Federal State educational institution of higher education budget "Orenburg State Medical University" of the Ministry of health of the Russian Federation

Faculty of surgery

Surgery, urology department

SCHOLASTIC-METHODICAL ALLOWANCE

ON THE ORGANIZATION OF INDEPENDENT WORK OF STUDENTS

ON THE DISCIPLINE «DEPARTMENT» SURGERY, UROLOGY

Orenburg 2017

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General Medicine (31.05.01)

Specialist degree

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2017

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**Introduction.**

**Purpose:** Mastering the theoretical bases and forming practical abilities to diagnose the most common surgical diseases and syndromes, emergency medical assistance, determine the choice of appropriate diagnostic methods, treatment and prevention of these diseases

**Tasks:**

1. Teach students umenijudiagnostirovat surgical pathology, including acute diseases of the abdominal and thoracic cavities, peripheral vessels;

2. Teach the student the ability to assign the appropriate identified pathology survey and map out a treatment plan;

3. Teach the student the ability to provide medical assistance at the studied surgical diseases.

**Place discipline in the structure of the PLO:**

Discipline «Department» surgery refers to the basic part of the professional cycle (C3) GEF 060101 specialty disciplines-medicine higher vocational medical education, studied in VII, VIII terms.

**The requirements for the results of the development of the discipline:**

**The student must know:**

1. Principles of treatment of surgical diseases.

2. Know the methodology of identifying patient complaints about its history, results of inspection, laboratory, instrumental, pathological-anatomical and other research to recognize State or determining the presence or absence of disease.

3. Methods of determining a patient's basic pathological conditions, symptoms, syndromes, diseases of Nosological forms in accordance with the international statistical classification of diseases and related health problems, 10th revision.

**The student should be able to:**

1. Apply the principles of treatment of surgical diseases.

2. apply a methodology for the identification of complaints of the patient, the medical history, results of inspection, laboratory, instrumental, pathological-anatomical and other research to recognize State or determining the presence or absence of disease.

3. Apply a methodology for determining a patient's basic pathological conditions, symptoms, syndromes, diseases of Nosological forms in accordance with the international statistical classification of diseases and related health problems, 10th revision.

**The student should possess:**

1. Treatment of surgical diseases.

2. Methodology to identify complaints of the patient, the medical history, results of inspection, laboratory, instrumental, pathological-anatomical and other research to recognize State or determining the presence or absence of disease.

3. Methodology the patient the basic pathological conditions, symptoms, syndromes, diseases of Nosological forms in accordance with the international statistical classification of diseases and related health problems, 10th revision.

**Theme classes** : "Hernia"

**During independent work in extracurricular time**pripodgotovke practical lesson, it is necessary to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

List the factors that contribute to the development of anterior abdominal wall hernias.

What are the main clinical manifestations of external abdominal hernia.

List the diseases with which to differentiate the inguinal, Femoral, umbilical hernia and midline.

What are the signs of infringement of a hernia.

The modern surgical methods for the treatment of hernias.

b) **homework:**

Presented in the form of tables or diagrams:

classification of abdominal hernias;

structure of the inguinal Canal and the femoral triangle;

types of hernia abuses;

methods of operative treatment for inguinal, Femoral, umbilical hernia and midline.

)**mikroreferatov Topics to address in Lesson:**

1. Topography of the inguinal Canal.

2. The topography of the femoral Canal.

3. The topography of the midline.

4. Modern methods of operative treatment of hernias.

**Tests for self-control quality home training:**

1. Contents of the hernial SAC can be everything except:

a) small intestine

b) stomach

in the pancreas)

g) liver

d) bladder

2. When sliding hernia one of walls of the hernial SAC is:

a) bladder

b) peritoneum

in stomach)

g) kidney

d) small intestine

3. When razushhemivshejsja hernia correct would be:

and immediate operation)

b) dynamic observation

in) antibiotics

g) laparoscopy

d) all named

4. For differential diagnosis of inguinal hernia and dropsy testicular membranes shows:

a) radiography

b) digital rectal

in) ULTRASOUND

g) transillumination

d) all the answers are incorrect

5. When flegmone hernial SAC operation start with:

a) autopsy phlegmons

b) puncture of the hernial SAC

in the selection of the hernial SAC) surrounding tissues

g) midline laparotomy

d) simultaneous operation of two accesses

6. When strangulated hernia in patients with myocardial infarction shown:

and emergency operation)

b) surveillance, chill on the stomach

antispasmodic agents)

g) trendelenburga

d) repair of hernia

7. During the operation at the strangulated hernia surgeon found in gryzhevom bag two loops of intestine. Type of infringement:

a) elastic

b) retrograde

) kalovoe

g) rihterovskoe

d) mixed

8. When operation found restrained in gryzhevom poke loop of intestine. How to assess the viability of the colon:

and colon) color

b the presence of bowel peristalsis)

in the mesenteric artery pulsation) guts

g) all wrong

d) all true

9. The traditional way of surgical treatment of direct inguinal hernias is:

a) Abdominoplasty prosthesis

b) Bassini operation

hernia repair on Mayo)

g) repair on Liechtenstein

d) operation Postemskogo

10. When sliding hernia in the composition of the walls of the hernial SAC most commonly found:

a) bladder

b) rectum

in stomach)

g) large stuffing box

d) kidney

**Metodykontrolja domashnejsamostojatelnoj works in the practice session:**

1. different levels of situational tasks Solution absorption.

2. Mikrokuracija assessment of patients the results of their examination:

and collect complaints, research) history;

b) assessment of the overall condition of the patient;

definition of local) signs and symptoms hernias;

g) score paraclinical researches on the history of the disease;

d) differential diagnosis;

e) principles of surgical treatment of hernias.

3. report of the patient group.

4. presentations on the topic of mikroreferatov classes.

**RECOMMENDED LITERATURE**

1. Resurrection n.v., Gorelik S.l. Surgery of hernias of the abdominal wall., 1965

2. Evtihov r.m., Putin m.e., Shulutko A.m., etc. Clinical surgery. Publisher group "GEOTAR-media, 2006.

3. Kuzin M.i. surgical diseases. Tutorial. M., 2006.

4. Saveliev v.s., Kiriyenko A.i. surgical diseases. M., geotar-media, 2005.

5. Toskin K.d., etc. Abdominal hernia m., 1983.

6. the lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| 1-in | 6-a |
| 2-a | 7-b |
| 3-b | 8-d |
| 4-g | 9-b |
| 5-g | 10-a |

**Theme classes** : "Appendicitis"

**During independent work in extracurricular time** pripodgotovke practical lesson, it is necessary to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

The definition of "acute abdomen"-"acute appendicitis.

Classification of acute appendicitis. Especially the location of the vermiform process, the structure of its wall.

Causes of acute appendicitis.

Clinic: appendicitis especially the beginning and course of the disease.

Main symptoms of acute appendicitis (Kocher-Volkovich, Sitkovskogo, Voskresensky, Rovzinga, V.razdolskiy, Karavaevoj, Bartome-Mihelsona, Shchyotkina-obrazcova, Bljumberga, etc.).

Features of acute appendicitis in children, the elderly and pregnant women.

Differential diagnosis of acute appendicitis with:

its ulcer of the stomach or duodenum 12;

acute gastritis;

acute cholecystitis;

acute pancreatitