultrasound of abdomen
		5. \* Plasma ACTH and cortisol
454. A 28-yr-old patient with type1 DM presents weight loss, weakness, vitiligo and hyperpigmentation of the palmar creases. His serum electrolytes are abnormal. Prescribe investigations, please.
	* 1. Ultrasound abdomen
		2. Thyroid function tests
		3. 24 hr urine for VMA
		4. 24-hr urine for free Cortisol
		5. \* Short ACTH stimulation test
455. A 33-yr-old woman presents with insidious onset weakness and weight loss. On examination, she has hyperpigmentation of the palmar creases and postural hypotension. Prescribe investigations, please.
	* 1. Dexamethasone suppression test
		2. Serum aldosterone
		3. T3, T4 and TSH levels
		4. Basal plasma protein
		5. \* ACTH stimulation test
456. A 40-yr-old woman presents with weight gain and truncal obesity. She suffers from amenorrhoea, hirsuitism, hypertension, and is noted to have glycosuria. Prescribe investigations, please.
	* 1. Ultrasound abdomen
		2. Thyroid function tests
		3. Short ACTH stimulation test
		4. 24 hr urine for VMA
		5. \* 24-hr urine for free Cortisol
457. A 52-yr-old man has been gaining weight. He complains of a chronic cough, acne and bruising. On physical examination you find his legs and arms to be abnormally thin. Prescribe investigations, please.
	* 1. CAT scan of the skull
		2. Water deprivation test
		3. T3, T4 and TSH
		4. Abdominal USG
		5. \* Dexamethasone suppression test
458. A teenage boy presents with obesity, greasy skin and acne. His face is round and his cheeks are red. In the past year he has suffered recurrent bouts of bronchitis. Prescribe investigations, please.
	* 1. CAT scan of the skull
		2. Water deprivation test
		3. Sleeping pulse rate
		4. T3, T4 and TSH
		5. \* Dexamethasone suppression test
459. A 36 yr. old patient with cushinoid features presents with hemoptysis; he shows no response to dexamethasone suppression test; most likely diagnosis here is:
	* 1. Adrenal hyperplasia
		2. Adrenal adenoma
		3. Pituitary microadenoma
		4. None above them
		5. \* Canser of lung with ectopic ACTH production
460. A 27 year old lady has put on weight (16 kg over a period of 3 years), and has oligomenorrhoea followed by amenorrohoea for 8 months. The blood pressure is 170/100 mm of Hg. Which of the following is the most appropriate investigation?
	* 1. Serum electrolytes
		2. Plasma testosterone and ultrasound evaluation of pelvis
		3. T3, T4 and TSH
		4. Plasma prolactin
		5. \* Plasma cortisol
461. A 37 – year old man has symptoms of intermittent palpitation, anxiety, excess perspiration. examination reveals a blood pressure reading of 210/110 mm.hg and glucosuria. basal metabolic rate is + 50 %, fasting glucose 6,05 mmol/l, and an i/v histamine test produced a rise in blood pressure reading to 270/160 mm. hg, whereas a cld pressor test was negative. The best diagnosis is:
	* 1. Ischemic heart disease
		2. Diabetic nephropathy
		3. Hypertensive disease
		4. Adrenal cortical carcinoma
		5. \* Pheochromocytoma
462. A 41-yr-old woman presents with truncal obesity (BMI 34,1). She suffers from amenorrhoea, hirsuitism, hypertension, and is noted to have glycosuria. Prescribe investigations, please.
	* 1. Ultrasound abdomen
		2. Thyroid function tests
		3. Short ACTH stimulation test
		4. 24 hr urine for VMA
		5. \* 24-hr urine for free Cortisol
463. An obese 13-yr-old is brought in by his mother who complains about his weight, lack of energy. He has polyuria, polydipsia. His height is normal for his age. Prescribe investigations, please.
	* 1. Dexamethasone suppression test
		2. Water deprivation test
		3. T3, T4 and TSH
		4. Abdominal USG
		5. \* CAT scan of the skull
464. A 55-yr-old woman has been gaining weight. She complains of a chronic cough, acne and bruising. On physical examination you find her legs and arms to be abnormally thin. Prescribe investigations, please.
	* 1. CAT scan of the skull
		2. Water deprivation test
		3. T3, T4 and TSH
		4. Abdominal USG
		5. \* Dexamethasone suppression test
465. A 15-yr-old boy presents with obesity, greasy skin and acne. His face is round and his cheeks are red. In the past year he has suffered recurrent bouts of bronchitis. Prescribe investigations, please.
	* 1. CAT scan of the skull
		2. X-ray of lungs
		3. Sleeping pulse rate
		4. T3, T4 and TSH
		5. \* Dexamethasone suppression test
466. An 17-yr-old girl complains of hair appearance. She is much too fat, she says. She also complains of missed periods and hairiness. On physical examination you find her to be 12 kg overweight. Prescribe investigations, please.
	* 1. CAT scan of the skull
		2. Water deprivation test
		3. T3, T4 and TSH
		4. Serum cortisol
		5. \* Abdominal USG
467. An 19-yr-old girl complains of her appearance. She is much too fat, she says. She also complains of missed periods and hairiness. On physical examination you find her to be 11 kg overweight. Prescribe investigations, please.
	* 1. Hypothyroidism
		2. Alimentary obesity
		3. Cushing’s syndrome
		4. Turner’s syndrome
		5. \* Polycystosis of ovarian
468. A 45-yr-old man has hypertension, hyperglycaemia, myopathy, thinning of the skin, buffalo hump and truncal obesity. Prescribe investigations, please.
	* 1. ACTH stimulation test
		2. Serum aldosterone
		3. Abdominal USG
		4. Look at old radiographs
		5. \* Dexamethasone suppression test
469. A 53-yr-old woman complains of fatigue and weight gain. She also describes irritability, hot flushes and sweats, but not night sweats. What is the cause of fatigue?
	* 1. Anaemia
		2. Hyperthyroidism
		3. Addison's disease
		4. Tuberculosis
		5. \* Menopause
470. A 47-year-old obese man without known medical problems complains of feeling very sleepy during the day and often falling asleep while listening to friends. The most likely cause of this patient's problem is
	* 1. Narcolepsy
		2. Glucocorticoid excess
		3. Growth hormone excess
		4. Estrogen deficiency
		5. \* Upper airway obstruction at night
471. A 27-year-old previously healthy woman develop s Sheehan's syndrome after an intrapartum hemorrhage (infarction of the pituitary). Which of the following tests will be abnormal one day after her pituitary ceases to function?
	* 1. Total T3
		2. ACTH stimulation test
		3. Total T4
		4. IGF-I
		5. \* Insulin tolerance test
472. As a part of a general check-up obesity and hypogonadism was found in a 15-year-old male. The patient has no complaints. What is your diagnosis?
	* 1. Pickwickian syndrome
		2. Laurence-Moon-Biedl syndrome
		3. Cushing syndrome
		4. Klinefelter’s syndrome.
		5. \* Babinski-Frohlich’s disease
473. A young (29-yr-old) women comes with secondary amenorrhea and galactorrhoea. MRI shows a tumor of < 10mm diameter. What kind of treatment can you recommend?
	* 1. Hormonal therapy for withdrawal bleeding
		2. Radiotherapy
		3. Chemotherapy
		4. Surgery
		5. \* Bromocriptine
474. A farmer rearing sheep, presented with complaints of fever and weakness for the last hepatomegaly. Biopsy of liver showed non caseatinggranuloma.These are most likely dut to infection with?
	* 1. \* Brucella melitensis
		2. Brucella canis
		3. Francisella tularensis
		4. Yersinfe nestis
		5. Legionella
475. A 39-year-old man was discharged from the hospital after having an out-of-hospital pneumonia. He has no complaints. On physical exam: his temperature is 36,6?C. RR-18/min, Ps - 78 bpm, BP- 120/80 mm Hg. During ausculation there is harsh respiration to the right of the lower part of the lung. Roentgenologically: infiltrative changes are absent, intensification of the pulmonary picture to the right in the lower lobe. How long should the doctor keep the patient under observation?
	* 1. 3 months
		2. Permanently
		3. \* 6 months
		4. 12 months
		5. 1 month
476. A person who has high fever,tachycardia,hemoptysis and a lobar consolidation on a chest X-ray.What is the most probable diagnosis?
	* 1. Bronchopneumonia
		2. \* Lobar pneumonia
		3. Pulmonary edema
		4. Pulmonary infarction
		5. Bronchitis
477. A 36-year-old woman during 6 years has had bronchial asthma. She is sick all the year. She is working in the premises where walls are covered by mould. She has allergy to aspirin, analgin, and acetaminophen. Now she has four asthma attacks per day, especially at night. Nasal breathing is disturbing too. There is wheezing on expiration over the lungs. Skin tests with feathers, dust mites, and wood dusts (maple and alder-tree) are positive. Order treatment according to the type of asthma and severity of its course ?
	* 1. \* Inhaled beclomethason 100 mcg t.i.d. after previous inhalation of fenoterol
		2. IV theophylline and clarithromycin P.O.
		3. Specific desensitization with dust mites and feathers allergens
		4. Dexamethasone and theophylline P.O.
		5. Ephedrine P.O. and inhaled isoproterenol during an attack
478. A 26-year-old man was admitted to the hospital complaining of stabbing back pain on inspiration and dyspnea. On exam, BT of 37°C, PR of 24/min, HR of 92/min, vesicular breath sounds. There is a dry, grating, low-pitched sound heard in both expiration and inspiration in the left lower lateral part of the chest. What is the most likely diagnosis?
	* 1. \* Acute fibrinous pleuritis
		2. Myocarditis
		3. Pneumonia
		4. Acute bronchitis
		5. Pneumothorax
479. Physical examination of a person with chronic bronchitis reveals expansion of intercostal spaces, hyperresonant percussion note, decreased whispered voice sounds. Chest x-ray shows hyperinflated lungs, low and flattened diaphragm. Which of the signs is helpful in diagnosing lung emphysema?
	* 1. \* All of them
		2. Low diaphragm
		3. Hyperresonant percussion note
		4. Hyperinflated lungs
		5. Expansion of intercostal spaces
480. A patient with nosocomial pneumonia presents signs of collapse. Which of the following pneumonia complications is most likely to be accompanied with collapse?
	* 1. \* Septic shock
		2. Exudative pleuritis
		3. Bronchial obstruction
		4. Toxic hepatitis
		5. Emphysema
481. A 56-year-old woman has an acute onset of fever up to 39°C with chills, cough, and pain on respiration in the right side of the chest. On physical examination: HR of 90/minute, BP of 95/60 mm Hg, PR of 26 per minute. There is dullness over the right lung. On X-ray: infiltrate in the right middle lobe of the lung. What is the diagnosis?
	* 1. \* Community-acquired lobar pneumonia with moderate severity
		2. Community-acquired bronchopneumoni
		3. Acute pleurisy.
		4. Acute lung abscess.
		5. Hospital-acquired lobar pneumonia
482. A 25 -year-old woman complained of edema on the face and legs, elevation in blood pressure up to 160/100 mm Hg, and weakness. She fell ill 3 weeks after sore throat. On urinalysis, protein of 0.5 g/L, erythrocytes of 17 – 20/field, leukocytes of 2 – 3/field, erythrocyte casts. What treatment should be initiated after establishing of the exact diagnosis?
	* 1. \* Penicillin OS
		2. Heparin
		3. Ceftriaxone
		4. Dipyridamole
		5. Ciprofloxacine
483. A 38-year-old man worked at roofing and drain piper production for 15 years. He seeks medical help for expiratory breathlessness on exertion, and dry cough. On exam, wheezes above both lungs, grayish warts on fingers are seen. Factory physician has diagnosed asbestosis. What method is the most important for this diagnosis?
	* 1. \* Chest X-ray
		2. Bronchoscopy
		3. Blood gas analysis
		4. Spirography
		5. Electrocardiography
484. A 38 -year-old woman is seriously ill. She complains of frequent paroxysms of expiratory dyspnea. The last paroxysm lasted over 12 hours and failed to respond to theophylline. The skin is palish gray, moist, RR of 26/min. On auscultation, breath sounds are absent over some areas. Your preliminary diagnosis ?
	* 1. \* Bronchial asthma, status asthmaticus
		2. Chronic obstructive bronchitis
		3. Atopic bronchial asthma, respiratory failure of the III degree
		4. Bronchiectasis, respiratory failure of the II - III degree
		5. Ischemic heart disease, pulmonary edema
485. A 38-year-old patient has been treated in a hospital. A fever of 39 C, chest pain which is worsened by breathing, cough, brownish sputum appeared on the 7th day of the treatment. Chest x ray shows left lower lobe infiltrate. Which of the following is the treatment of choice for this patient?
	* 1. \* Cephalosporins of the Ш generation
		2. Penicillin
		3. Erythromycin
		4. Tetracycline
		5. Streptomycin
486. A 39-year-old man was admitted to the hospital complaining of stabbing back pain on inspiration and dyspnea. On exam, BT of 37°C, PR of 24/min, HR of 92/min, vesicular breath sounds. What auscultative data are watched in bronchoectatic disease?
	* 1. \* The clinical picture depends on full or empty bronchiectasia and on caliber of bronchus
		2. Bronchial breathing
		3. Amphoric breathing
		4. Dry whistling rales
		5. Moist fine bubbling rales [non-consonating]
487. A 41-year-old man was admitted to the hospital complaining of stabbing back pain on inspiration and dyspnea. On exam, BT of 37°C, PR of 24/min, HR of 92/min, bronchial breath sounds. Sputum “full mouth” [is more often in morning time] is characteristic for?
	* 1. \* Bronchoectatic disease
		2. Pulmonary tuberculosis
		3. Focal pneumonia
		4. Acute bronchitis
		5. Empyema of pleura
488. A 29-year-old man has an average height and harmonic growth development. He was ill with acute respiratory infection for five times during the year.Define the group of his health?
	* 1. 5th group
		2. 4th group
		3. \* 2nd group
		4. 1st group
		5. 3rd group
489. A person with chronic bronchitis at Physical examination reveals expansion of intercostal spaces, hyperresonant percussion note, decreased whispered voice sounds. Chest x-ray shows hyperinflated lungs, low and flattened diaphragm. What from enumerated syndromes is main in acute diffuse bronchitis ?
	* 1. \* Syndrome of muco-ciliary insufficiency
		2. Syndrome of bronchial obstruction
		3. Syndrome of respiratory insufficiency
		4. Syndrome of pulmonary tissues insufficiency
		5. Syndrome of pulmonary tissues augmented aerisation
490. A 29-year-old woman has an acute onset of fever up to 38,5°C with chills, cough, and pain on respiration in the right side of the chest. On physical examination: HR of 95/minute, BP of 90/60 mm Hg, PR of 28 per minute. There is dullness over the right lung. On X-ray: infiltrate in the right middle lobe of the lung. What auscultative data of the lungs does in lobar pneumonia exist at stage of hepatization ?
	* 1. \* Bronchial breathing
		2. Crepitation
		3. Moist consonating rales
		4. Moist non-consonating rales
		5. Amphoric breathing
491. A 47-year-old patient has an acute onset of fever up to 40°C with chills, cough, and pain on respiration in the right side of the chest. On physical examination: HR of 90/minute, BP of 95/60 mm Hg, PR of 26 per minute. There is dullness over the right lung. On X-ray: infiltrate in the right middle lobe of the lung. What is the basic of crepitation ?
	* 1. \* The separation of alveoli during inspiration on walls of which the fibrin has put
		2. Existence of bronchiectasis filled by pus
		3. Existence of a cavern containing liquid and air
		4. Stenosis of a clear space of bronchus
		5. Existence of bronchiectasis filled by air
492. A 52-year-old man has an acute onset of fever up to 39°C with chills, cough, and pain on respiration in the right side of the chest. On physical examination: HR of 90/minute, BP of 95/60 mm Hg, PR of 26 per minute. There is dullness over the right lung. On X-ray: infiltrate in the right middle lobe of the lung. What is auscultated in syndrome of infiltration of pulmonary tissue?
	* 1. \* Pathological bronchial breathing
		2. Intensified vesicular breathing
		3. Decreased vesicular breathing, dry rales
		4. Harsh
		5. Amphoric breathing
493. A 35-year-old patient was admitted to the hospital complaining of stabbing back pain on inspiration and dyspnea. On exam, BT of 37°C, PR of 24/min, HR of 92/min, bronchial breath sounds. Sputum “full mouth” [is more often in morning time] is characteristic for Bronchoectatic disease. When can pulmonary bleeding arise?
	* 1. \* Bronchoectatic disease
		2. Diffuse catarrhal bronchitis
		3. Bronchiolitis
		4. Lobar pneumonia in a stage of red hepatization
		5. Bronchopneumonia
494. A 30-year-old woman has an acute onset of fever up to 37,5°C with chills, dry cough, and pain on respiration in the both sides of the chest. On physical examination: HR of 80/minute, BP of 90/60 mm Hg, PR of 24 per minute. What auscultative phenomenon arises at beginning of acute bronchitis?
	* 1. \* Harsh
		2. Moist fine bubbling rales
		3. Crepitation
		4. Moist medium bubbling rales
		5. Amphoric breathing
495. The patient Н., of 28 years old, was admitted to the clinic with complaints of the temperature increase up to 39,0(С, headache, weakness, constipation on the 9th day of the disease. On examination: single roseolas are on skin of the abdomen. The pulse rate is 78 per minute. The liver is enlarged by 2 cm. What is the probable diagnosis?
	* 1. \* Typhoid fever
		2. Leptospirosis
		3. Brucellosis
		4. Sepsis
		5. Malaria
496. The patient was admitted to the hospital on the 7th day of the disease with complaints of high temperature, headache, pain in the muscles, especially in calf muscles. The dermal integuments and scleras are icteric. There is hemorrhagic rash on the skin. Urine is bloody. The patient went fishing two weeks ago. What is the diagnosis?
	* 1. \* Leptospirosis
		2. Yersiniosis
		3. Salmonellosis
		4. Brucellosis
		5. Trichinellosis
497. The patient, 18-years-old was admitted to the hospital with complaints of headache, weakness, high temperature, sore throat. Objectively: enlargement of all groups of lymphatic nodules was revealed. The liver is enlarged by 3 cm, spleen - by 1 cm. In the blood - leukocytosis, atypical lymphocytes - 15\%. What is the probable diagnosis?
	* 1. \* Infectious mononucleosis
		2. Acute lymphoid leukosis
		3. Diphtheria
		4. Angina
		5. Adenoviral infection
498. A 35 year old male presents with fever. He has lost 10 kgs. in 1 year. Chest X-ray shows bilateral basal infiltrates.He is most likely suffering from?
	* 1. P. Carini pneumonia
		2. Disseminated candidiasis
		3. Bilateral bronchiectasis
		4. \* Disseminated tuberculosis
		5. Bronchoectatic disease
499. The blood gas parameters: pH 7.58, pCO2 23 mm Hg PO3 300 mm Hg and oxygen saturation 60% are most consistent with?
	* 1. Carbon monoxide poisoning
		2. \* Ventilatory malfunction
		3. Voluntary hyperventilation
		4. Methyl alcohol poisoning
		5. Lead poisoning
500. Pulmonary hypertension may occur in all of the following conditions EXCEPT?
	* 1. Toxic oil syndrome
		2. Progressive systemic sclerosis
		3. Sickle cell anemia
		4. \* Argemone mexicana poisoning
		5. Carbon monoxide poisoning
501. The patient 28-years-old was hospitalized with preliminary diagnosis "influenza". Roseolous-petechial rash appeared on the 5th days of disease on the trunk. The temperature is 41(С. Hyperemia of the face, reddening of scleras, tremor of the tongue, tachycardia, splenomegaly are marked. What is the most probable diagnosis?
	* 1. \* Epidemic typhus
		2. Measles
		3. Alcohol delirium
		4. Leptospirosis
		5. Typhoid fever
502. In the patient of 21 years old the disease began with increase of temperature to 39,0(С, headache, chill, repeated vomiting. Rigidity of occipital muscles is determined. The analysis of liquor: cytosis - 1237 in 1ml, of them: 84 \% of neutrophils, 16 \% of lymphocytes. On bacterioscopy gram-negative cocci were found in liquor. What is the most probable disease?
	* 1. \* Meningococcal infection: purulent meningitis
		2. Meningococcal infection: serous meningitis
		3. Secondary purulent meningitis
		4. Serous meningitis
		5. Infectious mononucleosis
503. Physical findings: Temperature 37,6?C, pulse 88 b/pm, blood pressure 115/70 mmHg, superficial lymph nodes (occipital, submental,cervical, axillary) are enlarged, not tender or painful. Rubella-like rash on the trunk and extremities. Herpes simplex lesions on the lips. Candidosis of oral cavity. What infectious disease would you consider?
	* 1. \* HIV infection
		2. Influenza
		3. Rubella
		4. Infectious mononucleosis
		5. Tuberculosis
504. A person who has high fever, tachycardia, hemoptysis and a lobar consolidation on X-ray chest has?
	* 1. Bronchopneumonia
		2. \* Lobar pneumonia
		3. Pulmonary infarction
		4. Bronchiolitis
		5. Pulmonary edema
505. A 55 year old man who has been on bed rest for the past 10 days, complains of breathlessness and chest pain. The chest X - ray is normal. The next investigation should be?
	* 1. \* Lung ventilation - perfusion scan
		2. Pulmonary arteriography
		3. Pulmonary venous angiography
		4. Upper GI endoscopy
		5. Echocardiography
506. A patient with spontaneous pneumothorax invloving more than 50% of hemithorax is best reated with?
	* 1. Needle aspiration
		2. \* Closed drainage by tube in underwater seal
		3. Let spontaneous remission occurs
		4. Open thoracotomy
		5. Closed thoracotomy
507. 50 year old patient with diabetes mellitus, ivestigation reveals restricted myocardial dysfunction,skinpigmentation. Serum markers of hepatitis are. Which investigation has to be done?
	* 1. Electrocardiography
		2. \* Serum ferritin
		3. TIBC
		4. Serum ceruloplasmin
		5. Serum copper content
508. A 25 year old woman presents with recurrent abdominal pain and anemia. Peripheral blood smear shows basophilic stippling of the red blood cells. What is the most likely diagnosis?
	* 1. Coeliac disease
		2. Hookworm infestation
		3. Sickle cell disease
		4. \* Lead poisoning
		5. Carbon monoxide poisoning
509. A 50 year old lady presented with history of pain upper abdomen, nausea, and decreased appetite for 5 days. She had undergone cholecystectomy 2 years back. Her bilirubin was 10 mg/dl, SCOT 900 IU/ISGPT 700IU/I and serum alkaline phosphatase was 280 IU/I. What is the most likely diagnosis?
	* 1. Acute pancreatitis
		2. Acute cholangitis
		3. \* Acute viral hepatitis
		4. Posterior penetration of peptic ulcer
		5. Acute gastritis
510. A 70-year old male patient presented to the emergency department with pain in epigastrium and difficulty in breathing for 6 hours. On
511. examination, his heart rate was 56 per minute and the blood pressure was 106/60 mm Hg. Chest examination was normal. The patient has been
512. taking omeprazole for gastroesophageal reflux disease for last 6 months. What should be the intial investigation?
	* 1. \* ECG
		2. Upper GI endoscopy
		3. Urgent ultrasound of the abdomen
		4. X-ray chest
		5. Open thoracotomy
513. A 50 year old man, an alcoholic and a smoker presents with a 3 hour history of increasing shortness of breath. He started having this pain while eating, which was constant and radiated to the back and interscapular region. He was a known hypertensive. On examination, he was cold and
514. clammy with a heart rate of 130/ min, and a BP of 80/40 mm Hg. JVP was normal. All peripheral pulses were present and equal. Breath sounds were decreased at the left lung base and chest X-ray showed left pleural effusion. Which one of the following is the most likely diagnosis?
	* 1. \* Acute aortic dissection
		2. Acute myocardial infarction
		3. Rupture of the esophagus
		4. Acute pulmonary embolism
		5. Anevrismys aortic
515. An 8 years old child sustained an accident .When brought to the casualty, there was increased pCO2 decrease pH and normal bicarbonate. The probable diagnosis is?
	* 1. \* Respiratory acidosis
		2. Respiratory alkalosis
		3. Metabolic acidosis
		4. Metabolic alkalosis
		5. Carbon monoxide poisoning
516. A patient's ABG values are as follows. pH 7.28; pCO2 70 and HCO3 36, the condition is?
	* 1. Respiratory acidosis with metabolic acidosis
		2. \* Respiratory acidosis with metabolic alkalosis
		3. Respiratory alkalosis with metabolic acidosis
		4. Respiratory alkalosis with metabolic alkalosis
		5. Carbon monoxide poisoning
517. A 10-year old school girl has recurrent episodes of boils on the scalp. The boils subside with antibiotic therapy but recur after some time. The most likely cause of the recurrences is?
	* 1. Primary immunodeficiency syndrome
		2. Juvenile diabetes mellitus
		3. \* Pediculosis capitis
		4. HIV infection
		5. Toxic epidermal necrolysis
518. A 25-year old male had pigmented macules over the plain, sole and oral mucosa. He also had anemia and pain in abdomen. The most probable diagnosis is ?
	* 1. Albright's syndrome
		2. Cushing's syndrome
		3. \* Peutz-Jegher's syndrome
		4. Incontinentia pigmenti
		5. Multiple myeloma
519. A 78 yr. old man who lives alone and prepares his own food is found to have numerous ecchymotic areas on the posterior aspect of his lower extremities. On closer examination of the skin, he has hemorrhagic areas around hair follicle. The hairs are fragmented, several hematomas are present in the muscles of thearms and legs. Except for the absence of teeth, the rest of the physical examination is unremarkable. Laboratory examinatin reveals a normal PT. PTT and CBC except for a hematocrit of 28°. This clinical syndrome is most likely due to deficiency of?
	* 1. Vitamin A
		2. \* Vitamin C
		3. Folate
		4. Vitamin K
		5. Vitamin E
520. A 16 year old female presents with generalised weakness and palpitations. Her Hb is 7g/dl and peripheral smear shows microcytic hypochromic anaemia, reticulocyte count = 0.8 % serein bilirubin= 1 mg% . The most likely diagnosis is?
	* 1. \* Iron deficiency is
		2. Haemolytic anaemia
		3. Aplastic anaemia
		4. Folic acid deficiency
		5. Acute anemia after bleeding
521. Young famale presents with myalgia fever, headache, diarrhoea and an erythematous rash which first appeared in the groin. Most likely diagnosis is?
	* 1. Toxic epidermal necrolysis
		2. Staph. scalded skin syndrome
		3. \* Toxic shock syndrome
		4. Epidermolysis bullosa
		5. Post kala azar dermal leishmaniasis
522. A patient in the post opreative ICU with intravenous catheter developed spikes of fever. The causativeorvanism is ?
	* 1. E.Coli
		2. \* Coagulase negative staphylococci
		3. Pseudomonas
		4. Streptococcus agalactiae
		5. Brucella canis
523. A 58 year old woman, who had backache and recurrent chest infections for 6 months, develops sudden weakness of the legs and urinary retention.
524. Her investigations show a hemoglobin of 7.3 gm/dl, serum calcium 12.6 mg/dl, phosphate-2.5 mg/dl, alkaline phosphatase-100u/I, serum albumin-3 gm/
525. dl, globulin - 7.1 gm/dl and urea -178 mg/d. What is the most likely diagnosis?
	* 1. Lung cancer
		2. Disseminated tuberculosis
		3. \* Multiple myeloma
		4. Osteoporosis
		5. Chronic bronchitis
526. A farmer from central asia persents with an acute onsetr of swinging pyrexia, rigor sweating and monoartucular arthritis of the hip. He also complained of headache and insommia - On examination he is found to have a small firm splenomegaly and hepatomegaly. His counts showed (eucopenia with relative lymphocytosis The most likely diagnosis is?
	* 1. \* Brucellosis
		2. Bagassosis
		3. Byssionosis
		4. Chikungunya fever
		5. Legionella pneumonia
527. A 30 year old lady with sweating fever shivering and diarrhoea. On examination there was bilateral pneumonitis. Probable diagnosis is?
	* 1. N. meningitis
		2. \* Legionella pneumonia
		3. Pnemococci
		4. Staphylococci
		5. Brucella canis
528. A 48 year old male presents with non-itchy generalised papulo-nodular lesion of three months duration. Physical examination does not show any other abnormaly.SIit smear from a nodule does not show AFB. Blood VDRL is reactive 1:2 dilution.The most likely diagnosis is?
	* 1. Drug eruption
		2. Lepromatous leprosy
		3. Post kala azar dermal leishmaniasis
		4. \* Secondary syphilis
		5. Epidemic typhus
529. A man presents with fever and chills 2 weeks after a louse bite. There was a maculo - popular rash on the trunk which spread peripherally. What cause
530. of this infection can be?
	* 1. Scurb typhus
		2. Endemic typhus
		3. Rickettsial pox
		4. \* Epidemic typhus
		5. Measels
531. A 55 year old woman on anti-tuberculosis therapy developed anaemia of the microcytic hypochromic variety not responding to iron preparations.The
532. treat ment of choice is?
	* 1. Blood transfusion
		2. Vitamin C
		3. Packed cells transfusion
		4. \* Pyridoxine
		5. Cyanocobalamine
533. A 35 year old man is seen 6 months after a cadavric renal allograft. The patient has been on azothioprine and prednisone since that procedure. He has felt poorly for the past week with fever to 38.6 degree celsius, anorexia and a cough productive of thick suputm. Chest X-ray reveals a left lower lobe nodule with central cavitation. Examinaton of the sputum reveals long.Crooked branching, beaded gram-positive filaments. The most appropriate initial therapy would include the administration of which of the following antibiotics?
	* 1. Penicillin
		2. Erythromycin
		3. \* Sulfisoxazole
		4. Ceftazidime
		5. Azithromycin
534. A 34-year-old woman complained of weakness, subfebrile fever, and pallor of the skin. Physical examination revealed the enlarged lymph nodes in the right supraclavicular area. On X-ray film, there was enlargement of bronchopulmonary and paratracheal lymph nodes. The liver was enlarged, with increased firmness. What is the probably diagnosis?
	* 1. \* Hodgkin’s disease
		2. Tuberculosis
		3. Sarkoidosis
		4. Tumor metastases
		5. Chronic myelocytic leukemia
535. A 58-year-old man complained on severe inspiratory dyspnea and expectoration of frothy and blood-tinged sputum. He had been suffering from essential hypertension and ischemic heart disease. On exam: acrocyanosis, “bubbling” breathing, PR of 30/min, BP of 230/130 mm Hg, bilateral wet rales. Choose medicines for treatment.
	* 1. \* Morphine, furosemide, nitroprusside sodium
		2. Theophylline, prednisolon
		3. Albuterol, atropine, papaverine
		4. Strophanthine, potassium chloride, plathyphylline
		5. Cordiamine, isoproterenol
536. An attack of severe substernal pain developed with patient at night. On exam: confusion, pallor of the skin, acrocyanosis, cold sweating, BP of 80/50 mm Hg, PR of 120/min, irregular and weak pulse.For what condition are these features typical for?
	* 1. \* Cardiogenic shock
		2. Acute left-sided heart failure
		3. Acute right-sided heart failure
		4. Radicular syndrome
		5. Acute vascular insufficiency
537. A 61-year-old man complained on sneezing and substernal pain on exertion. During last 2 weeks such pain had appeared during rest with increased frequency and failed to respond for 1 tablet of nitroglycerin. What is the most likely diagnosis?
	* 1. \* Unstable angina pectoris
		2. Angina pectoris of a new onset
		3. Myocarditis
		4. Radiculitis
		5. Stable angina pectoris of III functional class
538. A patient with ischemic heart disease and chronic heart failure develops sudden loss of consciousness; on exam: cyanosis, the widened pupils, peripheral pulse and blood pressure are not defined. On ECG: ventricular complexes are absent; instead of them there are waves of different shape and amplitude with irregular rhythm. What is the mechanism of development of this disturbant rhythm?
	* 1. \* Multiple microreentry in the ventricles
		2. Enhanced automatic activity of the ventricles
		3. Disturbances of neurohumoral regulatory systems
		4. Sick sinus syndrome
		5. Accelerated diastolic depolarization, a disturbance in electrolyte balance
539. A 31-year-old man with past history of rheumatic fever was severely ill and complained on fever up to 38 – 39°C, abdominal pain, dyspnea, palpitation; he felt ill 6 days ago. On exam: the left heart border was shifted to the left, heart sounds were faint, there were systolic and dyastolic murmurs at the aortic area, BP of 160/30 mm Hg, positive Rumpel-Leede sign, enlargement of the liver and the spleen, diarrhea, and dark urine. What is the most likely diagnosis?
	* 1. \* Infective endocarditis
		2. Rheumatic aortic valve disease
		3. Typhoid fever
		4. Acute viral hepatitis
		5. Acute nephritis
540. A 52-year-old patient with previously pectoris angina ll functional class complains during 5 days on intensified and prolonged retrosternal pains, decreased exercise tolerance. Angina is less responsive to Nitroglycerinum. Which of the following diagnosis is most likely?
	* 1. \* IHD. Unstable angina
		2. Cardialgia due to spine problem
		3. IHD. Functional Class П angina
		4. Myocarditis
		5. Myocardial dystrophy
541. An ECG of postinfartional [a year ago] patient shows pathological QS waves in leads VI-V3, I, aVL. Determine the location of old myocardial infarction.
	* 1. \* Septal and anterior
		2. Anterolateral
		3. Anterior
		4. Inferior
		5. Postrolateral
542. A 14 year old patient complains on chest pain, temperature 38,5, breathlessness. He had acute tonsillitis 2 weeks ago. He is in a condition. The skin is pale. Heart borders are widened, the tones are weakened. Above all heart area you can hear pericardium friction sound. Electrocardiogramm: the descent of voltage QRS, the inversion T. The liver is 3 sm enlarged. ESR – 4mm/h, ASL – 0 – 1260, C-reaction protein +++. Your diagnosis:
	* 1. \* Rheumatic pancarditis
		2. Rheumatic pericarditis
		3. Rheumatic myocarditis
		4. Rheumatic endocarditis
		5. Septic endocarditis
543. A 52-year-old patient has hypervolaemic type of essential hypertension. Which of the following is necessary to prescribe either as monotherapy, or as addition with other antihypertensive remedies
	* 1. \* Hypothiazid
		2. Dibazol
		3. Clophelin
		4. Kapoten
		5. Nifedipin
544. A 62-year-old patient complains on dyspnea, heart pains during rest. 3 years ago he had myocardial infarction. Physical examination: orthopnea, acrocyanosis, swollen cervical veins. Pulse – 92, total heart enlargement, the liver is enlarged on 7 cm, shin edema. What is the stage of chronic heart failure [CHF]?
	* 1. \* CHF-2 B
		2. CHF- 1
		3. CHF- 2 А
		4. CHF-0
		5. CHF-3
545. A patient, aged 49, complains of fever of 37,5 0С, heart pain, dyspnea. S1 is clapping; S2 is accentuated in the aortic area; opening snap, presystolic murmur are auscultated. What is the most useful investigation for valvular disorder assessment?
	* 1. \* Echocardiography+Doppler-Echocardiography
		2. Phonocardiography
		3. Ballistocardiogram
		4. Chest x-ray
		5. ECG
546. A 45-year-old driver was admitted to the hospital with 5 hour substernal pain. Nitroglycerin is not effective. He is pale, heart sounds are regular but weak. HR 96 per minute, BP of 100/60 mm Hg. What is the most probable diagnosis?
	* 1. \* Acute myocardial infarction
		2. Stable angina
		3. Pulmonary embolism
		4. Acute myocarditis
		5. Acute left ventricular failure
547. A 46- year-old patient has ischemic heart disease,pectoris angina on exertion, II functional class. What is the drug of choice for treatment of acute attack?
	* 1. \* Nitroglycerin sublingually
		2. Platelet inhibiting agents (aspirin)
		3. Spasmolitics (No-spa) IV
		4. Digitalis IV
		5. Sedative agents (Seduxenum) orally
548. A 42-year-old woman complains of dyspnea, edema of the legs, and tachycardia during small physical exertion. Heart borders are displaced to the left and S1 is accentuated, there is protodiastolic murmur on xiphoid process. The liver is enlarged on 5 cm. What is the cause of heart failure?
	* 1. \* Mitral stenosis
		2. Mitral regurgitation
		3. Tricuspid stenosis
		4. Tricuspid regurgitation
		5. Aortic stenosis
549. A 33-year-old man with a history of rheumatic fever complains on fever up to 38 - 39°, abdominal pain, dyspnea, tachycardia. Heart borders are displaced to the left on 2 cm, systolic and diastolic murmurs above aorta, BP of 160/30 mm Hg. Petechial rash occurs after measurement of blood pressure. Liver is enlarged on 3 cm, spleen is palpable. Urine is brown-yellow. What is the most probable diagnosis?
	* 1. \* Infectious endocarditis
		2. Rheumatic fever
		3. Acute hepatitis
		4. Acute nephritis
		5. Aortic regurgitation
550. A 60-year-old woman has increased BP up to 210/110 mm Hg during last 7 years. On exam, heart apex is displaced to the left. There are signs of left ventricular hypertrophy on ECG. What is the most probable diagnosis?
	* 1. \* Essential hypertension, 2nd stage
		2. Essential hypertension, 1st stage
		3. Symptomatic hypertension
		4. Cardiomyopathy
		5. Ischemic heart disease
551. A 30- year-old patient complains on breathlessness, pain in the right rib arc place, dry cough and the leg edema. He is ill for 2 months. He was treated for rheumatic fever without effect. On exam: cyanosis, edema of the legs, BT of 36.6°C, RR of 28/min, HR of 90/min, BP of 110/80 mm Hg, crackles above low parts of both lungs, heart borders are displaced to the left and to the right, weak sounds, systolic murmur above the apex. What is the preliminary diagnosis?
	* 1. \* Dilated cardiomyopathy
		2. Infectious endocarditis
		3. Acute myocarditis
		4. Rheumatic fever, mitral stenosis
		5. Acute pericarditis
552. А patient is suffering of a chronic heart insufficiency [degree II; phase A]. The patient has been given a proper therapeutic treatment by furosemide. Later the patient developed a lumbosacral nerve root syndrome. To reduce the acute pains the doctor prescribed a certain agents, which lowered the effect of furosemide. Give the name of this medicine.
	* 1. \* Indomethacin
		2. Digoxin
		3. Furosemide
		4. Panangin
		5. Riboxinum
553. A 60yr. Old man with unstable angina pectoris fails to respond to heparin, nitroglycerin, beta adrenegic blockers and calcium channel antagonist. The best management includes:
	* 1. \* Coronary artery bypass grafting
		2. Intravenous strptokinase
		3. Exercise testing
		4. Oral aspirin
		5. Antihypertensive therapy
554. The young patient at the reference to policlinic was diagnosed to have the 1 stage of hypertension. How many times during the year it is necessary to examine him?
	* 1. \* Twice
		2. Once
		3. 3 times
		4. 4 times
		5. 5 times
555. The 30-years old patient with the complications on a headache, poor dream with nightmares was addressed to policlinic. A BP was 150/95. An arterial hypertension was diagnosed. In what dispensary group he must be addresseed for supervision for an arterial hypertension?
	* 1. In the second
		2. In a first
		3. In a fourth
		4. \* In a third
		5. In a fifth
556. Patient K.,52 years old, has sustained an acute myocardial infarction 2.01.2001. State of health is satisfactive.After what time according to the instruction he can be send on sanatorium treatment for specialized sanatorium?
	* 1. \* 1.07.200
		2. 1.03.2001
		3. 1.04.2001
		4. 1.05.2001
		5. 1.06.2001
557. The doctor of the city cardiological center solves the problem of the patient after the discharge from a hospital to the balneal department of sanatorium.Who cannot be routed there?
	* 1. \* 200/110-240/120
		2. 140/90-160/100
		3. 90/60-120/80
		4. 160/90-180/90
		5. 180/110-90/60
558. Woman of 40,ill on rheumatic disease with composite mitral disease with prevalence of the stenosis of left venous foramen. Her complaints are on the palpitation,fatigability progressing dyspnea,attacks of a dyspnea and hemoptysis.Now she can not execute even mild activities.What tactics is the most expedient?
	* 1. \* Mitral comissurotomia
		2. Conduction of current bicilino-prophilaxis
		3. Assiging of anticoagulants
		4. Assiging of venous vasodilatators
		5. Assiging of antibiotics
559. 26 year old female experiences chest pain. She also complains of paplitations. An ECHO is done and it shows that she has mitral valve prolapse. Her physical findings are classic for mitral valve prolapse. Which of the following is associated with mitral valve prolapse?
	* 1. large wave in the jugular pulse
		2. diastolic rumbling murmur
			1. increased pulse pressure
			2. large a wave in the jugular pulse
		3. \* mid systolic click with a systolic murmur
560. A 69 year old female is in the hospital for digitalis toxicity. Her blood pressure is 150/95 and her heart rate is 50 beats per minuteThese are normal looking QRS complexes, but they are not preceded by a P wave. There are retrograde P waves appearing after the QRS complex. What is the most appropriate description of the ECG findings?
	* 1. atrial flutter
			1. sinus tachycardia
			2. complete heart block
			3. First degree AV block
		2. \* junctional rhythm
561. A patient, aged 49, complains of fever of 37,5 0С, heart pain, dyspnea. S1 is clapping; S2 is accentuated in the aortic area; opening snap, presystolic murmur are auscultated. What is the most useful investigation for valvular disorder assessment?
	* 1. \* Echocardiography+Doppler-Echocardiography
		2. Phonocardiography
		3. Ballistocardiogram
		4. Chest x-ray
		5. ECG
562. A 42-year-old woman complains on dyspnea, edema of the legs and tachycardia during small physical exertion. Heart borders are displaced to the left and S1 is accentuated, there is protodiastolic murmur on xiphoid process. The liver is enlarged on 5 cm. What is the cause of heart failure?
	* 1. \* Mitral stenosis
		2. Mitral regurgitation
		3. Tricuspid stenosis
		4. Tricuspid regurgitation
		5. Aortic stenosis
563. A 61-year-old man complained on sneezing and substernal pain on exertion. The prior 2 weeks such pain had appeared during rest with increased frequency and failed to respond to 1 tabl of nitroglycerin. What is the most likely diagnosis?
	* 1. \* Unstable angina pectoris
		2. Angina pectoris of a new onset
		3. Myocarditis
		4. Radiculitis
		5. Stable angina pectoris of III functional class
564. An ECG of postinfartional [a year ago] patient shows pathological QS waves in leads VI-V3, I, aVL. Determine the location of old myocardial infarction.
	* 1. \* Septal and anterior
		2. Anterolateral
		3. Anterior
		4. Inferior
		5. Postrolateral
565. A 52-year-old patient with previously pectoris angina П functional class complains during 5 days on intensified and prolonged retrosternal pains, decreased exercise tolerance. Angina is less responsive to Nitroglycerinum. Which of the following diagnosis is most likely?
	* 1. \* IHD. Unstable angina
		2. Cardialgia due to spine problem
		3. IHD. Functional Class П angina.
		4. Myocarditis
		5. Myocardial dystrophy
566. A 45-year-old driver was admitted to the hospital with 5 hour substernal pain. Nitroglycerin is not effective. He is pale, heart sounds are regular but weak. HR 96 per minute, BP of 100/60 mm Hg. What is the most probable diagnosis?
	* 1. \* Acute myocardial infarction
		2. Stable angina
		3. Pulmonary embolism
		4. Acute myocarditis
		5. Acute left ventricular failure
567. A 62-year-old patient complains on dyspnea during rest, heartache. 3 years ago he had myocardial infarction. Physical examination: orthopnea, acrocyanosis, swollen cervical veins. Pulse – 92, total heart enlargement, the liver is enlarged on 7 cm, skin edema. What is the stage of chronic heart failure [CHF]?
	* 1. \* CHF-2 B
		2. CHF- 1
		3. CHF- 2 А
		4. CHF-0
		5. CHF-3
568. A 61-year-old man complained on sneezing and substernal pain on exertion. The prior 2 weeks such pain had appeared during rest with increased frequency, and failed to respond to 1 tabl of nitroglycerin. What is the most likely diagnosis?
	* 1. \* Unstable angina pectoris
		2. Angina pectoris of a new onset
		3. Myocarditis
		4. Radiculitis
		5. Stable angina pectoris of III functional class
569. A 46- year-old patient has ischemic heart disease,pectoris angina on exertion, II functional class. What is the drug of choice in treatment of acute attack?
	* 1. Platelet inhibiting agents (aspirin)
		2. Spasmolitics (No-spa) IV
		3. Digitalis IV
		4. Sedative agents (Seduxenum) orally
		5. \* Nitroglycerin sublingually
570. A 57-year-old man complains on shortness of breath, swelling on shanks, irregularity in cardiac work, pain in the left half of chest with irradiation to the left scapula. Treatment is uneffective. On physical exam: heart’s sounds are diminished, soft systolic murmur on the apex. Ps - 100/min, arrhythmical, BP - 115/75 mm Hg. The liver is +2 cm, painful. Roentgenoscopy: enlargement of heart shadow to all sides, pulsation is weak. Electrocardiogram (ECG): leftventrical extrasystolia, decreased voltage. What method of investigation is necessary to do to determine the diagnosis?
	* 1. Veloergometria
		2. Echocardiography
		3. \* ECG in the dynamics
		4. X-ray kymography
		5. Coronarography
571. A 67-year-old man is brought to the ED by ambulance after a syncopal episode. He was well before the event, except for mild chronic hypertension. He fell on pavement, striking his head, so paramedics placed him in a cervical collar and strapped him to a spine board. He complains of low back pain, which he attributes to the spine board. BP is 100/50, and heart rate (HR) is 80 beats per minute. Which of the following is the best course of action?
	* 1. Analgesia, ECG, and outpatient referral to cardiologist
		2. ECG, cardiac enzymes, admit for telemetry monitoring
		3. Lateral abdominal x-ray, with aortogram if inconclusive
		4. Intravenous fluids, morphine, computed tomography (CT) of the abdomen
		5. \* Immediate surgical consultation, multiple large-bore intravenous lines, type and cross-match blood
572. All of the following statements are TRUE regarding emergent pericardiocentesis EXCEPT
	* 1. Complications include pneumothorax, dysrhythmias, laceration of coronary arteries, and liver lacerations
		2. Associated mortality with a blind approach is 6 percent
		3. The technique of choice is the left paraxyphoid approach aiming toward the right shoulder
		4. \* An ECG unipolar electrode attached to V1 is the guidance technique of choice
		5. There is a 7 to 15 percent complication rate with a blind approach
573. All of the following statements are TRUE withregard to acute pericarditis EXCEPT
	* 1. \* Acute pericarditis is associated with transientdysrhythmias that are usually clinically insignificant
		2. Aspirin, 650 mg every 4 h for 7 days, should be initiated if the diagnosis is suspected, so
		3. long as no contraindications are present
		4. Electrical alternans or low-voltage ECG suggests the presence of pericardial effusion
		5. Concomitant pericardial effusion is common
574. Eisenmenger with ASD21. An attack of severe substernal pain developed in a patient at night. On exam: confusion, pallor of the skin, acrocyanosis, cold sweating, BP of 80/50 mm Hg, PR of 120/min, irregular and weak pulse. Note,for what condition are these features typical for?
	* 1. Acute left-sided heart failure
		2. Acute right-sided heart failure
		3. Radicular syndrome
		4. Acute vascular insufficiency
		5. \* Cardiogenic shock
575. A 52-year-old patient with pectoris angina functional class П complains of 5 days of intensified and prolonged retrosternal pain, decreased exercise tolerance. Angina is less responsive to Nitroglycerinum. Which of the following diagnosis is most likely?
	* 1. Cardialgia due to spine problem
		2. IHD. Functional Class П angina.
		3. \* IHD. Unstable angina
		4. Myocarditis
		5. Myocardial dystrophy
576. An ECG of postinfartional [a year ago] patient shows pathological QS waves in leads VI-V3, I, aVL. Determine the location of old myocardial infarction.
	* 1. Anterolateral
		2. \* Septal and anterior
		3. Anterior
		4. Inferior
		5. Postrolateral
577. A 46- year-old patient has ischemic heart disease, angina on exertion, II functional class. What is the drug of choice in treatment of acute attack?
	* 1. Platelet inhibiting agents (aspirin)
		2. Spasmolitics (No-spa) IV
		3. Digitalis IV
		4. Sedative agents (Seduxenum) orally
		5. \* Nitroglycerin sublingually
578. A 56-year-old man with a history of hypertension and tobacco use complains on intermittent substernal chestpain without radiation or associated shortness of breath,nausea, or diaphoresis. Chest pain occurs both with exertion and during rest and lasts from 5 to 10 minutes. He is currently pain free, but his ECG shows LVH andinverted T waves in leads V4 to V6. Two sets of cardiac enzymes are negative. Which of the following diagnostic tests would be MOST appropriate?
	* 1. An ECG exercise stress test
		2. \* A T99 exercise stress test
		3. Echocardiography for evaluation of wallmotion abnormalities
		4. Coronary angiography
		5. A 24-h Holter monitor
579. A 45-year-old driver was admitted to the hospital with 5 hour substernal pain. Nitroglycerin is not effective. He is pale, heart sounds are regular but weak. HR 96 per minute, BP of 100/60 mm Hg. What is the most probable diagnosis?
	* 1. \* Acute myocardial infarction
		2. Stable angina
		3. Pulmonary embolism
		4. Acute myocarditis
		5. Acute left ventricular failure
580. A 60-year-old man with unstable angina pectoris fails to respond to heparin, nitroglycerin, beta adrenegic blockers and calcium channel antagonist. What is the best treatment for this patient?
	* 1. \* Aspirin, orally
		2. Coronary artery bypass grafting
		3. Antihypertensive therapy
		4. Intravenous strpetokinase
		5. Excercise testing
581. A 42-year-old patient applied to hospital with complaints of pain behind the sternum with irradiation to the left scapula. The pain appears during significant physical work, this lasts for 5-10 minutes and is over on rest. The patient is sick for 3 weeks. What is the preliminary diagnosis?
	* 1. IHD: Stable angina pectoris of effort IV FC
		2. IHD:Stable angina pectoris of effort I FC
		3. IHD:Progressive angina pectoris
		4. \* IHD:First established angina pectoris
		5. IHD:Variant angina pectoris (Prinzmetal’s)
582. A 32-year-old in-patient with the diagnosis of "acute abscess of the right lung" after cough had developed sudden difficult breathing, cyanosis. There is pain in the right half of thorax. What is the most probable complication that is observed in the patient?
	* 1. Myocardial infarction
		2. Exudative pleurisy
		3. Embolic pneumonia
		4. Perforation of the esophagus
		5. \* Pyopneumothorax
583. A 58-year-old man complained of severe inspiratory dyspnea and expectoration of frothy and blood-tinged sputum. He had been suffering from essential hypertension and ischemic heart disease. On exam, acrocyanosis, “bubbling” breathing, PR of 30/min, BP of 230/130 mm Hg, bilateral wet rales. Choose medicines for treatment.
	* 1. \* Morphine, furosemide, nitroprusside sodium
		2. Theophylline, prednisolon
		3. Albuterol, atropine, papaverine
		4. Strophanthine, potassium chloride, plathyphylline
		5. Cordiamine, isoproterenol
584. A 50-year-old patient had an attack of palpitation with nausea, dizziness, generalized fatigue. On ECG: tachycardia with heartbeat rate of 220/min. Ventricle complexes are deformed and widened. P wave is absent. What medication should be prescribed to provide first aid?
	* 1. \* Lidocain
		2. Seduxen
		3. Novocainamides
		4. Strophantin
		5. Isoptin
585. A patient with ischemic heart disease and chronic heart failure develops sudden loss of consciousness; on exam, cyanosis, the widened pupils, peripheral pulse and blood pressure are not defined. On ECG: ventricular complexes are absent; instead of them there are waves of different shape and amplitude with irregular rhythm. What is the mechanism of this rhythm disturbance development?
	* 1. Enhanced automatic activity of the ventricles
		2. \* Multiple microreentry in the ventricles
		3. Disturbances of neurohumoral regulatory systems.
		4. Sick sinus syndrome.
		5. Accelerated diastolic depolarization, a disturbance in electrolyte balance.
586. A 31-year-old man with past history of rheumatic fever was severely ill and complained of fever up to 38 – 39°C, abdominal pain, dyspnea, palpitation; he felt ill 6 days prior. On exam, the left heart border was shifted to the left, heart sounds were faint, there were systolic and dyastolic murmurs at the aortic area, BP of 160/30 mm Hg, positive Rumpel-Leede sign, enlargement of the liver and the spleen, diarrhea, and dark urea. What is the most likely diagnosis?
	* 1. Rheumatic aortic valve disease
		2. Typhoid fever
		3. \* Infective endocarditis
		4. Acute viral hepatitis
		5. Acute nephritis
587. Woman 52 years old, is complaining of pain in the area of the heart, who gives in the shoulder, nausea, vomiting food. Located on the clinic register on cholelithiasis. Yesterday was a lot of eating spicy and fatty foods. OBJECTIVE: increased power. Breathing rate -18/hv. Muffled heart tones, PS = 94 beats / min, isolated extrasystoles, BP- 160/100 mmHg Abdomen soft, sensitive palpation in the right hypochondrium and epigastrium, no peritoneal irritation symptoms. In the blood: Hb - 135 g / l leyk.8, 6h109 / l, ESR 22 mm / hour. Diastaza in the urine-64 units. On the ECG in abduction II, III and aVF Q = 5 mm, R = 3 mm, ST elevated above isolines at 3 mm prong T positive. What is the most likely cause of deterioration of the patient?
	* 1. \* Myocardial infarction
		2. Acute pancreatitis
		3. Hypertensive crisis
		4. Gallstone disease
		5. Food poisoning
588. Patient 66 years 5 years ago had a myocardial infarction. Night acutely developed dyspnea mixed is dry cough, palpitations. OBJECTIVE: excited, BR 34/hv. Above the lungs in the lower divisions - small amount of moist rales noteless, single dry rales. Left heart border shifted left by 3 cm, tachycardia to 120 beats / min. Rhythmic tones, accent on the second tone of pulmonary artery. BP 245/105 mm Hg What is the most likely diagnosis?
	* 1. \* Stage III hypertension, hypertensive crisis, acute left ventricular failure
		2. Hypertension stage II, hipertonic crises, acute ventricular failure
		3. Stage II hypertension, hypertensive crises
		4. Hypertension stage II, attack of asthma
		5. Hypertension stage III, acute bilateral pneumonia
589. Patient 56 years was rushed to the hospital within 1 hour after the occurrence of sudden pain in the right half of the chest, shortness of breath. 7 days ago underwent surgery to adenomectomy of prostate. OBJECTIVE: heavy state, expressed cyanosis, cold sweat. BP-110/70 mmHg, pulse-132 in 1 min., BR-38 for 1 min. In lungs- dry wheezing crepitation. Accent II and split tone over the pulmonary artery. ECG - electrical axis deviation to the right, increasing the amplitude of R wave in II, III, aVF, V1, V2. Which drug for emergency care must be used first?
	* 1. \* Streptokinase
		2. Eufilin
		3. Prednisolone
		4. Heparin
		5. Dopamine
590. The patient who is at "D" on account of coronary heart disease: unstable angina pectoris, was appointed integrated treatment: direct anticoagulants disagregants, nitrates, beta-anderonoblokers. But on the third day of treatment a significant reduction in pain syndrome did not happen. What should be the test for further management solution treatment?
	* 1. \* Coronarography
		2. Stress echocardiography
		3. the test with dosed load
		4. Acrossesophagus electrostimulation
		5. Scyntigraphy infarction
591. To the family doctor turned patient S. 48 years , complaining of periodic outages in the area of the heart. Since history is known that a year ago suffered a myocardial infarction. When recording an electrocardiogram revealed abnormal tooth Q in II, III and VF assignments, other changes have been not found. What research, the most appropriate in order to clarify the diagnosis and subsequent treatment of the patient?
	* 1. Stress echocardiography
		2. Investigation of blood electrolytes
		3. Coronarography
		4. Test with dosed physical activity
		5. \* Holter ECG
592. To the family doctor asked the man 55 years, complaining of pain behind the breastbone lasting 25 minutes, which irradiate in left hand, which appeared for the first time 3 days ago at rest and disappeared without medication use. Go near to occur 5-6 times a day. Today grow the intensity of pain. Results of laboratory tests: Troponin-0, 17nh/ml, L-5, 6h109 / L, ALT-100mmol / L, LDH-350mmol / l. On any illness you can think of?
	* 1. Stable angina pectoralis
		2. \* Not stable angina pectoralis
		3. Myocarditis
		4. Q wave myocardial infarction
		5. Cardiomyopathy
593. In patient K., 60 years after acute myocardial infarction is concerned about shortness of breath during physical exertion, typical asthma attacks. OBJECTIVE: tachypnea, heart rate 110 per min. BP 120/70 mmHg st. In the lungs moist smallblister rales. What are the most likely cause of the detected changes.
	* 1. Acute right ventricular failure
		2. Bronchial obstructive syndrome
		3. \* Acute left ventricular failure
		4. Hypovolemia
		5. Prolabuval mitral valve syndrome
594. A 50 -year-old woman complained on attacks of right subcostal pain after fat meal for 1 year. Last week the attacks repeated every day and became more painful. What diagnostic procedure would you recommend?
	* 1. \* Ultrasound examination of the gallbladder
		2. Liver function tests
		3. X-ray examination of the gastrointestinal tract
		4. Ultrasound study of the pancreas
		5. Blood cell count
595. A 45-year-old man has complained on epigastric and right subcostal aching pain, pruritus, indigestion, dark color of the urine and acholic stool, fever and significant weight loss during 1 month. On exam: jaundice, presence of Curvuasier’s sign. US scan did not reveal stones in the gallbladder and choledochus. What is the most likely diagnosis?
	* 1. \* Cancer of the pancreas head
		2. Gallbladder stones
		3. Chronic pancreatitis
		4. Chronic cholangitis
		5. Chronic hepatitis
596. A 22-year-old woman complained on right subcostal aching pain, nausea and decreased appetite. She fell ill 2 months after appendectomy when jaundice appeared. She was treated in an infectious hospital. 1 year later above mentioned symptoms developed. On exam: the subicteric sclerae, enlarged firm liver. Your preliminary diagnosis is?
	* 1. \* Chronic viral hepatitis
		2. Calculous cholecystitis
		3. Gilbert’s disease
		4. Acute viral hepatitis
		5. Chronic cholangitis
597. A 27 -year-old man complained on aching epigastric pain just after meal, heartburn and nausea. Stomach endoscopy revealed a large amount of mucus, hyperemia and edema of mucous membrane in gastric fundus with areas of atrophy. Establish the diagnosis.
	* 1. \* Chronic type gastritis A
		2. Chronic type gastritis B
		3. Peptic ulcer of the stomach
		4. Chronic type gastritis C
		5. Menetrier’s disease
598. A 39 -year-old woman complained on squeezed epigastric pain which appear 1 hour after meal and heartburn. She had been ill for 2 years. On palpation there was moderate tenderness in pyloroduodenal area. Antral gastritis was revealed on gastroscopy. What study can establish genesis of the disease?
	* 1. \* Revealing of Helicobacter infection in gastric mucosa
		2. Detection of autoantibodies in the serum
		3. Gastrin level in blood
		4. Examination of stomach secretion
		5. Examination of stomach motor function
599. A patient, aged 48, complains on heaviness in the right hypochondrium, itching of the skin. Repeatedly he had been treated in infectious diseases hospital due to icterus and itch. Objectively: meteorism, ascitis, dilation of abdominal wall veins, protruded navel, spleen enlargement.Your diagnosis is:
	* 1. \* Liver cirrhosis
		2. Cancer of the liver
		3. Cancer of the head of pancreas
		4. Gallstones
		5. Viral hepatitis B
600. A 27-year-old man complains on pain in epigastrium which appear after food intake. EGDFS shows antral erosive gastritis, biopsy of antral mucous presents Hеlicobacter Pylori.Your diagnosis is:
	* 1. \* Gastritis of type B
		2. Gastritis of type A
		3. Reflux gastritis
		4. Menetrier's gastritis
		5. Rigid antral gastritis
601. A 20 year old woman with a 3-4 month history of bloody diarrhoea; stool examination negative for ova and parasites;stool cultures negative for clostridium,campylobacter and yersinia;normal small bowel series; edema,hyperemia and ulceration of the rectum and sigmoid colon had been seen on sigmoidoscopic examination.Select the most likely diagnosis:
	* 1. \* Ulcerative colitis
		2. Gastroenteritis
		3. Carcinoid syndrome
		4. Zollinger-Ellison syndrome
		5. Granulomatous colitis
602. A 75year old man who had developed diabetes within the last six months was found to be jaundiced.He was asymptomatic except for weight loss of 10 pounds during 6 months.On physical examination he is found to have a nontender, globular, right upper quadrant mass that moves with respiration. A CT scan shows enlargement of the head of the pancreas,with no filling defects in the liver. Most likely diagnosis is :
	* 1. \* Carcinoma of the head of the pancreas
		2. Infectious hepatitis
		3. Haemolytic jaundice
		4. Malignant biliary stricture
		5. Metastatic disease of liver
603. A 47 year old man presents to his physician with progressive abdominal swelling.On examination he is found to have ascites and a tender,enlarged liver.If the patient describes a chronic course associated with wasting and low grade fever,the differential diagnosis should include everything EXCEPT:
	* 1. \* Chronic Pancreatitis
		2. Tuberculosis
		3. Cirrhosis with hepatocellular carcinoma
		4. Hepatitis
		5. Alcoholic liver disease with cirrhosis
604. A 42year old patient is suffering from alcoholism.He has enlarged liver with ascites. He is hospitalised for agitation and bizarre behaviour. Examination reveals asterixes on his hands, ankle clonus and spider angiomas on the face and chest.Blood ammonia level is twice its base line.Precipitating factors to look for include all of the following EXCEPT
	* 1. \* Insufficient protein ingestion
		2. Bleeding esophageal
		3. Excessive diuretic therapy
		4. Non compliance with lactulose therapy
		5. Spontaneous bacterial peritonitis
605. A 45year old man is admitted with his 3rd episode of upper gastrointestinal haemorrhagia. He had 2 prior ulcer operations. Zollinger-Ellison syndrome is suspected. All the following would support your suspicions EXCEPT:
	* 1. \* Supression of hypergastrinaemia by secretin given IV
		2. A fasting gastrin level of 450pg/ml
		3. Post operative notes detailling ulcers in the duodenum and jejunum
		4. Liver metastasis on CT scan
		5. A history of diarrhoea
606. A 60yr. Old woman, mother of 6 children, developed sudden onset of upper abdominal pain radiating to the back, associated with nausea, vomitting, fever and chills. Subsequently, she noticed yellow discoloration of her sclera and skin. On physical examination the patient was found to be febrile with temp.of 38.9C, along with right upper quadrant tenderness.Most likely diagnosis is?
	* 1. \* Choledocholithiasis
		2. Benign biliary stricture
		3. Malignant biliary stricture
		4. Carcinoma of the head of the pancreas
		5. Choledochal cyst
607. A 55-year-old patient complains of bloating and rumbling in the abdomen, increased outgoing of gasesfoamy liquid stool of acid odor. Symptoms appear after eating of milk products. What is the name of such symptom complex?
	* 1. \* Acid dyspepsia syndrome
		2. Malabsorbtion syndrome
		3. Decaying dyspepsia syndrome
		4. Dyskinesia syndrome
		5. Adipose dyspepsia syndrome
608. A 14-year-old boy periodically complains of pain in the epigastrium on an empty stomach, nausea and heartbum during 3 years. Gastroduodenoscopy: signs of gastroduodenitis and ulcer defect of gastritis, biopsy of antral mucous presents Hеlicobacter Pylori. What can be diagnosed in this case?
	* 1. \* Gastritis of type B
		2. Menetrier’s disease
		3. Rigid antral gastritis
		4. Gastritis of type A
		5. Reflux – gastritis
609. A 55-year-old female with painful chronic diarrhea, multiple recurrent duodenal ulcers, and increased basal gastric acid output.What is the most likely diagnosis?
	* 1. \* A gastrin-secreting tumor of the pancreas
		2. A serotonin-secreting tumor of the ileum
		3. A somatostatin-secreting tumor of the duodenum
		4. An epinephrine-secreting tumor of the adrenal medulla
		5. An erythropoietin-secreting tumor of the liver
610. A 62-year-old patient complains on the pain behind the sternum, bad passing of solid and liquid food, hard breathing, increased salivation weight, loss of 15 kg during the period of 2 months. Appetite is retained. On physical exam: face features are sharpened. The skin is pale, with sallow tint, its turgor is decreased. The liver is not enlarged. Blood Hb - 86g/L. Gregersen reaction is positive. What kind of pathology can cause the given clinical situation?
	* 1. \* Esophagus cancer
		2. Achalasia of esophagus
		3. Cicatricial constriction of esophagus
		4. Benign growth of esophagus
		5. Chronic non-specific esophagitis
611. A 20-year-old woman with a 3-4 month history of bloody diarrhea; stool examination is negative for ova and parasites; stool cultures negative for clostridium, campylobacter and yersinia; normal small bowel series; edema, hyperemia and ulceration of the rectum and sigmoid colon are seen on sigmoidoscopic examination. Choose the most likely diagnosis.
	* 1. \* Ulcerative colitis
		2. Granulomatous colitis
		3. Carcinoid syndrome
		4. Zollinger-Ellison syndrome
		5. Gastroenteritis
612. A 14-year-old girl has attacks of abdominal pain after fried food. No fever. She has pain in Cera point. The liver is not enlarged. Portion B [duodenal probe] – 60 ml. What is your diagnosis?
	* 1. \* Biliary tracts dyskinesia, hypotonic type
		2. Acute colitis
		3. Chronic duodenum
		4. Hepatocirrhosis
		5. Peptic ulcer
613. A 56-year-old woman has had profuse watery diarrhea for 3 months. Laboratory studies of fecal water show the following: Sodium: 39 mmol/L; Potassium: 96 mmol/L; Chloride: 15 mmol/L; Bicarbonate: 40 mmol/L; Osmolality: 270 mosmol/kg H2O (serum osmolality: 280 mosmol/kg H2O). The most likely diagnosis is?
	* 1. \* lactose intolerance
		2. villous adenoma
		3. laxative abuse
		4. pancreatic insufficiency
		5. nontropical sprue
614. A 67 year old man complains on pain in his epigastrium which radiates to his back and unexplained weight loss. His stools are light colored and his urine is dark. He presents with jaundice. A work-up is done and it is determined that he has pancreatic carcinoma located at the head of the pancreas. His laboratory tests reveal a mild anemia, an elevated serum amylase, and a conjugated hyperbilirubinemia. His unconjugated bilirubin is within normal limits. What is the most likely cause of his jaundice?
	* 1. Intrahepatic obstructive jaundice
		2. \* extrahepatic obstructive jaundice
		3. obstructive jaundice consisting of both intrahepatic and extrahepatic obstruction
		4. hepatocellular jaundice
		5. hemolytic jaundice
615. An 18 year old male works in a company where lunches are often catered. One day the water facility at the company was not working, but workers managed to have the lunch anyway. Two weeks later, he became sick. He suffered from anorexia, nausea, malaise and jaundice. During the course of the next four weeks, seven people who shared the lunch became ill with similar symptoms. After a few weeks each of the seven people completely recovered and they replace their caterer. What is the most likely diagnosis?
	* 1. primary biliary cirrhosis
		2. hepatitis B
		3. hepatocellular carcinoma
		4. Laennec's cirrhosis
		5. \* hepatitis A
616. A 42 year old female decided to become a mother. During her pregnancy she developed pruritis. Later the itching appeared. Her pregnancy and delivery were uncomplicated. However, even after the birth of her healthy baby boy, the pruritis continues. Two years later she developed jaundice. Her past medical history is unremarkable. On physical examination, she is found to have hepatosplenomegaly. Examination has revealed gallstones. Her laboratory results show an elevated alkaline phosphatase (four times over normal) and an elevated bilirubin. She is found to have mitochondrial antibodies. What condition should be included to the differential diagnosis?
	* 1. \* primary biliary cirrhosis
		2. hepatitis B
		3. hepatocellular carcinoma
		4. Laennec's cirrhosis
		5. hepatitis A
617. A 70 year old man presents to his general practitioner complaining on dull and boring pain which radiates to the back. He has found that the pain intensifies by lying down and tends to be relieved by crouching forward. On questioning he admits to smoking 25 cigarettes daily,and to losing 12 pounds(5 kg) over the last 2 months. On examination he is found to be cachexic, he was afebrile, and is jaundiced. Abdominal palpation reveals a mass in the upper abdomen under the right costal margin. The most likely cause for this man's jaundice is?
	* 1. a malignant lesion of the head of the pancreas
		2. \* stones in the common bile duct
		3. hepatocellular carcinoma
			1. hepatitis B
		4. gall bladder carcinoma
618. A 40-year-old cigarette smoker complains on epigastric pain, well localized, nonradiating and described as burning. The pain is partially relieved by eating. There is no weight loss. He has not used nonsteroidal anti-inflammatory agents. The pain has gradually worsened over several months. The most sensitive way to make a correct diagnosis is?
	* 1. \* Endoscopy
		2. Barium x-ray
		3. Serologic test for Helicobacter pylori
		4. Serum gastrin
		5. Serum pepsin
619. A 50-year-old black male with a history of alcohol and tobacco abuse has complained of difficulty swallowing solid food for the last 2 months. Recently, swallowing fluid has also become a problem.Occasionaly he has noted black, tarry stool. The patient has lost 10 lb. Which of the following statements is correct?
	* 1. \* Barium contrast study is indicated
		2. The patient’s prognosis is good
		3. The most likely diagnosis is peptic ulcer disease
		4. The patient has achalasia
		5. Ultrasound of the abdomen
620. A 34-year-old male presents with substernal discomfort. The symptoms are worse after meals, especially after a heavy evening meal. Sometimes symptoms are associated with hot/sour fluid in the back of the throat and nocturnal awakening. The patient denies difficult swallowing, pain during swallowing and weight loss. The symptoms have been presented for 6 weeks; the patient has gained 20 lb during the past 2 years. Your initial approach is?
	* 1. \* A therapeutic trial of omeprazol
		2. A therapeutic trial of ranitidine
		3. Exercise test with thallium imaging
		4. Esophagogastroduodenoscopy
		5. CT scan of the chest
621. During an operation for presumed appendicitis the appendix is found to be normal; however, the terminal ileum is markedly thickened and feels rubbery to firm, its serosa is covered with a gray-white exudate, and several loops of apparently normal small intestine are adherent to it. The most likely diagnosis is?
	* 1. \* Crohn’s disease of the terminal ileum
		2. Perforated Meckel’s diverticulum
		3. Ulcerative colitis
		4. Ileocecal tuberculosis
		5. Acute ileitis
622. A 50-year-old man comes to the emergency room with a history of vomiting for 3 days’ duration. His past history reveals that for approximately 20 years he has been getting epigasric pain, lasting for 2 to 3 weeks, during early spring and autumn. He remembers getting relief from pain by taking milk and antacids. Physical examination showed a fullness in the epigastric area with visible peristalsis, absence of tenderness, and normal active bowel sounds. The most likely diagnosis is:
	* 1. \* Gastric outlet obstruction
		2. Small bowel obstruction
		3. Volvulus of the colon
		4. Incarcerated umbilical hernia
		5. Cholecystitis
623. A patient with a peptic ulcer was admitted to the hospital and a gastric biopsy was performed. The tissue was cultured on chocolate agar incubated in a microaerophilic environment at 37C for 5 to 7 days. At 5 days of incubation, colonies appeared on the plate and were curved, Gramnegative rods, oxidase-positive. The most likely identity of this condition is?
	* 1. \* Helicobacter pylori
		2. Campylobacter jejuni
		3. Vibrio parahaemolyticus
		4. Haemophilus influenzae
		5. Campylobacter fetus
624. A 32-year-old man presents with severe abdominal pain. He describes the pain as sharp and diffuse. He does not drink alcohol or take any medications. He has a past medical history significant for peptic ulcer disease over 5 years ago. The patient has stable vital signs and has no orthostatic changes. You observe the patient to be lying very still on the emergency room stretcher. On physical examination, he has a rigid abdomen and decreased bowel sounds. He has localized left upper quadrant guarding and rebound tenderness. There is referred rebound tenderness on palpation of the right upper quadrant. Rectal examination is FOBT negative. Which of the following is the best method of confirming the diagnosis in this patient?
	* 1. \* Abdominal radiograph
		2. Barium swallow
		3. Leukocytosis
		4. Upper endoscopy
		5. Colonoscopy
625. A 42-year-old man with no history of use of nonsteroidal anti-inflammatory drugs (NSAIDs) presents with recurrent gastritis. Infection with Helicobacter pylori is suspected. Which of the following statements is true?
	* 1. \* Diagnosis can be made by serologic testing or urea breath tests
		2. Morphologically, the bacteria is a gram-positive, tennis-racket-shaped organism
		3. Diagnosis is most routinely achieved via culturing endoscopic scrapings
		4. The most effective way to treat and prevent recurrence of this patient’s gastritis is through the use of singledrug therapy aimed at eradicating H. pylori
		5. The organism is easily eradicated
626. A biopsy of the antrum of the stomach of an adult who presents with epigastric pain reveals numerous lymphocytes and plasma cells within the lamina propria, which is of normal thickness. There are also scattered neutrophils within the glandular epithelial cells. A Steiner silver stain from this specimen is positive for a small, curved organism, which is consistent with
	* 1. \* Helicobacter pylori
		2. Enteroinvasive Escherichia coli
		3. Enterotoxigenic E. coli
		4. Salmonella typhi
		5. Shigella species
627. A 35 year old man presents with a 3 week history of epigastric pain which is worse prior to meals and at night. He has no other symptoms. You elicit a mildly tender epigastrium on palpation; otherwise examination is normal. You suspect peptic ulcer disease. With regards to Peptic Ulcer Disease (PUD):
	* 1. \* the most appropriate initial investigation is testing for Helicobacter pylori
		2. duodenal ulcers are 10 times more common than gastric ulces
		3. this patient requires urgent endoscopy
		4. smoking is not a risk factor for its development
		5. duodenal ulcers are more common in patients with blood group A
628. A 55-year-old patient complains of bloating and rumbling in the abdomen, increased outgoing of gasesfoamy liquid stool of acid odor. Symptoms appear after eating of milk products. What is the name of such symptom complex?
	* 1. \* Acid dyspepsia syndrome
		2. Malabsorbtion syndrome
		3. Decaying dyspepsia syndrome
		4. Dyskinesia syndrome
		5. Adipose dyspepsia syndrome
629. A 24-year-old girl has attacks of abdominal pain after fried food. No fever. She has pain in Cera point. The liver is not enlarged. Portion B [duodenal probe] – 60 ml. What is your diagnosis?
	* 1. \* Biliary tracts dyskinesia, hypotonic type
		2. Acute colitis
		3. Chronic duodenum
		4. Hepatocirrhosis
		5. Peptic ulcer
630. A 51-year-old male presents with epigastric pain that is lessened whenever he eats. A gastroscopy is performed to evaluate these gastric symptoms and a solitary gastric ulcer is seen. This ulcer is round and has punched-out straight walls. The margins of the ulcer are slightly elevated, and gastric rugae radiate outward from the ulcer. Based on these findings, in order to relieve the epigastric pain this patient should
	* 1. \* Abstain from smoking
		2. Take indomethacin twice a day
		3. Eat only two meals per day
		4. Drink alcohol with his evening meal
		5. Have surgery to resect the ulcer
631. A 14-year-old boy periodically complains of pain in the epigastrium on an empty stomach, nausea and heartburn during 3 years. Gastroduodenoscopy: signs of gastroduodenitis and ulcer defect of gastritis, biopsy of antral mucous presents Hеlicobacter Pylori. What can be diagnosed in this case?
	* 1. \* Gastritis of type B
		2. Menetrier’s disease
		3. Rigid antral gastritis
		4. Gastritis of A type
		5. Reflux – gastritis
632. A 45yr. Old man is admitted with his 3rd episode of upper gastrointestinal haemorrhage. He had 2 prior ulcer operation. Zollinger-Ellison syndrome is suspected. All the following would support your suspicions EXCEPT:
	* 1. \* Supression of hypergastrinaemia by secretin given IV
		2. A fasting gastrin level of 450pg/ml.
		3. Post operative notes detailling ulcers in the duodenum and jejunum
		4. Liver metastasis on CT scan
		5. A history of diarrhea
633. A 42-year-old man with no history of use of nonsteroidal anti-inflammatory drugs (NSAIDs) presents with recurrent gastritis. Infection with Helicobacter pylori is suspected. Which of the following statements is true?
	* 1. \* Diagnosis can be made by serologic testing or urea breath tests
		2. Morphologically, the bacteria is a gram-positive, tennis-racket-shaped organism
		3. Diagnosis is most routinely achieved via culturing endoscopic scrapings
		4. The most effective way to treat and prevent recurrence of this patient’s gastritis is through the use of singledrug therapy aimed at eradicating H. pylori
		5. The organism is easily eradicated
634. A 40-year-old cigarette smoker complains of epigastric pain, well localized, nonradiating, and described as burning. The pain is partially relieved by eating. There is no weight loss. He has not used nonsteroidal anti-inflammatory agents. The pain has gradually worsened over several months. The most sensitive way to make a specific diagnosis is
	* 1. \* Endoscopy
		2. Barium x-ray
		3. Serologic test for Helicobacter pylori
		4. Serum gastrin
		5. Serum pepsin
635. An overweight 41-year-old woman with a body mass index of 32 presents with a 5-day history of severe right upper quadrant pain. Initially the pain was intermittent, lasting for 2 hours then subsiding, but for the past 12 hours it has been constant. On examination she is pyrexial (38.5°C) and there is tenderness and rigidity in the right upper quadrant. Her white cell count is 18 ? 109/l and C-reactive protein 130 mg/l. Liver function tests (LFTs) and amylase are within the normal range. Which of the following diagnoses is most likely?
	* 1. Biliary colic
		2. Acute pancreatitis
		3. \* Acute cholecystitis
		4. Choledocholithiasis
		5. Acute hepatitis
636. A 34-year-old woman is referred to the gastrointestinal clinic after her GP discovers abnormal liver function tests. She denies alcohol abuse or sexual risk factors. She received a blood transfusion in the UK in 2002 following a road traffic accident. Her past medical history includes obesity (body mass index = 42), type 2 diabetes mellitus and anxiety/depression. What is the most likely cause of her deranged LFTs?
	* 1. Occult drug overdose
		2. Alcoholic liver disease
		3. \* Non-alcoholic fatty liver disease
		4. Hepatitis B infection
		5. Hepatitis A infection
637. A 70-year-old male presents with a complaint on fatigue. There is no history of alcohol abuse or liver disease; the patient is not on medication. Scleral icterus is noted on physical exam. There is no evidence for chronic liver disease on physical exam and the liver and spleen are nonpalpable. The patient is noted to have a normocytic, normochromic anemia. The first step in evaluation of this patient is:
	* 1. \* Liver function tests, including direct versus indirect bilirubin and urine bilirubin
		2. CT scan of the abdomen
		3. Hepatitis profile
		4. Abdominal ultrasound
		5. Barium x-ray of the abdomen
638. The patient is noted to have conjugated hyperbilirubinema, with bilirubin detected in the urine. Serum bilirubin is 12 mg/dL, AST and ALT are in normal range, and alkaline phosphatase is 300 U/L (3 times normal). The next step in evaluation is:
	* 1. \* Ultrasound or CT scan
		2. Hepatitis profile
		3. Reticulocyte count
		4. Family history for hemochromatosis
		5. Barium x-ray of the abdomen
639. A 40-year-old male with long-standing alcohol abuse complains of abdominal swelling, which has been progressive over several months. He has a history of gastrointestinal bleeding. On physical exam there are spider angiomas and palmar erythema. Abdominal collateral vessels are seen around the umbilicus. The shifting dullness and bulging flanks are noted. What is an important first step in the patient’s evaluation ?
	* 1. \* Diagnostic paracentesis
		2. UGI series
		3. Ethanol level
		4. CT scan
		5. Elevated serum lipase
640. A 45-year-old woman, mother of four children, comes to the emergency room complaining on the sudden onset of the epigastric and right upper quadrant pain, radiating to the back, associated with vomiting. On examination, tenderness is elicited in the right upper quadrant, bowel sounds are decreased, and laboratory data shows leukocytosis, normal serum levels of amylase, lipase, and bilirubin. The most likely diagnosis is:
	* 1. \* Acute cholecystitis
		2. Perforated peptic ulcer disease
		3. Myocardial infarction
		4. Sigmoid diverticulus
		5. Acute pancreatitis
641. A 24-year-old law student is brought into the emergency room complaining on severe abdominal pain of 6-8 hours duration. He had been to a party the night before. The pain is in the epigastrium radiating to the back and is associated with nausea. The patient vomited twice prior to coming to the emergency room. Clinical examination reveals an anxious youth with a regular pulse rate of 100/min, blood pressure og 100/68 mm Hg, and a temperature of 38,1 0C. The most likely diagnosis is:
	* 1. \* Acute pancreatitis
		2. Acute cholecystitis
		3. Acute appendicitis
		4. Acute diverticulitis
		5. Mesenteric adenitis
642. A 45-year-old obese woman with cholelithiasis presents to the emergency room complaining on nausea and vomiting for 2 days, along with severe continuous midabdominal pain. She has a low-grade fever and the ER physician finds that she has a slightly elevated WBC count (12,000) and an elevated serum amylase. The most likely diagnosis is?
	* 1. \* Acute pancreatitis
		2. Ruptured abdominal aortic aneurysm
		3. Hepatitis
		4. Peptic ulcer disease
		5. Early phase of acute appendicitis
643. A patient with jaundice complains of RUQ pain. Liver function tests show a bilirubin of 3.0 mg/dL, alkaline phosphatase about four times increased above normal and both AST and ALT increased about 50% above normal. The best imaging test to order first in evaluating this patient would be
	* 1. \* Abdominal CT scan
		2. Ultrasound
		3. Abdominal MRI
		4. Barium swallow
		5. KUB (flat-plate x-ray of the abdomen)
644. A 54-year-old male alcoholic presents with the sudden onset of severe, constant epigastric pain that radiates to his midback. Further evaluation finds fever, steatorrhea, and discoloration around his flank and umbilicus. Laboratory tests find elevated serum levels of amylase and lipase. What is the most likely cause of these findings?
	* 1. \* Acute pancreatitis
		2. Acute appendicitis
		3. Acute cholangitis
		4. Acute cholecystitis
		5. Acute diverticulitis
645. A 49-year-old female presents with increasing fatigue and is found to have elevated liver enzymes (AST and ALT). You follow her in your clinic and find over the next 9 months that her liver enzymes have remained elevated. All serologic tests for viral markers are within normal limits. A liver biopsy reveals chronic inflammation in the portal triads that focally destroys the limiting plate and “spills over” into the adjacent hepatocytes. There are no granulomas present, and there is no evidence of fibrosis surrounding any of the bile ducts within the portal triads. Anti-smoothmuscle antibodies and antinuclear antibodies are found in the patient’s serum. An LE cell test is positive. What is the diagnosis?
	* 1. \* Autoimmune hepatitis
		2. Chronic persistent hepatitis
		3. Primary biliary cirrhosis
		4. Primary sclerosing cholangitis
		5. Systemic lupus erythematosus
646. A 54-year-old male presents with a high fever, jaundice, and colick abdominal pain in the right upper quadrant. The gallbladder cannot be palpated on physical examination. Workup reveals hemoglobin level of 15.3 g/dL, unconjugated bilirubin level of 0.9 mg/dL, conjugated bilirubin level of 1.1 mg/dL, and alkaline phosphatase level of 180 IU/L. What is the correct diagnosis?
	* 1. \* Bile duct obstruction by a stone
		2. Acute cholecystitis
		3. Chronic cholecystitis
		4. Carcinoma of the gallbladder
		5. Carcinoma of the head of the pancreas
647. A 54-year-old male alcoholic presents with the sudden onset of severe, constant epigastric pain that radiates to his midback. Further examination finds fever, steatorrhea, and discoloration around his flank and umbilicus. Laboratory tests find elevated serum levels of amylase and lipase. What is the most likely cause of these findings?
	* 1. \* Acute pancreatitis
		2. Acute appendicitis
		3. Acute cholangitis
		4. Acute cholecystitis
		5. Acute diverticulitis
648. A 65 year old man presents to his GP with fatigue and loss of appetite. On examination: jaundice; palpable non-tender mass in the right upper quadrant. The results of his liver function tests are shown: Patients result Albumin: 30g/L; ALP: 600U/L; ALT: 50U/L; Bilirubin: 80µmol/L; GGT: 220 U/L. Urinalyis showed the presence of bilirubin. Urobilinogen was undetectable. Alpha feto-protein was normal. What is the most likely diagnosis?
	* 1. \* Pancreatic carcinoma
		2. Hepatocellular carcinoma
		3. Hepatitis
		4. Haemolytic anaemia
		5. Alcoholic liver disease
649. A 37 year old female complains on fatigue and right upper quadrant abdominal discomfort. She is found to have high circulating levels of anti-nuclear antibodies and anti-smooth muscle antibodies. Which of the following is the most likely diagnosis?
	* 1. \* Autoimmune hepatitis
		2. Wilson's disease
		3. Hereditary haemochromatosis
		4. Hepatitis B
		5. Primary biliary cirrhosis
650. A 42-year-old woman presents with a complaint of watery diarrhea and abdominal pain that has occurred intermittently over the past 4 years. After the passage of three or four loose stools in the morning, she feels well for the rest of the day and never has nocturnal diarrhea. Physical examination reveals an anxious woman with a tender left lower abdominal quadrant and no fecal material in the rectum; the results are otherwise normal. Sigmoidoscopic examination discloses excess mucus, but the mucosa appears normal. Barium enema is normal except for sigmoid spasticity, and examination of a stool specimen reveals well-formed feces that are negative for blood, pathogenic bacteria, and parasites. Results of thyroid studies are normal. A trial of milk restriction results in no change in symptoms. At this point the physician should
	* 1. \* obtain stool electrolytes and osmolality
		2. consider a trial of diphenoxylate or loperamide to control symptomatic diarrhea
		3. tell the patient that her symptoms are largely emotional in origin
		4. consider a trial of psyllium to increase stool bulk
		5. perform a jejunal aspirate and analyze the fluid for parasites
651. A 70-year-old Irish consular official seeks local medical attention for diarrhea and weight loss, which have been present for 2 years. He says he has always been in good health "even though I'm the runt of the litter" (he is the smallest of eight siblings). Laboratory studies include normal complete blood cell count and serum electrolyte concentrations. Serum D-xylose concentration is 0.76 mmol/L (15 mg/dL) 2 hour after an oral challenge, and 24-h fecal fat determination is 12 g on a 100-g fat diet. A representative biopsy specimen of his jejunum is shown below. Which of the following statements about the man's illness is correct?
	* 1. \* Adherence to a strict gluten-free diet usually results in normalization of malabsorption tests and reversal of jejunal pathology
		2. This condition is believed to be due to a gramnegative bacillus
		3. Abdominal pain, arthralgia, low-grade fever, and lymphadenopathy are frequently present
		4. Corticosteroid therapy is the treatment of choice
		5. A rebiopsy after gluten challenge is indicated at this time
652. A 28-year-old man has had diarrhea and crampy abdominal pain of the right lower quadrant for the last 4 weeks. During the last 10 days he also has had episodic low-grade fever, abdominal distention, and anorexia without vomiting which lead to a weight loss of 3.2 kg (7 lb). On examination, he is mildly uncomfortable. Vital signs: temperature 37.8°C (100.1°F), pulse 100 beats per minute, and blood pressure 110/60 mmHg. His sclerae are anicteric, and there is no palpable lymphadenopathy. A tender, indistinct fullness is palpable in the right lower quadrant of the abdomen, but otherwise the abdomen is soft and without rebound tenderness or palpable hepatosplenomegaly. Rectal examination reveals no masses or focal tenderness, but the stool is guaiac-positive. Laboratory tests include a hematocrit of 30 percent and a white blood cell count of 11,300/fxL with a shift to the left. Flat-plate and upright x-rays of the abdomen show some air-filled loops of small bowel but no air-fluid levels. Sigmoidoscopy is unremarkable. On barium enema examination: barium fails to reflux into the terminal ileum, but the colon is otherwise normal. A representative film from a small-bowel barium examination is shown below. Which of the following disorders is most consistent with the clinical picture described?
	* 1. \* Adenocarcinoma of the small intestine
		2. Perforated appendix with appendiceal abscess
		3. Whipple's disease
		4. Regional enteritis
		5. Lymphoma of the small intestine
653. A 20-year-old man was found to have ulcerative proctitis 2 years ago. Mild rectal bleeding was well controlled on daily steroid enemas, which were discontinued a year ago. For the last 3 months he has had increasingly frequent bloody diarrhea (now 6 to 10 times a day), lower abdominal cramps, low-grade fever, anorexia, and a 5-kg (11-lb) weight loss. Physical examination of this thin, pale young man, who appears acutely ill, reveals these vital signs: temperature 37.8°C (100°F), pulse 110 beats per minute, and blood pressure 120/70 mmHg. The lower abdomen is mildly and diffusely tender, but there is no rebound tenderness and bowel sounds are active. Stool is grossly bloody. Sigmoidoscopy, limited to 10 cm because of discomfort, shows marked mucosal erythema and friability; diffuse ulceration is present, and an exudates contains pus and blood. Three hours after a barium enema, which shows ulcerations throughout the colon, the man's abdominal pain worsens markedly. Vital signs now are: temperature 39.6°C (103.2°F), pulse 130 beats per minute, and blood pressure 90/60 mmHg. On examination the abdomen is distended and diffusely tender with rebound; bowel sounds are infrequent. An abdominal flat-plate x-ray is pictured below. The most likely diagnosis for the disorder described above is
	* 1. \* inferior mesenteric artery occlusion
		2. acute colonic perforation
		3. nonthrombotic mesenteric ischemia
		4. volvulus
		5. toxic megacolon
654. A 38 year old man complains about mild pain and muscle weakness of shoulder and pelvic girdles and back that has been progressing for the last 3 weeks. He has also significant problems with getting up, going up and down the stairs and shaving. It is suspected that the patient is suffering from dermatomyositis. Blood count: Hb - 114 g/l, leukocytes - 10,8\*109/l, eosin - 9%, ESR - 22 mm/h, C-reactive protein (++). Change of the following laboratory factor will be of the greatest diagnostic importance:
	* 1. Antibodies to the native DNA
		2. Ceruloplasmin
		3. Sialic acids
		4. \* Creatine phosphokinase
		5. (-globulins
655. A 30 year old man complains of intense pain, reddening of skin, edema in the ankle-joint area, fever up to 39oC. There was an acute onset of the illness. In the past there were similar attacks lasting 5-6 days without residual changes in the joint. The skin over the joint is hyperemic and ill-defined, without infiltrative bank on the periphery. What is the most likely diagnosis?
	* 1. Erysipelatous inflammation
		2. \* Gout
		3. Osteoarthritis
		4. Infectious arthritis
		5. Rheumatoid arthritis
656. A 42 year old metalworker has been working at the turning machine for production of heavy large-size parts for 5 years. His work requires using of hand and pedal levers that involves considerable physical force. What means for osteoarthrosis prevention should be recommended?
	* 1. To administer protein-and-vitamin diet
		2. To go in for weightlifting
		3. To administer protein-and-carbohydrate diet
		4. \* To limit physical work
		5. To improve health at the Black sea coast
657. A 34 year old woman fell ill 3 months ago after cold exposure. She complained of pain in her hand and knee joints, morning stiffness and fever up to 38oC. Interphalangeal, metacarpophalangeal and knee joints are swollen, hot, with reduced ranges of motions; ESR of 45 mm/h, CRP (+++), Vaaler-Rouse test of 1:128. What group of medicines would you recommend the patient?
	* 1. Sulfonamides
		2. Tetracyclines
		3. Fluorchinolones
		4. Cephalosporines
		5. \* Nonsteroidal anti-inflammatory drugs
658. A 19-yr-old man presents with sudden severe upper abdominal pain after being tackled during a rugby practice. He was recently diagnosed with glandular fever. Choose the single most likely diagnosis from the list of options above.
	* 1. \* Pancreatic pseudocyst
		2. Splenic rupture
		3. Acute pancreatitis
		4. Sigmoid volvulus
		5. Haemolytic uraemic syndrome
659. A 14 year old patient complains of chest pain, temperature up to 38,5oC, breathlessness. He had acute tonsillitis 2 weeks ago. He is in grave condition. The skin is pale. Heart borders are dilated, heart sounds are quiet. Above total heart area you can hear pericardium friction sound. Electrocardiogram: the descent of QRS voltage, the inversion T. The liver is enlarged by 3 cm. ESR - 4 mm/h, ASL - 0 - 1260, C-reactive protein +++. Your diagnosis:
	* 1. Septic endocarditis
		2. Rheumatic endocarditis
		3. Rheumatic pericarditis
		4. \* Rheumatic pancarditis
		5. Rheumatic myocarditis
660. A 25 yrs women presents with bloody diarrhea & is diagnosed as a case of Ulcerative colitis. Which of the following condition is not associated :
	* 1. Iritis
		2. Ankylosing spondylitis
		3. Sclerosing cholengitis
		4. Erythema nodosum
		5. \* Pancreatitis
661. A 23 year old man complains about face edemata, headache, dizziness, reduced urination, change of urine colour (dark-red). These presentations appeared after pharyngitis. Objectively: face edemata, pale skin, temperature - 37,4oC; heart rate - 86/min, AP - 170/110 mm Hg. Heart sounds are muffled, the II sound is accentuated above aort A. What etiological factor is probable in this case?
	* 1. Saprophytic staphylococcus
		2. Pyogenic streptococcus
		3. \* (-hemolytic streptococcus
		4. Staphylococcus aureus
		5. Alpha-hemolytic streptococcus
662. A 19 y.o. girl admitted to the hospital complained of pain in the knee and fever of 38,60C. She is ill for 2 weeks after acute tonsillitis. On exam, hyperemia and swelling of both knees, temperature is 37,40C, HR- 94/min, BP- 120/80 mm Hg, and heart border is displaced to the left; S1 is weak, systolic murmur is present. Total blood count shows the following: Hb- 120 g/L, WBC- 9,8\*109/L, ESR of 30 mm/L. ECG findings: the rhythm is regular, PQ = 0,24 sec. What is a causative agent of the disease?
	* 1. \* Beta-hemolytic streptococci
		2. Viral-bacterial association
		3. Autoimmune disorder
		4. Staphylococci
		5. Ricchetsia
663. A 42 year old woman complains of dyspnea, edema of the legs and tachycardia during minor physical exertion. Heart borders are displaced to the left and S1 is accentuated, there is diastolic murmur on apex. The liver is enlarged by 5 cm. What is the cause of heart failure?
	* 1. Aortic stenosis
		2. Mitral regurgitation
		3. Tricuspid regurgitation
		4. Tricuspid stenosis
		5. \* Mitral stenosis
664. A 42 y.o. woman complains of dyspnea, edema of the legs, and tachycardia during small physical exertion. Heart borders are displaced to the left and S1 is accentuated, there is diastolic murmur on apex. The liver is enlarged by 5 cm. What is the cause of heart failure?
	* 1. Tricuspid regurgitation
		2. Mitral regurgitation
		3. Aortic stenosis
		4. \* Mitral stenosis
		5. Tricuspid stenosis
665. A 41 y.o. woman complains of weakness, fatigue, fever up to 380C, rash on the face skin, pain in the wrists and the elbows. On physical examination: erythematous rash on the cheeks with "butterfly" look, the wrists and elbow joints are involved symmetrically, swollen, sensitive, friction rub over the lungs, the heart sounds are weak, regular, HR- 88/min, BP- 160/95 mm Hg. Hematology shows anemia, leucopenia, lymphopenia; on urinalysis: proteinuria, leukocyturia, casts. What is the main mechanism of disease development?
	* 1. \* Production of antibodies to double-stranded DNA
		2. Production of myocytes antibodies
		3. Production of myosin antibodies
		4. Production of antibodies to endothelial cells
		5. Production of antimitochondrial antibodies
666. A 25-yr-old man who was driving was involved with a high speed collision. He was wearing his seat belt and now complains of upper abdominal pain. His CXR is normal. Choose the single most likely investigation from the list of options above.
	* 1. \* Serum amylase
		2. Serum electrolytes
		3. Anti-DNA antibodies
		4. Arterial blood gases
		5. Jejunal biopsy
667. A 21 y.o. man complains of having morning pains in his back for the last three months. The pain can be relieved during the day and after physical exercises. Physical examination revealed reduced mobility in the lumbar part of his spine, increase of muscle tonus in the lumbar area and sluch during moving. X-ray pattern of spine revealed bilateral sclerotic changes in the sacrolumbal part. What test will be the most necessary for confirming a diagnosis?
	* 1. Rheumatoid factor
		2. Antinuclear antibodies
		3. Uric acid in blood plasma
		4. \* HLA-B27
		5. ESR
668. A 32 year old patient complains about pain in small joints of her hands, paresthesia at the tips of fingers, weakness, difficult deglutition. She has been suffering from this for 13 years. Objectively: face amimia, shortening of nail bones, skin indurations in the area of shoulder girdle are present. Roentgenological examination of lungs revealed basal pneumosclerosis. Fibrogastroscopy revealed esophagus constriction in its cardial part. Blood count: leukocytes - 9,8\*109/l, ESR - 22 mm/h, (-globulin - 22%. What is the most probable diagnosis?
	* 1. Myxedema
		2. \* Systemic scleroderma
		3. Systemic lupus erythematosus
		4. Dermatomyositis
		5. Rheumatoid arthritis
669. A 32 y.o. patient has been suffering from systematic scleroderma for 14 years. She was repeatedly exposed to treatment in the in-patient department. Complains of periodical dull cardiac pain, dyspnea, headache, eyelid edemata, weight loss, pain and deformation of extremities joints. What organ's lesion deteriorates the prognosis for the disease?
	* 1. Skin and joints
		2. \* Kidneys
		3. Heart
		4. Gastrointestinal tract
		5. Lungs
670. A 55 year old patient felt suddenly sick in a hospital corridor, he was immediately examined by a doctor. Examination revealed that the patient's skin was pale, autonomous respiration was absent, pulse on carotid arteries couldn't be felt, pupils were mydriatic. What action should be taken at the beginning of cardiac resuscitation?
	* 1. Defibrillation
		2. Restoration of airway patency
		3. Mouth-to-mouth ventilation
		4. Closed-chest cardiac massage
		5. \* Precordial thump
671. The 18 years old boy suffered from angina 2 weeks ago has complaints on joint pain and impossibility of movement in left knee and right elbow. There was fever [38,50] and ankle dysfunction, enlargement of cardiac dullness on 2 cm, tachycardia, weakness of 1st sound, gallop rhythm, weak systolic murmur near apex. Which diagnosis corresponds to such symptoms?
	* 1. \* Acute rheumatic heart disease
		2. Systemic lupus erythematosus
		3. Juvenile rheumatoid arthritis
		4. Reiter’s disease
		5. Reactive arthritis
672. A 18 year old patient. He complains of chest pain, temperature 38,5, breathlessness. He had acute tonsillitis2 weeks ago. He is in a bad state. The skin is pale. Heart borders are widened, the tones are weakened. Above all heart area you can hear pericardium friction sound. Electrocardiogramm: the descent of voltage QRS, the inversion T. The liver is 3 sm enlarged. ESR – 4mm/h, ASL – 0 – 1260, C-reaction protein +++. Your diagnosis:
	* 1. \* Rheumatic pancarditis
		2. Rheumatic pericarditis
		3. Rheumatic myocarditis
		4. Rheumatic endocarditis
		5. Septic endocarditis
673. A 26-year-old woman with ulcerative colitis has been taking prednisone for the past year. Each time the prednisone is tapered below 20 mg/d, her symptoms return. She is subsequently started on 6-mercaptopurine, 50 mg/d. Three days after beginning the new drug, she develops worsening abdominal pain with radiation to her back. She does not have a rash. Her leukocyte count is 3200/L. Which of the following is the most likely cause of this patients new symptoms?
	* 1. Flare of ulcerative colitis
		2. Pancreatitis due to continuation of prednisone
		3. \* Pancreatitis due to initiation of 6-mercaptopurine
		4. An abdominal and psoas abscess secondary to 6-mercaptopurine-induced neutropenia
		5. An allergic reaction to 6-mercaptopurine
674. A 14 year old boy has rheumatism. During 2 years he has transfered 3 rheumatic attacks. What course of rheumatism does the patient have?
	* 1. \* Prolonged
		2. Acute
		3. Subacute
		4. Latent
		5. Persistent-Reccurent
675. A 17 y.o. patient complains of acute pain in the knee joint and T – 38°C. He was ill with angina 3 weeks ago. Objectively: Deformation and swelling of the knee joints with skin hyperemia. Small movement causes and acute pain in the joints. Which diagnose is the most correct?
	* 1. \* Rheumatism, polyarthritis
		2. Systemic lupus eritematodes
		3. Reactive polyarthritis
		4. Infectious-allergic polyarthritis
		5. Rheumarthritis
676. A patient 55 years complains about pain, slight swelling in the joints of brushes, long constraint at mornings, limitation of mobility. 1 year is ill. Treated oneself with ibuprofen with a small effect. Objectively: swelling of metacarpal-phalange, proximal interphalange joints of the II-III fingers of both brushes with pain limitation of mobility. ESR 37 mm/hour. What researches are most informing for clarification of diagnosis of rheumatoid arthritis?
	* 1. \* Rheumatoid factor, X-ray of brushes joints
		2. Determination of uric acid in blood
		3. Titers of antichlamidias antibodies
		4. Presence of LE-cells
		5. Determination of blood lipids level
677. A 18 year old patient complains of slight fever up to 38.0°C, knee joints pain, a day before ankle pain, tenderness in active and passive movements, common weakness and cardiac pain. It is known he was ill with acute tonsillitis two weeks ago. Physical examination reveals left heart border external shift, non frequent cardiac premature bites. What disease should be suspected?
	* 1. \* Rheumatic fever
		2. Now-rheumatic carditis
		3. Rheumatoid arthritis.
		4. Systemic lupus erythematosus
		5. Reactive arthritis
678. The men of 19 years old. He is ill for 3 days. He has complaints on pain and restriction of movements in right knee and left elbow joints, dyspnoea. He was suffered from acute tonsillitis 2 weeks ago. There are fever (38,5 C), oedema of joints, extension of the borders of cordial dullness on 2 cm left, HR - 110 per 1 min, weakness of 1st sound, "soft" systolic murmur on an apex. What diagnosis should be suspected?
	* 1. \* Acute rheumatic fever
		2. systemic lupus erythematodes
		3. juvenile rheumatoid arthritis
		4. Reiter’s disease
		5. reactive arthritis
679. A 22 year old patient. He complains of chest pain, temperature 38,5, breathlessness. He had acute tonsillitis2 weeks ago. He is in a bad state. The skin is pale. Heart borders are widened, the tones are weakened. Above all heart area you can hear pericardium friction sound. Electrocardiogramm: the descent of voltage QRS, the inversion T. The liver is 3 sm enlarged. ESR – 4mm/h, ASL – 0 – 1260, C-reaction protein +++. Your diagnosis:
	* 1. \* Rheumatic pancarditis
		2. Rheumatic pericarditis
		3. Rheumatic myocarditis
		4. Rheumatic endocarditis
		5. Septic endocarditis
680. A 27-year-old male presents to the health center for right upper quadrant abdominal pain, generalized pruritus, and jaundice for 3 days. He states that the pain came on gradually and awoke him early on the morning of presentation. His past medical history is pertinent for ulcerative colitis, although he has not taken any medication in 4 years. His temperature is 102.5°F (39.2°C) and physical exam shows pain in the right subcostal region with deep inspiration, and generalized jaundice. What is the most serious complication of the most likely diagnosis?
	* 1. Perforation of rectum.
		2. Perforation of stomach wall.
		3. Infarction of small bowel.
		4. \* Cholangiocarcinoma.
		5. Pancreatic pseudocyst formation.
681. A 33-year-old man with a history of rheumatic fever complains of fever up to 38 - 39°, abdominal pain, dyspnea, tachycardia. Heart borders are displaced to the left by 2 cm, systolic and diastolic murmurs above aorta, BP of 160/30 mm Hg. Petechial rash occurs after measurement of blood pressure. Liver is enlarged by 3 cm, spleen is palpable. Urine is brown-yellow. What is the most probable diagnosis?
	* 1. \* Infectious endocarditis
		2. Rheumatic fever
		3. Acute hepatitis
		4. Acute nephritis
		5. Aortic regurgitation
682. A 60-year-old man complains of fever, significant weight loss, bone and joint pain, and bleeding gums. On exam, paleness, lymphadenopathy, hepato- and splenomegaly. CBC: WBC – 270•109/L with 13 % lymphocytes, 1 % monocytes, 21 % basophiles, 29 % neutrophils, 9 % blasts, 12 % promyelocytes, 12 % myelocytes, 2 % metamyelocytes, 1 % eosinophils. ESR – 22 mm/h. Name the drug for treatment.
	* 1. \* Myelosan
		2. Prednisolone
		3. Cytosar
		4. Vinblastine
		5. Blood transfusion
683. A 21 y.o. patient complains of acute pain in the knee joint and t0– 380C. He was ill with angina 3 weeks ago. Objectively: deformation and swelling of the knee joints with skin hyperemia. Small movement causes an acute pain in the joints. Which diagnose is the most correct?
	* 1. Infectious-allergic polyarthritis
		2. Reactive polyarthritis
		3. Rheumarthritis
		4. \* Rheumatism, polyarthritis
		5. Systemic lupus eritematodes
684. A 43 y.o. woman complains of shooting heart pain, dyspnea, irregularities in the heart activity, progressive fatigue during 3 weeks. She had acute respiratory disease a month ago. On examination: AP- 120/80 mm Hg, heart rate 98 bpm, heart boarders +1,5 cm left side, sounds are muffled, soft systolic murmur at apex and Botkin's area; sporadic extrasystoles. Liver isn't palpated, there are no edema. Blood test: WBC- 6,7\*109/L, sedimentation rate- 21 mm/hour. What is the most probable diagnosis?
	* 1. Rheumatism, mitral insufficiency
		2. Ichemic heart disease, angina pectoris
		3. Hypertrophic cardiomyopathy
		4. Climacteric myocardiodystrophia
		5. \* Acute myocarditis
685. A patient, aged 40, has been ill during approximately 8 years, complains of pain in the lumbar part of the spine on physical excertion, in cervical and thoracal part (especially when coughing), pain in the hip and knee joints on the right. On examination: the body is fixed in the forward inclination with head down, gluteal muscles atrophy. Spine roentgenography: ribs osteoporosis, longitudinal ligament ossification. What is the most likely diagnosis?
	* 1. \* Ancylosing spondyloarthritis
		2. Psoriatic spondyloarthropatia
		3. Spondyloarthropatia on the background of Reiter's disease
		4. Tuberculous spondylitis
		5. Spread osteochondrosis of the vertebral column
686. A man, aged 36, complains of intense pain, reddening of skin, edema in the ankle-joint area, fever up to 390С. Sudden onset of the illness. In the past there were similar attacks lasting 5-6 days without residual changes in the joint. The skin over the joint is hyperemic without definite borders and without infiltrative bank on the periphery. What is the most likely diagnosis?
	* 1. Rheumatoid arthritis
		2. Osteoarthritis
		3. \* Gout
		4. Infectional arthritis
		5. Erysipelatous inflammation
687. A man, aged 30, complains of intense pain, reddening of skin, edema in the ankle-joint area, fever up to 390С. There was acute onset of the illness. In the past there were similar attacks lasting 5-6 days without residual changes in the joint. The skin over the joint is hyperemic without definite borders and without infiltrative bank on the periphery. What is the most likely diagnosis?
	* 1. Infectional arthritis
		2. Erysipelatous inflammation
		3. Osteoarthritis
		4. \* Gout
		5. Rheumatoid arthritis
688. A 27-year-old man with AIDS develops right-sided abdominal pain and nausea. His last CD4 cell count was 180/L. On physical examination, he is afebrile. Abdominal examination discloses hepatomegaly and moderate epigastric and right upper quadrant tenderness. Laboratory studies: Serum aspartate aminotransferase 57 U/L Serum alanine aminotransferase 59 U/L Serum alkaline phosphatase 590 U/L Serum total bilirubin 2.8 mg/dL Serum albumin 3.3 g/dL Abdominal ultrasonography shows common bile duct dilatation to 12 mm. No stones are seen in the common bile duct or gallbladder. Which of the following diagnostic studies should be done next?
	* 1. Liver biopsy
		2. CT scan of the abdomen
		3. \* Endoscopic retrograde cholangiopancreatography
		4. Percutaneous transhepatic cholangiography
		5. Jejunal biopsy
689. A 60 y.o. patient complains of pain in interphalangeal joints of hand that gets worse during working. Objectively: distal and proximal joints of the II-IV fingers are defigured, with Heberden's and Bouchard's nodes, painful, stif. X-ray picture of joints: joint spaces are constricted, there are marginal osteophytes, subchondral sclerosis. What is the most probable diagnosis?
	* 1. Reiter's disease
		2. Rheumatic arthritis
		3. \* Osteoarthritis
		4. Psoriatic arthritis
		5. Bechterew's disease
690. A 32-yr-old obese female presents with fever, vomiting and right upper quadrant abdominal pain. The pain is worse on inspiration. Choose the single most likely investigation from the list of options above.
	* 1. Barium enema
		2. Abdominal X-ray
		3. Upright Chest X-ray
		4. Sigmoidoscopy and biopsy
		5. \* Abdominal USG
691. A 50 y.o. man complains of intense pain, skin reddening in the region of ankle joint, temperature rise up to 390С. He fell ill suddenly. In the past there were such onsets that lasted for 5-6 days and didn't cause any residual changes of the joint. The skin over the joint is hyperemic, without distinct outlines and infiltrative bank at the periphery. What is the most probable diagnosis?
	* 1. Osteoarthrosis
		2. \* Gout
		3. Erysipelatous inflammation
		4. Rheumatoid arthritis
		5. Infectional arthritis
692. A 35-year-old alcoholic male is admitted for nausea, vomiting, and abdominal pain that radiates to the back. The laboratory value that suggests a poor prognosis in this patient is
	* 1. Elevated serum lipase
		2. Elevated serum amylase
		3. \* Leukocytosis of 20,000/µm
		4. Diastolic blood pressure greater than 90 mmHg
		5. anemia less than 90 g/l
693. Patient F., 24 years old, has diabetes mellitus during 14 years complains of tachycardia, which can’t treated by ?-blockers. During physical examination was found blood pressure: 190/110 mm of Hg in horizontal position and 80/ 60 mm of Hg in vertical position.What is your previous diagnosis?
	* 1. Diabetic peripheral neuropathy
		2. Thyrotoxicosis
		3. Hypertensive disease
		4. Myocarditis
		5. \* Diabetic cardioneuropathy
694. Patient O., 31 years old, has diabetes mellitus during 9 years, takes insulin (53 Units) in 2 injections. Patient sometimes has hypoglycaemic status. Fasting glucemia is 11,3 mmol/l. What is your previous diagnosis?
	* 1. Diabetes mellitus type 1, severe degree.
		2. Diabetes mellitus type 2, mild degree.
		3. Diabetes mellitus type 2, moderate degree.
		4. Diabetes mellitus type 2, severe degree.
		5. \* Diabetes mellitus type 1, moderate degree
695. Diabetic R., 46 years old complains of changes of the foot: it becomes shorter and wider. During examination was found painless swelling of the feet without edema or signs of infection, external rotation, and flattening of the longitudinal arch. Which complication of diabetus can be found?
	* 1. Diabetic neuropathy.
		2. Diabetic angiopathy.
		3. Diabetic foot.
		4. Diabetic myelopathy
		5. \* Diabetic arthropathy
696. Patient K., 31 years old, has diabetes mellitus during 7 years, takes insulin (54 Units) in 2 injections. Was found such changes on retina: microaneurtisms, dilation of vessels, haemorrhages, soft and hard exudates. What stage of retinopathy does patient have?
	* 1. Background retinopathy.
		2. Proliferative retinopathy.
		3. Retina is normal.
		4. Nonproliferative retinopathy.
		5. \* Preproliferative retinopathy.
697. Diabetic H., 44 years old, admitted to the endocrinology department with complains of weakness, polydypsia, dyspnea. Objective examination reveals dry skin and tongue, Kuss – Maul’s breath.What investigation you have to prescribe?
	* 1. Daily glucosurea
		2. Glucose tolerance test.
		3. The level of postprandial glucemia.
		4. The level of bilirubinemia
		5. \* The level of acetone in urea
698. A 35-year-old woman complains of right upper quadrant pain, which occurs after she eats a large meal. Occasionally the episodes are accompanied by nausea and vomiting. A plain x-ray of the abdomen discloses gallstones. Ultrasonography reveals gallstones and a normalsized common bile duct. The patient’s blood chemistry and CBC are normal. The most therapeutic maneuver at this time would be
	* 1. observation
		2. \* laparoscopic cholecystectomy
		3. ursodeoxycholic acid
		4. shock wave lithotripsy
		5. ursodeoxycholic acid and shock wave lithotripsy
699. Diabetic F., 48 years old, takes maninil (oral hypoglycemic agent). Was found the level of fasting glucose – 5,9 mmol/l, aglucosurea, angioretinopathy I stage. Choose the degree of severity of the diabetes mellitus, please.
	* 1. Mild
		2. Severe
		3. Stabile
		4. Progressive
		5. \* Moderate
700. A 35-yr-old obese female presents with fever, vomiting and right upper quadrant abdominal pain. The pain is worse on inspiration. Choose the single most likely investigation from the list of options
	* 1. Upper GI endoscopy
		2. Barium meal
		3. \* Ultrasound scan
		4. Supine abdominal X-ray
		5. Oesophageal manometry
701. 17-year-old female complains of polyuria, polydipsia, weight loss, and blurred vision. The level of fasting serum glucose is 15,9 mmol/L. What is your diagnosis?
	* 1. Health.
		2. Impaired glucose tolerance.
		3. Diabetes mellitus type 2.
		4. Impaired fasting glycemia.
		5. \* Diabetes mellitus type 1.
702. Patient B., 40 years, has the type 1 of DM for 19 years. Choose the degree of severity of the diabetes mellitus in a case of the level of fasting glucose – 6,8 mmol/l, aglucosurea, the level of creatinine 0,36 mmol/l.
	* 1. Mild.
		2. Moderate.
		3. Stabile.
		4. Progressive.
		5. \* Severe
703. Diabetic R., 49 years old, complains of symmetrical sensory loss, pain at night and during the rest, hyporeflexia, decreased response touch, burning of heels and soles. The skin becomes atrophic, dry and cold. What is your previous diagnosis?
	* 1. Diabetic truncal polyradiculoneuropathy.
		2. Diabetic truncal monoradiculoneuropathy.
		3. Diabetic myelities.
		4. Diabetic myelopathy.
		5. \* Diabetic distal polyradiculoneuropathy.
704. In patient R., 19 years old, was found first time glucosurea 5 g/l, the level of the glucemia is 5,5 mmol/l. What investigation can exclude diabetes mellitus?
	* 1. Daily fluctuation of glucemia level.
		2. The level of the insulin in the blood.
		3. The level of postprandial glucemia.
		4. Daily glucosurea
		5. \* Glucose tolerance test.
705. A 28-year-old man is diagnosed with diabetes mellitus. Which of the following findings would point most convincingly to type 1 rather than type 2 diabetes?
	* 1. He is not obese.
		2. Severe polydipsia and polyuria preceded the diagnosis,
		3. The serum C-peptide level was normal at the time of diagnosis.
		4. Glucose levels rose above 32 mmol/l (600 mg/dL) before treatment was started.
		5. \* Ketoacidosis was present at the time of diagnosis.
706. A 49-year-old female, insulin dependent diabetic, been on treatment for 19 years, presents with urinary frequency but no dysuria or urgency. Her blood glucose is 18.6 mmo/l.Why patient has urinary problems?
	* 1. Hypoglycaemia
		2. Urinary tract infection
		3. Somatic neuropathy
		4. Autonomic neuropathy
		5. \* Hyperglycaemia
707. An overweight 56 y-r-old woman complains of having to go to toilet more frequently. She says she does drink a lot of tea but that she is always thirsty and tired. She needs the energy.Prescribe investigations, please.
	* 1. Urinary ketones
		2. T3, T4 and TSH levels
		3. HbAlc levels
		4. C-peptide levels
		5. \* Fasting blood glucose
708. A 67-yr-old patient is becoming increasingly confused. She has periods where her confusion seems to be stable and then seems to rapidly deteriorate in a stepwise progression. On examination there are extensor plantars but leg reflexes are diminished.Which complication of diabetus can be found?
	* 1. Polyneuropathy
		2. Mononeuritis multiplex
		3. Autonomic neuropathy
		4. Angiopathy
		5. \* Cerebrovascular disease
709. A 35-yr-old obese female presents with fever, vomiting and right upper quadrant abdominal pain. The pain is worse on inspiration. Choose the single most likely investigation from the list of options above.
	* 1. Sigmoidoscopy and biopsy
		2. Barium enema
		3. Abdominal X-ray
		4. Upright Chest X-ray
		5. \* Abdominal USG
710. A 25-yr-old diabetics complains of worsening vision over several months. On examination fundoscopy is difficult even through dilated pupils. There appears to be opacity of the lens.Which complication of diabetus can be found?
	* 1. Conjunctivitis
		2. Retinopathy
		3. Mononeuritis multiplex
		4. Autonomic neuropathy
		5. \* Cataracts
711. A 37-year-old man with chronic alcoholism is admitted to the hospital with acute pancreatitis. On the third hospital day sudden, complete blindness develops in the left eye. The most likely explanation is
	* 1. alcohol withdrawal symptoms
		2. transient ischemic attack (transient monocular blindness)
		3. occlusion of the retinal vein
		4. acute glaucoma
		5. \* Purtscher’s retinopathy
712. A 55-yr-old diabetic complains of burning pain in the feet, worse at night or on walking. He describes the sensation as like walking on hot coals. Which complication of diabetus can be found?
	* 1. Cerebrovascular disease
		2. Mononeuritis multiplex
		3. Autonomic neuropathy
		4. Amyotrophy
		5. \* Polyneuropathy
713. A 47-yr-old diabetic complains of giddiness and falls. He also suffers with intermittent vomiting and sweating and occasional faecal incontinence at night. Which complication of diabetus can be found?
	* 1. Cerebrovascular disease
		2. Polyneuropathy
		3. Mononeuritis multiplex
		4. Amyotrophy
		5. \* Autonomic neuropathy
714. A 50 year old male has type 2 DM. Which one of the following statements about non-insulin dependent diabetes mellitus (type 2 DM, NIDDM) is NOT true ?
	* 1. There is not HLA association
		2. Ketosis is rare
		3. Relative resistance to insulin is present
		4. Obesity is common
		5. \* Circulating islet cell antibodies are usually found
715. A 42 year old male with type 2 DM has a blood pressure of 150/90. His urine examination reveals persistent albuminuria in traces. The most appropriate line of treatment wound be
	* 1. No treatment
		2. Regular examination of urine and monitoring of blood sugar
		3. Restriction of sodium only
		4. Restriction of water only
		5. \* Administering lisinopril and restriction of sodium
716. A previously well 71-yr-old woman has been noticed by her daughter to be increasingly slow and forgetful over several months. She has gained weight and tends to stay indoors with the heating even in warm weather. Put diagnosis, please.
	* 1. Cerebral malignancy
		2. Hashimoto's thyroiditis
		3. Subacute thyroiditis
		4. Graves' disease
		5. \* Hypothyroidism
717. Patient D., 36 y-r-old, takes prednisolon in treatment of bronchial asthma during last 5 years. She is hospitalized with polyuria, thirst. Plasma glucose concentration is 13,2 mmol/l. Put diagnosis, please.
	* 1. Diabetes mellitus type 1
		2. Diabetes mellitus type 2
		3. Impaired glucose tolerance
		4. Impaired fasting glycemia
		5. \* Steroid diabetes
718. Patient L., 29 y-r-old, takes prednisolon in treatment of SLE during last 4 years. She is complains of weight gain, polyuria, thirst. Plasma glucose concentration is 12,4 mmol/l. Put diagnosis, please.
	* 1. Diabetes mellitus type 1
		2. Diabetes mellitus type 2
		3. Impaired glucose tolerance
		4. Impaired fasting glycemia
		5. \* Steroid diabetes
719. Patient J., 34 years old, has diabetes mellitus during 7 years, takes insulin (53 Units). Patient has diabetic nonproliferative retinopathy. Fasting glucemia is 11,3 mmol/l. What is your previous diagnosis?
	* 1. Diabetes mellitus type 1, severe degree.
		2. Diabetes mellitus type 1 mild degree.
		3. Diabetes mellitus type 2, moderate degree.
		4. Diabetes mellitus type 2, severe degree.
		5. \* Diabetes mellitus type 1, moderate degree.
720. A 38-yr-old investment broker comes to A&E with severe upper abdominal pain. His breath smells of alcohol. He is pale and sweaty. On physical examination you find boardlike rigidity. Choose the single most likely investigation from the list of options above
	* 1. \* Acute pancreatitis
		2. Gastric carcinoma
		3. Acute appendicitis
		4. Peptic ulcer
		5. Chronic cholecystitis
721. A 29-year-old female in her first trimester of pregnancy complains of polyuria, polydipsia. Fasting plasma glucose 8,7 mmol/L was found. She was treated with a diet and insulin which resulted in a reduction in plasma glucose to normal. Which method is the most important to establish the stage of compensation of diabetes mellitus?
	* 1. The level of fast glucemia.
		2. The level of postprandial glucemia.
		3. The level of glucosurea.
		4. The level of the insulin in the blood.
		5. \* The level of glicolize Hb
722. A 38-yr-old man complains of recurrent bouts of abdominal pain. The pain begins below the sternum and moves through to the back. Sometimes the pain is disabling and the patient cannot leave his bed. When he has the pain he loses his appetite completely and has lost as much as a stone in weight. Choose the single most likely investigation from the list of options above
	* 1. \* Chronic pancreatitis
		2. Gastric ulcer
		3. Duodenal ulcer
		4. Gallstones
		5. Helicobacter pylori
723. Diabetic N., 50 years old, takes glibenclamide. Was found the level of fasting glucose – 6,9 mmol/l, aglucosurea, angiopathy of lower extremitas functional stage, nonproliferative retinipathy. Choose the degree of severity of the diabetes mellitus, please.
	* 1. Mild.
		2. Severe
		3. Stabile.
		4. Progressive.
		5. \* Moderate.
724. Patient F., 27 years, complains of regular morning headache, which is present when he awakes. Patient has type 1 DM and takes 84 units of insulin/day. What is your previous diagnosis?
	* 1. Lactic acidosis
		2. Encephalopathy.
		3. Diabetic ketoacidosis
		4. Osteochondrosis
		5. \* Hypoglycemic status.
725. Patient R.,8 years old, is in the hospital for treatment of newly diagnosed diabetes mellitus. Fast glucemia is 16,7 mmol/l, glucosurea is 10 %, acetone in urine is absent. What initial dose of insulin have to be recommended?
	* 1. 1,0 unite/kg/day
		2. 0,8unite/kg/day
		3. 0,6 unite/kg/day
		4. 0,5 unite/kg/day
		5. \* 0.3 unite/kg/day
726. Diabetic F., 52 years old, takes maninil 3,5 mg twice a day. After activization of chronic bronchitis began to take biseptol 480 mg (2 tabl. twice a day). He complains of increased appetite, tremor of fingers, headache. What is your previous diagnosis?
	* 1. Allergic reaction
		2. Lactic acidosis
		3. Diabetic ketoacidosis
		4. Hyperosmolar coma
		5. \* Hypoglycemic status.
727. Patient L., 32 years old, has diabetes mellitus during 8 years, takes insulin (54 Units) in 2 injections. Was found such changes on retina: microaneurtisms, dilation of vessels, haemorrhages.What treatment is better to prescribe?
	* 1. Vitamin therapy
		2. Increasing of blood circulation
		3. Surgical treatment
		4. Fitotherapy
		5. \* Lazerocoagulation
728. Patient D.,17 years old, is in the hospital for treatment of newly diagnosed diabetes mellitus. It is important patient to know the fact that insulin.
	* 1. Requirements will decrease with age
		2. Dosage is determent, primarily, on the basis of the daily food intake
		3. Dosage can’t be changed due to physical activity
		4. Can be changed on oral hypoglycaemic agents
		5. \* Will be needed for life
729. Teacher complains of child 9 years (he has diabetes mellitus during 6 years, takes insulin 42 units in 2 injections) who is not attentive on the lesson, sometimes crying or laughing on the lessons. At home behavior is good. This condition is caused by:
	* 1. Bad behavior
		2. Lessons are not interesting
		3. Doesn’t like teacher
		4. Hypoxia
		5. \* Hypoglycemic status
730. Patient K., 23 year-old has DM type 1, takes long –term duration insulin in 2 doses. The level of fast glucose is 26,6 mmol/l, postprandial – 15,1 – 21,0 mmol/l.What can you recommend?
	* 1. Only short acting insulin
		2. Add biguanides
		3. Increase the dosage of long acting insulin
		4. Add sulfonylurea preparations
		5. \* Add short acting insulin
731. Patient M, takes 100 units of insulin during last year. Before this he was treated by sulfonylurea preparations. During last 6 months his weight increased on 7 kg, increased appetite. Patient suffer from awful dreams. Fast glucemia is 13,8 mmol/l. What can you recommend?
	* 1. Change diet
		2. Add biguanides
		3. Sedative preparations
		4. Inhibitors of reductase
		5. \* Change the dosage of insulin
732. After emotional trauma patient P. started to complain of severe thirsty, polydypsia, polyurea, weakness, pain in epigastrium, his breath became rare, deep, noisy, glycemia is 19,6 mmol/l.What condition developed in patient with diabetes mellitus?
	* 1. Hyperosmolar coma.
		2. Lactoacidotic coma.
		3. Cerebral coma.
		4. Hypoglycemic coma.
		5. \* Ketoacidotic coma.
733. Diabetic R., 48 years old, complains of symmetrical sensory loss, severe pain at night and during the rest in lower extremitas, decreased response touch in them. The skin is atrophic, hyporeflexia. What preparation is better to prescribe?
	* 1. Trental
		2. Aspirin
		3. Nicotinic acid
		4. Analgetics
		5. \* Berlition
734. Patient K., 50 year – old (weight 77 kg, height 169 sm) takes combined therapy of short and long acting insulin twice a day, complains of pain in the region of the heart which radiates into the left shoulder, sweating, fatigue in the evening.What can you recommend?
	* 1. Nitrates
		2. Change diet
		3. ?-blockers
		4. Calcium channels antagonists
		5. \* Change the dosage of insulin
735. Patient T., 34 years, complains of regular morning headache, which is present when he awakes. The height of the patient is 176 cm, the weight is 71 kg. Patient has type 1 DM and takes 90 units of insulin/day. What is your previous diagnosis?
	* 1. Lactic acidosis
		2. Encephalopathy.
		3. Diabetic ketoacidosis
		4. Osteochondrosis
		5. \* Hypoglycemic status.
736. A patient of 60 years with DM-2. Diabetes is being compensated by diet and Glibenclamide. Pаtient has to undergo an operation for inguinal hernia. What should be tactics of hypoglycemic therapy?
	* 1. Give Glurenorm in place of Maninilum.
		2. To continue with the current therapy
		3. Prescribe guanyl guanidines
		4. Prescribe the drugs of insulin of long activity
		5. \* Prescribe the drugs of an insulin of short activity
737. A 49-yr-old diabetic presents in a coma. He is febrile with diminished breath sounds on auscultation. He has warm extremities. His glucose is 22 mmol. His white cell count is 22 x 1,000,000,000/1 with increased neutrophils. What can you recommend?
	* 1. Insulin sliding scale, Heparin, 0.9% saline
		2. Insulin sliding scale, 0.9% Na and potassium replacement
		3. 50 ml of 50% dextrose IV
		4. Sugary drink
		5. \* Chest X-ray
738. A 67-yr-old man has had type 2 diabetes for 4 years, for which he was taking Glibenclamide. He presents with an acute MI and his laboratory blood glucose is 11 mmol/l. What treatment can you recommend?
	* 1. Metformin
		2. Chlorpropamide
		3. Repaglinide
		4. Once daily long acting insulin
		5. \* IV insulin sliding scale
739. A 57-yr-old man was diagnosed with diabetes at a routine medical examination 4 months ago. His BMI is 33 despite losing 3 kg by following the dietician's advice. His home blood glucose readings range from 7 to 11 and his HbAlc is 10%. What treatment can you recommend?
	* 1. Glibenclamide
		2. Repaglinide
		3. Dietary adjustment
		4. One long-acting and 3 short- acting insulin
		5. \* Metformin
740. A 31-yr-old woman has had type 1 diabetes for 14 yr. She injects Isophane insulin twice a day and rarely tests her blood glucose at home. She attends the diabetic clinic for the first time in over a year and informs you that she is 12 weeks pregnant. What treatment can you recommend?
	* 1. Once daily long acting insulin
		2. IV insulin sliding scale
		3. IV insulin sliding scale
		4. No change in treatment required
		5. \* One long-acting and 3 short- acting insulin
741. A 61-yr-old diabetic has recently been started on tablets by his GP. He is brought to the A&E by his wife with sudden onset of aggressive behaviour, confusion and drowsiness. Prior to starting the tablets he was losing weight and complaining of thirst. Prescribe investigations, please.
	* 1. Urinary ketones
		2. T3, T4 and TSH levels
		3. HbAlc levels
		4. C-peptide levels
		5. \* Fasting blood glucose
742. A 29-yr-old male presents with abdominal pain, nausea and vomiting. His breathing is rapid and shallow. He is confused. On examination you find the breath odour to be sweet, the eyes sunken and the body temperature below normal. Put diagnosis of metabolic disturbances, please.
	* 1. Diabetic lactic acidosis
		2. Diabetic hyperosmolar coma
		3. Hypoglycemic coma
		4. Cerebrovascular accident
		5. \* Diabetic ketoacidosis
743. A 45 year old male patient is suffering from type 2 diabetes mellitus and hypertension. Which of the following antihypertensive drugs should NOT be used in such patients :
	* 1. Lisinopril
		2. Losartan
		3. Trandolopril
		4. Enalapril
		5. \* Hydrochlorthiazide
744. An obese patient presented in casualty in an unconscious state. His blood sugar measured 24 mmol/L urine tested positive for sugar and ketones; drug most useful in management is:
	* 1. Glibenclamide
		2. Troglitazone
		3. Chlorpropamide
		4. Diaglizide
		5. \* Insulin
745. Patient R., 56 years, was hospitalized. He is unconscious. His sister told you, that he has type 2 DM and takes oral hypoglycemic agents. Several days ago after diarrhea and vomiting he stopped to take preparations and her condition began worsening. Examination: patient is unconscious, dry skin and tongue, hyporeflexia. Laboratory findings: blood glucose level – 56 mmoll/l, acetone in urine is negative. What is your previous diagnosis?
	* 1. Diabetic ketoacidosis
		2. Lactic acidosis
		3. Hypoglycemic coma.
		4. Salmonelosis
		5. \* Hyperosmolar coma
746. Patient G., 58 years, (growth is 165 sm., weight is 82 kg) complains of itching of the skin and genitalia, presence of the purulent wound of the left toe for a month. A fasting serum glucose is 11,4 mmol/l. What oral hypoglycaemic agent have you to choose for the patient?
	* 1. Amaryl
		2. Glibenclamide
		3. Novonorm
		4. Glurenorm
		5. \* Siofor
747. Patient P., 34 years, was hospitalized. She is unconscious. Her relatives told you, that she has type 1 DM and felt herself bad 3 days ago after influenza, when she decreased the dose of insulin. She had weakness, fatigue, nausea and vomiting. Examination: patient is unconscious, dry skin and tongue, hyporeflexia. Laboratory findings: blood glucose level – 29 mmoll/l, acetone in urine is positive. What is your previous diagnosis?
	* 1. Hypoglycemic coma
		2. Infectious endocarditis
		3. Hyperosmolar coma.
		4. Lactic acidosis
		5. \* Diabetic ketoacidosis
748. Patient D., 34 years, has the type 1 of DM for 16 years. Complaints of periodical hypertension (during the last year), appearing of the edema on the legs and face. In the urine test: proteinurea is 0,95 gm/l, glucosurea is 3%. Creatinine, urea within the pale of norm. Fasting serum glucose level is 16,2 mmol/l. What is the most important for kidneys in diet?
	* 1. Decreasing the quantity of salt
		2. Decreasing the quantity of carbohydrates
		3. Increasing the quantity fibers
		4. Increasing the quantity protein
		5. \* Decreasing the quantity of protein
749. A 26-year-old man with diabetes since age 10 years sees his physician for a routine checkup. He has no complaints and is taking 40 units NPH and 5 units regular insulin each morning as prescribed. Ophthalmoscopic examination reveals neovascularization. On the basis of these findings, his physician should recommend
	* 1. Vitrectomy
		2. Hypophysectomy
		3. Follow-up examination in 3 months
		4. More vigorous control of the blood sugar level
		5. \* Photocoagulation
750. A 39-yr-old marketing executive presents with acute epigastric pain. The pain is continuous and it has been increasing in intensity over the past day. It radiates to the right hypochondrium. Choose the single most likely investigation from the list of options above
	* 1. \* Acute cholecystitis
		2. Acute pancreatitis
		3. Duodenal peptic ulcer
		4. Oesophagitis
		5. Duodenitis
751. On a routine blood examination a 42-yr-old woman is found to have very high serum calcium level She has complained recently of bouts of abdominal pain and recurrent UTI. On physical examination you find an enlarged thyroid gland. Put diagnosis, please.
	* 1. Aytoimmune thyroiditis
		2. Hyperthyroidism
		3. Secondary hyperparathyroidism
		4. Hypoparathyroidism
		5. \* Parathyroid carcinoma
752. A 40-year-old white female complains of pruritus. She has an elevated alkaline phosphatase and positive antimitochondrial antibody test. What is the most likely disease?
	* 1. \* Primary biliary cirrhosis
		2. Sclerosing cholangitis
		3. Anaerobic liver abscess
		4. Hepatoma
		5. Hepatitis C
753. A 56-yr-old presented with following reports on a routine screen: Calcium-2.86 mmol/l, phosphate—0.8, ALP—111, PTH—raised, 25-OH vitamin D—low-normal. Put diagnosis, please.
	* 1. Secondary hyperparathyroidism
		2. Tertiary hyperparathyroidism
		3. Hypoparathyroidism
		4. Hyperparathyroid with ectopiq PTH
		5. \* Primary hyperparathyroidism
754. A 36-yr-old man with bone pain, drowsiness and thirst: Calcium—3.31, phosphate—0.75, ALP—190, PTH—low-normal, PTH—activity high, glucose—6,05 mmol/l. Put diagnosis, please.
	* 1. Primary hyperparathyroidism
		2. Secondary hyperparathyroidism
		3. Tertiary hyperparathyroidism
		4. Hypoparathyroidism
		5. \* Hyperparathyroid with ectopic PTH
755. A 36-yr-old woman presents with weight loss, muscular weakness, oligomenorrhoea, diarrhoea and blurring of vision. On examination, there is exophthalmos and proximal myopathy. Put diagnosis, please.
	* 1. Subacute thyroiditis
		2. Hypothyroidism
		3. Hashimoto's thyroiditis
		4. Follicular carcinoma
		5. \* Graves' disease
756. A 32-yr-old pregnant woman presents to her physicion with anxiety. On examination she is nervous woman with exophthalmos, warm peripheries and atrial fibrillation.What treatment of thyroid disorder can you recommend?
	* 1. Calciferol
		2. Propanolol
		3. Carbimazole
		4. Thyroxine
		5. \* Propylthiouracil
757. A 49-yr-old woman presents with fever, tachycardia restlessness, hypertension and vomiting. On examination she has diffuse swelling of the thyroid gland and strabismus with diplopia. Put diagnosis, please.
	* 1. Subacute thyroiditis
		2. Hashimoto's thyroiditis
		3. Thyroid carcinoma
		4. Hypothyroidism
		5. \* Graves' disease
758. A 24-yr-old young woman is warm, even when resting. She turns the central heating off, opens the windows and annoys her family. Her pulse rate is high and her skin is moist. Put diagnosis, please.
	* 1. Toxic adenoma
		2. Parathyroid carcinoma
		3. Hypoparathyroidism
		4. Follicular carcinoma
		5. \* Hyperthyroidism
759. A 46-yr-old woman presents with tachycardia, atrial fibrillation, sweating, double vision and swelling above her ankles. She has lid lag on examination. Prescribe investigations, please.
	* 1. Fasting blood glucose
		2. Neck USG
		3. ESG
		4. Basal plasma protein
		5. \* T3, T4 and TSH levels
760. A 25-year-old woman complains of nervousness and difficulty sleeping. Her serum total T4 level is elevated. Which of the following would be evidence AGAINST a diagnosis of hyperthyroidism?
	* 1. A decrease in the serum level of thyroid-stimulating hormone (TSH)
		2. An increase in the serum level of triiodothyronine (total T3)
		3. An increased level of anti-TSH-receptor antibody
		4. An increase in thyroidal radioiodine uptake
		5. \* A decrease in T3-resin uptake
761. Such results of investigations as increased serum free T4, decreased serum thyroid-stimulating hormone (TSH), decreased thyroidal radioiodine uptake are most closely associated with:
	* 1. Hypothyroidism
		2. Subacute thyroiditis
		3. Chronic autoimmune thyroiditis
		4. Estrogen therapy
		5. \* Graves' disease
762. A 52-yr-old woman presents to her GP for fatigue, depression and weight gain. She also complains of constipation and poor memory. On examination, she has a smooth peaches and cream complexion, thin eyebrows and a large tongue. What treatment of thyroid disorder can you recommend?
	* 1. Diuretics
		2. Propanolol
		3. Carbimazole
		4. Propylthiouracil
		5. \* Thyroxine
763. A 22-yr-old female presents with an insidious onset of weight gain, hoarseness, and menorrhagia. Her mother states that she is depressed of late. Prescribe investigations, please.
	* 1. Ultrasound abdomen
		2. Short ACTH stimulation test
		3. 24-hr urine for free Cortisol
		4. Stool culture
		5. \* Thyroid function tests
764. A 17-yr-old girl presents with lethargy and weight gain. She is depressed and sensitive to cold. She would like something done about her excessive weight. The other children abuse her. Prescribe investigations, please.
	* 1. Dexamethasone suppression test
		2. CAT scan of the skull
		3. Water deprivation test
		4. Serum TRH
		5. \* T3, T4 and TSH
765. A previously well 76-yr-old woman has been noticed by her daughter to be increasingly slow and forgetful over several months. She has gained weight and tends to stay indoors with the heating even in warm weather. Prescribe investigations, please.
	* 1. Ultrasound abdomen
		2. Short ACTH stimulation test
		3. CAT scan of the skull
		4. 24-hr urine for free Cortisol
		5. \* Thyroid function tests
766. A 53-yr-old woman presents with thyroid enlargement. Thyroid function tests are normal. Needle biopsy confirms the diagnosis of Hashimoto's thyroiditis. What treatment of thyroid disorder can you recommend?
	* 1. Radioactive iodine
		2. Subtotal thyroidectomy
		3. Propanolol
		4. Carbimazole
		5. \* Thyroxine
767. A 29-yr-old woman presents with fever, sore throat and dysphagia. On examination she has a fine tremor and a diffusely tender thyroid. Radioisotope scan shows no uptake. Put diagnosis, please.
	* 1. Hypothyroidism
		2. Hashimoto's thyroiditis
		3. Graves' disease
		4. Follicular carcinoma
		5. \* De Quervain's cyst
768. A 56-yr-old man presents with painless lump in the neck and a chronic cough. Physical examination finds tachycardia and pallor. He feels that he has lost weight, but he is not certain. He does not smoke or drink. Put diagnosis, please.
	* 1. Toxic adenoma
		2. Hyperthyroidism
		3. Parathyroid carcinoma
		4. Hypoparathyroidism
		5. \* Follicular carcinoma
769. A middle-aged man complains of irritability and weight loss. He says he has palpitations. On physical examination you find mild tachycardia and goitre. There are no eye changes. A thyroid scan determines a single hot nodule. Put diagnosis, please.
	* 1. Hyperthyroidism
		2. Parathyroid carcinoma
		3. Follicular carcinoma
		4. Papillary carcinoma
		5. \* Toxic adenoma
770. A 52-year-old woman presents with a 1.5-year history of mild, diffuse, tender thyroid enlargement with a 11-pound weight gain and fatigue. Of the following which is the most likely diagnosis ?
	* 1. Riedel’s thyroiditis
		2. Subacute thyroiditis
		3. Suppurative thyroiditis
		4. Papillary thyroid carcinoma
		5. \* Hashimoto’s thyroiditis
771. A 54-year-old woman complains of fatigue, weight gain, and constipation. Which of the following laboratory findings would provide the most convincing evidence that she suffers from hypothyroidism?
	* 1. Decreased serum T4
		2. Decreased serum free T3
		3. Decreased T3-resin uptake
		4. High titer of antithyroid peroxidase antibody
		5. \* Increased serum thyroid-stimulating hormone (TSH)
772. A 41-yr-old patient presents with sore throat followed by midline tender swelling with pain, red hot skin on the anterior part of the skin. Put diagnosis, please.
	* 1. Subacute thyroiditis
		2. Thyroglossal cyst
		3. Toxic thyroid nodule
		4. Chronic thyroiditis
		5. \* Acute thyroiditis
773. A 42-yr-old woman presents subacute thyroiditis All the following are true of DeQuervan's Thyroiditis EXCEPT
	* 1. Pain
		2. Increased ESR
		3. Fever
		4. Increased lymphocyte level
		5. \* Increased radioactive iodine uptake
774. Needle biopsy of solitary thyroid nodule in a 31-yr-old woman with palpable cervical lymph nodes on the same sides demonstrates amyloid in stroma of lesion. Likely diagnosis
	* 1. Follicular carcinoma thyroid
		2. Thyroid adenoma
		3. Multi nodular goiter
		4. DeQuervan's Thyroiditis
		5. \* Medullary carcinoma thyroid
775. A 15-yr-old girl presents with lethargy and weight gain. She is depressed and sensitive to cold. She would like something done about her excessive weight. The other children abuse her. Prescribe investigations, please.
	* 1. Dexamethasone suppression test
		2. X-ray of the skull
		3. Water deprivation test
		4. Serum cortisol
		5. \* T3, T4 and TSH
776. A 45-year-old man was presented with coexistent thyroid and adrenal failure. Which hormone replacement program can you prescribe
	* 1. The dose of glucocorticoid must be increased slowly once thyroid replacement has been initiated
		2. The dose of thyroid hormone must be increased slowly once glucocorticoid replacement has been initiated
		3. Mineralocorticoid replacement also must be included if combined therapy is required
		4. Growth hormone replacement also must be included if combined therapy is required
		5. \* Thyroid replacement must not be initiated until treatment with glucocorticoid has been instituted
777. A 40-year-old woman comes to the physician because of fever and chills, jaundice, and right upper abdominal pain radiating to the shoulder for 24 hours. At present, the patient's temperature is 39° C, blood pressure is 100/60 mm Hg, pulse is 110/min, and respirations are 20/min. She is admitted for further diagnostic evaluation. Serum chemistry studies show: Alkaline phosphatase 800 U/L, Bilirubin: Total 141 mEq/L. White blood cell count is 12,000/mm3, with 70% neutrophils. Which of the following is the most likely diagnosis?
	* 1. Acute cholecystitis
		2. Acute hepatitis
		3. Acute pancreatitis
		4. \* Choledocholithiasis with cholangitis
		5. Cystic duct syndrome
778. A 40-yr-old man presents with acute abdominal pain that radiates through to the back. The pain is severe and causes him to feel sick and vomit repeatedly. On physical examination you find the abdomen to be tender. His serum amylase is five times greater than normal. Choose the single most likely diagnosis
	* 1. Gastric atrophy
		2. Non-ulcer dyspepsia
		3. Basal pneumonia
		4. Gastric ulcer
		5. \* Acute pancreatitis
779. A 40-yr-old patient presents with acute epigastric pain. The pain is continuous and it has been increasing in intensity over the past day. It radiates to the right hypochondrium. Choose the single most likely diagnosis
	* 1. Gastric atrophy
		2. Non-ulcer dyspepsia
		3. Basal pneumonia
		4. Gastric ulcer
		5. \* Acute cholecystitis
780. A 41-year-old morbidly obese female comes to the emergency department with colicky abdominal pain in her right upper abdomen. She complains that this is similar to, yet more severe than, the pain that often occurs after meals for the past 4 months. Her past medical history is positive for diabetes mellitus type 2, hypertension, hyperlipidemia, and smoking. On physical exam, her temperature is 100.5°F (38.1°C) and her sclera appear mildly icteric. What imaging modality may be limited in this patient?
	* 1. MRCP.
		2. CT scan.
		3. \* Ultrasonography.
		4. Esophogastroduodenoscopy (EGD).
		5. HIDA scan.
781. A 45 -year-old woman for 2 year complained of attacks of right subcostal pain after fatty meal. Last 2 weeks the attacks have repeated every day and become more painful. What diagnostic study would you recommend?
	* 1. Urine analysis
		2. Ultrasound study of the pancreas
		3. X-ray examination of the gastrointestinal tract
		4. Liver function tests
		5. \* Ultrasound examination of the gallbladder
782. A 45-year-old man is evaluated because of fatigue and pruritus of 1 years duration. The pruritus is generalized and is not associated with a rash. He has no allergies, and antihistamines have not improved the itching. The patient has ulcerative colitis that is well controlled with mesalamine. Physical examination is normal except for excoriations on his extremities and back from scratching. Laboratory studies: Complete blood count Normal Serum alkaline phosphatase 760 U/L Serum aspartate aminotransferase 15 U/L Serum alanine aminotransferase 20 U/L Serum y-glutamyltransferase 350 U/L Serum total bilirubin 2.2 mg/dL Serum direct bilirubin 1.5 mg/dL Serum total protein 6.4 g/dL Serum albumin 4.0 g/dL Which of the following tests is most likely to establish the diagnosis?
	* 1. CT scan of the abdomen
		2. Hepatitis C virus RNA (HCV RNA)
		3. Hepatitis B surface antigen (HBSAg)
		4. \* Endoscopic retrograde cholangiopancreatography
		5. Smooth muscle antibody titer
783. A 45-year-old moderately obese white woman presents with four episodes of severe epigastric and right upper quadrant pain, each episode lasting 30 to 60 min and accompanied by nausea and vomiting. Her most recent episode was very severe, with the pain radiating to the inferior angle of the scapula. Choose the single most likely diagnosis.
	* 1. Acute diverticulitis
		2. Acute pancreatitis
		3. \* Acute cholecystitis
		4. Intestinal obstruction
		5. Irritable bowel syndrome
784. A 45-year-old woman presents with a yellowish discol¬oration of her body, first noted by her husband last week. Since then, she has been having severe itching at night, which disturbs her sleep, and complains of a tin¬gling sensation of her hands and feet. On examination, xanthelasmas are seen around the eyes. The liver is firmly palpable 4 cm below the costal margin. Scratch marks are noted on her abdomen and limbs. Clubbing is observed in all the digits. Serum creatinine is 0.9 mg/dL, bilirubin is 2.3 mg/dL, albumin is 4.3 g/dL, alanine aminotransferase is 92 U/L, and alkaline phosphatase is 410 U/L. Which of the following is the most appropriate next step in diagnosis?
	* 1. \* Anti-mitochondrial antibody assay
		2. Anti-smooth muscle antibody assay
		3. Endoscopic retrograde cholangiopancreatography (ERCP)
		4. Serum protein electrophoresis
		5. Technetium (99mTc) liver-spleen scan
785. A 45-yr-old woman presents with upper abdominal pain and obstructive jaundice. The gallbladder is not palpable clinically. USG shows gallstones and a dilated common bile duct. Choose the single most likely investigation from the list of options.
	* 1. ERCP
		2. \* Percutaneous transhepatic Cholangiography
		3. Tc99 iodide scan
		4. CTscan
		5. Oral cholecystogram
786. A 45-yr-old woman presents with upper abdominal pain and obstructive jaundice. The gallbladder is not palpable clinically. USG shows gallstones and a dilated common bile duct. choose the single most likely investigation from the list of options above.
	* 1. \* ERCP
		2. Percutaneous transhepatic cholangiography
		3. Tc99 iodide scan
		4. CTscan
		5. Oral cholecystogram
787. A 47-yr-old agricultural worker complains of a chronic cough, purulent sputum and abdominal distention. He has just arrived in England from Spain where he was picking grapes. Choose the single most likely diagnosis from the list of options above.
	* 1. \* Tuberculosis
		2. Cirrhosis
		3. Malabsorption
		4. Pancreatitis
		5. Peptic ulcer
788. A 48-year-old woman develops fevers, chills, and icteric sclera. In addition to a fever of 39.2 C (102.5 F), the physical examination is remarkable for an ill-appearing jaundiced female with right upper quadrant pain. Ultrasonography reveals a dilated common bile duct with stones in the gallbladder and in the duct itself. The patient is placed on broad-spectrum antibiotics to cover organisms known to infect the biliary tract. The procedure most appropriate now is
	* 1. laparotomy to canulate the common bile duct, remove the stone, and perform a cholecystectomy
		2. laparoscopic cholecystectomy
		3. placement of an external stent for bilary drainage
		4. \* endoscopic retrograde cholangiopancreatography
		5. antibiotics for several days
789. A 48-year-old woman presents with a change in bowel habits and 10-lb weight loss despite preservation of appetite. She notices increased abdominal gas, particularly after fatty meals. The stools are malodorous and occur 2 to 3 times per day; no rectal bleeding is noticed. The symptoms are less prominent when the patient follows a clear liquid diet. The most likely histological abnormality associated with this patient’s symptoms is
	* 1. Signet ring cells on gastric biopsy
		2. Mucosal inflammation and crypt abscesses on sigmoidoscopy
		3. \* Villous atrophy and increased lymphocytes in the lamina propria on small bowel biopsy
		4. Small, curved gram-negative bacteria in areas of intestinal metaplasia on gastric biopsy
		5. Edema and basal hyperplasia
790. A 49 -year-old woman for 1 year complained of attacks of right subcostal pain after fatty meal. Last week the attacks have repeated every day and become more painful. What diagnostic study would you recommend?
	* 1. Blood cell count
		2. Ultrasound study of the pancreas
		3. X-ray examination of the gastrointestinal tract
		4. Liver function tests
		5. \* Ultrasound examination of the gallbladder
791. A 49-year-old man was admitted to the intensive care unit 3 weeks ago because of severe acute pancreatitis. His course has been complicated by hypocalcemia, pancreatic ascites, and multi-system organ failure requiring hemodialysis and intubation and mechanical ventilation. Today, the patient suddenly develops hypotension and tachycardia. Findings on physical examination include a temperature of 37.8 C (100.0 F) and a tense abdomen without tympany. On rectal examination, a stool specimen is negative for occult blood. Hemoglobin is 6.6 g/dL (baseline hemoglobin is 10.8 g/dL), and the leukocyte count is 21,000/?L with a left shift. Nasogastric lavage shows no blood. After the patient is resuscitated, a CT scan of the abdomen reveals significant peripancreatic inflammation and heterogeneous fluid collections with a collection on the right side of the abdomen that is consistent with blood. Which of the following is the most likely cause of this patients current clinical deterioration?
	* 1. Bleeding from gastric varices that formed secondary to a splenic vein thrombosis
		2. Hemorrhage from a gastric stress ulcer
		3. Sepsis with disseminated intravascular coagulation due to a pancreatic abscess
		4. \* Rupture of a pseudoaneurysm
792. A 50-year-old man without significant past medical history or recent exposure to alcohol presents with midepigastric abdominal pain, nausea, and vomiting. The physical examination is remarkable for the absence of jaundice and any other specific physical findings. Which of the following is the best strategy for screening for acute pancreatitis?
	* 1. Measurement of serum amylase
		2. Measurement of serum lipase
		3. \* Measurement of both serum amylase and serum Lipase
		4. Isoamylase level analysis
		5. Magnetic resonance imaging
793. A 50-yr-old man presents with nausea, vomiting and epigastric pain. On examination he has a palpable epigastric mass and a raised amylase. CT scan of the abdomen shows a round well-circumscribed mass in the epigastrium. choose the single most likely diagnosis from the list of options above.
	* 1. \* Pancreatic pseudocyst
		2. Splenic rupture
		3. Haemolytic uraemic syndrome
		4. Oesophageal varices
		5. Mallory-Weiss tear
794. A 50-yr-old obese woman presents with acute upper abdominal pain. Examination demonstrates pyrexia, tachycardia and tenderness in the right upper abdomen. An erect chest radiograph reveals no free intraperitoneal gas. USG fails to confirm the diagnosis. choose the single most likely investigation from the list of options above.
	* 1. ERCP
		2. Percutaneous transhepatic cholangiography
		3. \* Tc99 iodide scan
		4. CTscan
		5. Oral cholecystogram
795. A 50-yr-old woman complains of flatulence and chest pain after meals. She is overweight and enjoys looking after many grandchildren. Choose the single most likely investigation from the list of options
	* 1. Sigmoidoscopy and biopsy
		2. Barium enema
		3. Abdominal X-ray
		4. Upright Chest X-ray
		5. \* Abdominal USG
796. A 50-yr-old woman complains of flatulence and chest pain after meals. She is overweight and enjoys looking after many grandchildren. Choose the single most likely investigation from the list of options above
	* 1. Chronic pancreatitis
		2. Gastric carcinoma
		3. Acute appendicitis
		4. Peptic ulcer
		5. \* Chronic cholecystitis
797. A 51-year-old female comes to the emergency department complaining of left lower quadrant abdominal pain. She describes an acute illness accompanying the pain with subjective fever and diarrhea over the last 8 hours. Abdominal exam shows tenderness in the LLQ of the abdomen, no rebound tenderness at McBurney's point, and negative Murphy's sign. What imaging modality is most appropriate for this patient?
	* 1. Ultrasound of the abdomen.
		2. \* CT scan with and without contras
		3. Colonoscopy.
		4. Barium enema.
		5. Plain upright abdominal x-ray.
798. A 51-year-old moderately obese white man presents with three episodes of severe epigastric and right upper quadrant pain, each episode lasting 30 to 60 min and accompanied by nausea and vomiting. His most recent episode was very severe, with the pain radiating to the inferior angle of the scapula. Choose the single most likely diagnosis.
	* 1. Acute diverticulitis
		2. Acute pancreatitis
		3. \* Acute cholecystitis
		4. Intestinal obstruction
		5. Irritable bowel syndrome
799. A 51-yr-old alcoholic complains of epigastric pain for 6 months' duration. The pain gets worse after heavy alcohol consumption. He also complains of diarrhoea and weight loss. Abdominal X-rays show multiple calcifications. Choose the single most likely diagnosis from the list of options above.
	* 1. Crohn's disease
		2. Cystic fibrosis
		3. Intestinal lymphangiectasis
		4. Immunodeficiency
		5. \* Chronic pancreatitis
800. A 52-year-old man with a history of chronic alcoholism presents with abdominal pain, nausea, and vomiting. Laboratory evaluation reveals a white blood cell count of 20,000/ L, hematocrit of 25%, and platelet count of 130,000/ L. Chemistry reveals an elevated lactate dehydrogenase (LDH) (three times normal) and serum calcium of 1.9 mmol/L (7.6 mg/dL). CT scanning of the abdomen reveals fluid around the pancreas. The patient is given intravenous fluids, analgesics, and nasogastric suction. Which of the following is the most appropriate additional therapy?
	* 1. \* Imipenem
		2. Methylprednisone
		3. Aprotinin
		4. Rinitidine
		5. Toredol
801. A 52-year-old woman has hepatomegaly. Percutaneous liver biopsy reveals “adenocarcinoma,” but the woman refuses further evaluation or treatment. A year later she presents with weight loss [13.6 kg (30 lb)] and a skin rash that has waxed and waned. Examination shows angular stomatitis and a firm, enlarged liver. An erythematous, bullous, necrotic skin rash (Plate G) is present on the face, perineum, and legs. Sonography reveals an enlarged pancreas. Hematologic testing shows that the woman is anemic. The diagnostic test of choice would be
	* 1. serum amylase determination
		2. \* plasma glucagon determination
		3. plasma vasoactive intestinal polypeptide (VIP) determination
		4. plasma gastrin determination
		5. pancreatic arteriography
802. A 52-year-old woman is hospitalized for medical management of severe alcoholic hepatitis. On the ninth hospital day she develops a temperature of 38.3 C (101 F) and generalized abdominal discomfort. Abdominal examination reveals a fluid wave and significant and diffuse abdominal tenderness without guarding; hepatosplenomegaly is present but is unchanged from the admission examination. Rectal and pelvic examinations reveal no area of localized tenderness; stool guaiac testing is positive. Hematocrit is 27% white blood cell count is 12,000/ L, and liver function tests are unchanged from admission: total serum bilirubin 214 mol/L (12.5 mg/ dL), serum AST 2.5 kat/L (150 Karmen units/mL), and serum alkaline phosphatase 3.0 kat/L (180 U/L). The procedure most likely to yield diagnostic information in this case would be
	* 1. serum amylase determination
		2. blood culture
		3. supine and upright x-rays of the abdomen
		4. abdominal sonography
		5. \* paracentesis
803. A 53-year-old woman with hypertension and hypercholestremia presents with right upper quadrant pain and fever. Examination reveals a moderately ill-appearing woman who has a temperature of 39 C (103 F), blood pressure of 110/70, pulse of 110, and respiratory rate of 25. The rest of the physical examination is remarkable for scleral icterus and right upper quadrant rebound tenderness. Laboratory examination reveals a white blood cell count of 18,000 with 70% neutrophils, 10% band forms, 10% monocytes, and 10% lymphs; a hematocrit of 36.2%; and a platelet count of 522,000/ L. Serum chemistries are remarkable for a total bilirubin of 6 mg/dL and a direct bilirubin of 4 mg/dL; serum aminotransferases are mildly elevated, and alkaline phosphatase is two times normal. Computed tomography of the abdomen reveals dilation of the common bile duct and no other abnormalities. The next most appropriate diagnostic study is
	* 1. magnetic resonance imaging
		2. ultrasonography
		3. liver biopsy
		4. \* cholangiography
		5. exploratory laparotomy
804. A 54-year-old man from Taiwan, who is visiting the United States, develops right upper quadrant abdominal pain of 12 hours duration accompanied by intermittent fever and nausea. On physical examination, he is jaundiced and in moderate distress. Temperature is 38.6 C (101.5 F). There is significant right upper quadrant abdominal tenderness, and bowel sounds are decreased. The abdomen is not distended. Laboratory studies: Leukocyte count 15,000/?L Serum alkaline phosphatase 280 U/L Serum aspartate aminotransferase 115 U/L Serum alanine aminotransferase 110 U/L Serum total bilirubin 4.5 mg/dL Serum albumin 3.8 g/dL Abdominal ultrasonography shows intrahepatic and extrahepatic ductal dilatation with round intrahepatic filling defects. Which of the following is the most likely diagnosis?
	* 1. Cholangiocarcinoma
		2. Primary sclerosing cholangitis
		3. \* Recurrent pyogenic cholangitis
		4. Primary biliary cirrhosis
805. A 55-year-old male alcoholic has recurrent attacks of severe mid-epigastric pain after eating. Serum amylase determinations after such attacks have been in the normal range. The examination reveals mild cachexia but is otherwise unremarkable. On further questioning, the patient states that he has been sober for the past 10 years but prior to that time had multiple episodes of alcohol-induced pancreatitis. He is currently taking pancreatic replacement enzymes by mouth. An ERCP reveals a stricture of the pancreatic duct but is otherwise unremarkable. Computed tomography of the abdomen reveals calcifications in the pancreas but does not show any evidence of malignancy. The patient is taking 30 mg of continuous-release morphine sulfate twice a day. The best strategy at this point would be to
	* 1. double the dose of morphine
		2. double the dose of pancreatic replacement enzymes
		3. \* resect the head of the pancreas
		4. institute a low-fat diet
		5. begin a continuous search for other causes of abdominal pain
806. A 55-year-old man consults a physician because of weight loss and severe abdominal pain of several months' duration. The pain radiates to the mid-back and is slightly relieved when he assumes a bent forward position. On physical examination, the man appears emaciated, with mild jaundice. The liver edge is palpable and smooth; the liver depth is not increased. The clinician suspects pancreatic cancer. Which of the following tests is the most appropriate next step in diagnosis?
	* 1. \* CTscan
		2. MRI scan
		3. Ultrasound
		4. Arteriography
		5. Endoscopic retrograde pancreatography
807. A 59-yr-old man presents with obstructive jaundice. USG shows no gallstones. The liver appears normal and the com¬ mon bile duct measures 12 mm in diameter. His past medical history includes partial gastrectomy 15 yr ago for peptic ulcer. choose the single most likely investigation from the list of options above.
	* 1. ERCP
		2. \* Percutaneous transhepatic Cholangiography
		3. CTscan
		4. Oral cholecystogram
		5. MRI scan
808. A 61-yr-old man presents with a 2-yr history of pain in the right upper quadrant exacerbated by eating rich foods. Choose the single most likely investigation from the list of options above.
	* 1. Oesophageal manometry
		2. Motility studies
		3. Mesenteric angiography
		4. Barium enema
		5. \* Ultrasound scan
809. A 61-yr-old woman presents with obstructive jaundice and severe weight loss of 3-month's duration. Abdominal USG shows a 5 cm mass with dilated bile ducts in the head of the pancreas. Choose the single most likely investigation from the list of options above.
	* 1. Oesophageal manometry
		2. Motility studies
		3. Mesenteric angiography
		4. Barium enema
		5. \* CT scan abdomen
810. A 62-yr-old woman presents with a 3 day history of worsening left lower quadrant abdominal pain. On examination she is pyrexial and there is tenderness in the left lower quadrant. Total blood count shows leukocytosis. Choose the single most likely investigation from the list of options above.
	* 1. Barium swallow
		2. Chest radiography
		3. Upper GI endoscopy and biopsy
		4. CT scan chest
		5. \* CT scan abdomen and pelvis
811. A 63-year-old man comes to the emergency department because of significant epigastric pain, nausea, and fever of 24 hours duration. On physical examination, the patient is jaundiced. Temperature is 38.5 C (101.3 F), pulse rate is 100/min, and blood pressure is 100/68 mm Hg. Abdominal examination discloses significant right upper quadrant tenderness. Laboratory studies: Leukocyte count 12,100/?L. Serum alkaline phosphatase 315 U/L Serum aspartate aminotransferase 103 U/L Serum alanine aminotransferase 117 U/L Serum lipase 240 U/L Serum total bilirubin 2.9 mg/dL Abdominal ultrasonography shows an 11-mm common bile duct and a gallbladder containing multiple stones. Which of the following is the most appropriate next step in this patient’s management?
	* 1. \* Intravenous antibiotics
		2. Intravenous antibiotics and immediate cholecystectomy
		3. Magnetic resonance cholangiopancreatography
		4. CT scan of the abdomen
812. A 65-year-old African American man presents with dull, persistent abdominal pain with radiation to the back. He has lost 20 lb over the past 3 months. His appetite is markedly decreased, with associated nausea and vomiting. Laboratory analysis reveals a blood glucose of 280 mg/dL. Physical examination is remarkable for midepigastric tenderness and a positive Homans sign in the left calf (increased resistance or pain on dorsiflexion of the foot). He has no significant past medical history. Which of the following is the most likely diagnosis?
	* 1. Chronic pancreatitis
		2. Gastric cancer
		3. Hepatic cancer
		4. \* Pancreatic cancer
		5. Type 2 diabetes mellitus
813. A 65-yr-old woman presents with a 1-yr history of pain in the right upper quadrant exacerbated by eating rich foods. Choose the single most likely investigation from the list of options above.
	* 1. \* Ultrasound scan
		2. CT scan abdomen
		3. Mesenteric angiography
		4. Upper GI endoscopy
		5. Supine abdominal X-ray
814. A 68-yr-old man presents with obstructive jaundice and severe weight loss of 2-month's duration. Abdominal USG shows a 5 cm mass with dilated bile ducts in the head of the pancreas. Choose the single most likely investigation from the list of options above.
	* 1. CT scan abdomen
		2. \* Ultrasound scan
		3. Supine abdominal X-ray
		4. Oesophageal manometry
		5. Upper GI endoscopy
815. A 69-year-old man is brought to the emergency department by his son because of behavioral changes over the past week. The son reports that his father has had several episodes of somnolence, visual disturbance, irritability, and confusion and has not eaten since yesterday evening. Medical history is noncontributory. Physical examination is normal. Plasma glucose is 35 mg/dL. The patient improves following rapid administration of 50% glucose intravenously. He now reports that he has been having discomfort in the epigastric region for the past month. A CT scan of the abdomen is normal except for a possible small (
	* 1. MRI
		2. \* Endoscopic ultrasonography
		3. Endoscopic retrograde cholangiopancreatography
		4. Octreotide scan
		5. Magnetic resonance cholangiopancreatography
816. A 70-year-old male presents with a complaint of fatigue. There is no history of alcohol abuse or liver disease; the patient is on no medication. Scleral icterus is noted on physical exam. There is no evidence for chronic liver disease on physical exam, and the liver and spleen are nonpalpable. The patient is noted to have a normocytic, normochromic anemia. The first step in evaluation of this patient is
	* 1. CT scan of the abdomen
		2. Hepatitis profile
		3. \* Liver function tests, including direct versus indirect bilirubin and urine bilirubin
		4. Abdominal ultrasound
		5. Esophagogastroduodenoscopy
817. A 70-yr-old woman presents with obstructive jaundice and a palpable gallbladder. USG shows a dilated common bile duct and enlargement of pancreatic head. Her past medical history includes polyagastrectomy for a bleeding peptic ulcer. choose the single most likely investigation from the list of options above.
	* 1. ERCP
		2. Percutaneous transhepatic cholangiography
		3. Tc99 iodide scan
		4. \* CTscan
		5. Oral cholecystogram
818. A 71-year-old male presents with a complaint of fatigue. There is no history of alcohol abuse or liver disease; the patient is on no medication. Scleral icterus is noted on physical exam. The patient is noted to have conjugated hyperbilirubinema, with bilirubin detected in the urine. Serum bilirubin is 12 mg/dL, AST and ALT are in normal range, and alkaline phosphatase is 300 U/L (3 times normal). The next step in evaluation is
	* 1. \* Ultrasound or CT scan
		2. Hepatitis profile
		3. Reticulocyte count
		4. Family history for hemochromatosis
		5. Esophagogastroduodenoscopy
819. A 71-year-old woman is hospitalized because of acute pancreatitis complicated by acute respiratory distress syndrome and hypotension. On the sixth day in the intensive care unit, her temperature increases to 38.2 C (100.8 F), and her leukocyte count increases to 16,000/?L. A CT scan of the abdomen with a rapid intravenous bolus of contrast shows hypodense, nonenhancing areas involving at least 50% of the pancreas. There is significant peripancreatic inflammation with diffuse pancreatic enlargement and fluid in the right perinephric space. The gallbladder is contracted and contains several small stones. The bile duct is not dilated. Which of the following is most appropriate at this time?
	* 1. \* Imipenem
		2. A fluoroquinolone
		3. Cholecystectomy
		4. Total parenteral nutrition
		5. Therapeutic endoscopic retrograde cholangiopancreatography
820. A 72-year-old male presents with a complaint of fatigue. There is no history of alcohol abuse or liver disease; the patient is on no medication. Scleral icterus is noted on physical exam. The patient is noted to have conjugated hyperbilirubinema, with bilirubin detected in the urine. Serum bilirubin is 12 mg/dL, AST and ALT are in normal range, and alkaline phosphatase is 300 U/L (3 times normal). The next step in evaluation is
	* 1. \* Ultrasound of abdomen
		2. Hepatitis profile
		3. Reticulocyte count
		4. Family history for hemochromatosis
		5. Esophagogastroduodenoscopy
821. A 73-year-old male presents with a complaint of fatigue. There is no history of alcohol abuse or liver disease; the patient is on no medication. Scleral icterus is noted on physical exam. The patient is noted to have conjugated hyperbilirubinema, with bilirubin detected in the urine. Serum bilirubin is 12 mg/dL, AST and ALT are in normal range, and alkaline phosphatase is 300 U/L (3 times normal). The next step in evaluation is
	* 1. \* Ultrasound or CT scan
		2. Hepatitis profile
		3. Reticulocyte count
		4. Family history for hemochromatosis
		5. Colonoscopy
822. A middle-aged man presents with acute abdominal pain in the epigastrium. The pain radiates to the back between the scapulae. It is excruciating. The patient is nauseous and vomits repeatedly. Choose the single most likely diagnosis
	* 1. Gallstones
		2. Gastric ulcer
		3. Duodenal ulcer
		4. Duodenitis
		5. \* Acute pancreatitis
823. A middle-aged man presents with acute abdominal pain that radiates through to the back. The pain is severe and causes him to feel sick and vomit repeatedly. On physical examination you find the abdomen to be tender. His serum amylase is five times greater than normal. Choose the single most likely investigation from the list of options above
	* 1. \* Acute pancreatitis
		2. Duodenal peptic ulcer
		3. Hepatitis
		4. Oesophagitis
		5. Duodenitis
824. An 18-year-old man is evaluated because of right upper quadrant abdominal pain of 36 hours’ duration. The pain radiates to his back and is associated with nausea and vomiting. The patient’s mother was born in Mexico and has Crohn’s disease. His father was born in Chicago and died in a motor vehicle accident at 20 years of age. The patient travels to Mexico each year to visit relatives. On physical examination, he is somewhat pale and in moderate distress. Height is 173 cm (69 in), and weight is 109 kg (240 Ib). BMI is 35.5. Abdominal examination is significant for a positive Murphy’s sign. Laboratory studies: Hemoglobin 10.8 g/dL Leukocyte count 14,800/?L Platelet count 395,000/?L Reticulocyte count 7.2% of erythrocytes Serum total bilirubin 1.4 mg/dL Serum direct bilirubin 0.2 mg/dL Serum aspartate aminotransferase 85 U/L Serum alanine aminotransferase 100 U/L Serum alkaline phosphatase 202 U/L Abdominal ultrasonography shows a distended gallbladder containing multiple stones measuring 4 to 8 mm. The common bile duct measures 6 mm in diameter. Cholecystectomy is performed. lntraoperative cholangiography shows a common bile duct stone, which is removed. The surgical specimen shows an acutely inflamed, distended, thickened gallbladder containing multiple black pigment stones. Which of the following best explains the type of gallstones that this patient has?
	* 1. His ethnicity
		2. His obesity
		3. \* Hereditary spherocytosis
		4. Infection caused byAscaris lumbricoides
		5. Subclinical Crohns disease involving the ileum
825. An elderly man presents with abdominal pain, anorexia and weight loss. The pain is dull and penetrating through to the back. It helps him with the pain to stoop forwards. His right leg is inflamed and tender. Choose the single most likely investigation from the list of options above
	* 1. \* Carcinoma tail of pancreas
		2. Acute pancreatitis
		3. Chronic pancreatitis
		4. Gastric ulcer
		5. Duodenal ulcer
826. An elderly man presents with severe epigastric pain radiating to the right hypochondrium. The pain has been worsening over the past day and a half and goes through to his back and shoulders. The patient feels sick and has vomited several times. He is jaundiced.
	* 1. Hepatitis A
		2. Hepatitis B
		3. Hepatitis C
		4. \* Gallstones
		5. Pancreatitis
827. An elderly woman presents with painless jaundice and weight loss. On physical examination you find the gallbladder to be enlarged. Choose the single most likely diagnosis
	* 1. Gallstones
		2. Crohn's disease
		3. Duodenal ulcer
		4. Duodenitis
		5. \* Carcinoma head of pancreas
828. An elderly woman presents with painless jaundice and weight loss. On physical examination you find the gallbladder to be enlarged. She enjoys smoking and drinking. Choose the single most likely investigation from the list of options above
	* 1. \* Carcinoma head of pancreas
		2. Reflux oesophagitis
		3. Acute pancreatitis
		4. Chronic pancreatitis
		5. Duodenal ulcer
829. Over a 2-month period, a 50-year-old woman with a history of polycythemia vera develops abdominal pain and gross ascites. Physical examination demonstrates smooth hepatomegaly and mild jaundice. Pressure applied over the liver fails to distend the jugular veins. The abdominal wall is grossly edematous and shows a tortuous venous pattern. Edema of the legs is prominent. Which of the following is the most likely diagnosis?
	* 1. \* Budd-Chiari syndrome
		2. Hepatic cirrhosis
		3. Hepatocellular carcinoma
		4. Primary sclerosing cholangitis
		5. Steatosis
830. Patient M., 49 years old, suffers from chronic cholecystits during last 3 years. She was admitted to the emergency department with acute pain in right hypochondriac area and high temperature. Laboratory findings reveal leucocytosis, high ESR. Put preliminary diagnosis.
	* 1. \* Chronic cholecystitis, acute phase.
		2. Chronic cholecystitis, subacute phase.
		3. Chronic cholecystitis, phase of remission.
		4. Dyskinezia of bile ducts.
		5. Rotor’s syndrome.
831. A 40-year-old man has a history of ulcerative colitis. Features of his illness that would contribute to an increased risk of developing colon cancer include which of the following?
	* 1. \* Presence of pancolitis (total colonic involvement)
		2. Disease duration of less than 10 years
		3. History of toxic megacolon
		4. Presence of pseudopolyps on colonoscopy
		5. High steroid requirements
832. In drinking water samples selected after purification and disinfected by gaseous chlorine the following was revealed: chloroform and threechloracetic acid in concentration three times more than their MAC. What disease may probably develop as a result of prolonged intake of this water?
	* 1. \* Stomach cancer
		2. Urolithiasis
		3. Hypertensive disease
		4. Stroke
		5. Anemia
833. A 40-year-old cigarette smoker complains of epigastric pain, well localized, nonradiating, and described as burning. The pain is partially relieved by eating. There is no weight loss. He has not used nonsteroidal anti-inflammatory agents. The pain has gradually worsened over several months. The most sensitive way to make a specific diagnosis is
	* 1. \* Endoscopy
		2. Barium x-ray
		3. Serologic test for Helicobacter pylori
		4. Serum gastrin
		5. Serum pepsin
834. A 50-year-old male with a history of alcohol and tobacco abuse has complained of difficulty swallowing solid food for the past 2 months. More recently, swallowing fluids has also become a problem. He has noted black, tarry stools on occasion. The patient has lost 10 lb. Which of the following statements is correct?
	* 1. \* Barium contrast study is indicated
		2. The patient’s prognosis is good
		3. The most likely diagnosis is peptic ulcer disease
		4. The patient has achalasia
		5. Ultrasound of the abdomen
835. A 34-year-old male presents with substernal discomfort. The symptoms are worse after meals, particularly a heavy evening meal, and are sometimes associated with hot/sour fluid in the back of the throat and nocturnal awakening. The patient denies difficulty swallowing, pain on swallowing, or weight loss. The symptoms have been present for 6 weeks; the patient has gained 20 lb in the past 2 years. Your initial approach is
	* 1. \* A therapeutic trial of omeprazol
		2. A therapeutic trial of a steroid
		3. Exercise test with thallium imaging
		4. Esophagogastroduodenoscopy
		5. CT scan of the chest
836. The male patient, 60-year-old, tobacco smoker for 30 years, alcoholic, has dysphagia and weight loss since 4 months. Suggested diagnoses?
	* 1. \* Cancer of the esophagus
		2. Esophageal achalasia
		3. Hanter`s disease
		4. Esophagitis
		5. Esophageal diverticulum
837. A 55-year-old man who is a longtime alcoholic comes to the emergency room after vomiting small amounts of bright red blood four times today. Your differential diagnosis is constructed around causes of bleeding from the
	* 1. \* Upper gastrointestinal (GI) tract
		2. Colon
		3. Liver and pancreas
		4. Kidneys
			1. Lungs
838. A 50-year-old woman executive has for the past 3 months experienced abdominal pain that often is relieved by antacids. Because of the persistent abdominal pain, she consults a gastroenterologist. He does an upper GI endoscopy and visualizes a duodenal ulcer. Now, the gastroenterologist should
	* 1. \* Suggest medical treatment of the ulcer
		2. Biopsy the ulcer
		3. Arrange for a surgeon to operate on the ulcer
		4. Cauterize the ulcer
		5. Order an abdominal CT scan
839. A 70-year-old man complains of a sensation of food sticking in his lower chest area. This happens when he eats either liquids or solids. He also has a slight weight loss. The most likely diagnosis is
	* 1. \* Achalasia
		2. Esophageal spasm
		3. Hypertensive LES
		4. Hiatal hernia with GERD
		5. Barrett’s esophagus
840. A patient with a peptic ulcer was admitted to the hospital and a gastric biopsy was performed. The tissue was cultured on chocolate agar incubated in a microaerophilic environment at 37C for 5 to 7 days. At 5 days of incubation, colonies appeared on the plate and were curved, Gramnegative rods, oxidase-positive. The most likely identity of this organism is
	* 1. \* Helicobacter pylori
		2. Campylobacter jejuni
		3. Vibrio parahaemolyticus
		4. Haemophilus influenzae
		5. Campylobacter fetus
841. A 42-year-old man with no history of use of nonsteroidal anti-inflammatory drugs (NSAIDs) presents with recurrent gastritis. Infection with Helicobacter pylori is suspected. Which of the following statements is true?
	* 1. \* Diagnosis can be made by serologic testing or urea breath tests
		2. Morphologically, the bacteria is a gram-positive, tennis-racket-shaped organism
		3. Diagnosis is most routinely achieved via culturing endoscopic scrapings
		4. The most effective way to treat and prevent recurrence of this patient’s gastritis is through the use of singledrug therapy aimed at eradicating H. pylori
		5. The organism is easily eradicated
842. A 24-year-old girl has attacks of abdominal pain after fried food. No fever. She has pain in Cera point. The liver is not enlarged. Portion B [duodenal probe] – 60 ml. What is your diagnosis?
	* 1. \* Biliary tracts dyskinesia, hypotonic type
		2. Acute colitis
		3. Chronic duodenum
		4. Hepatocirrhosis
		5. Peptic ulcer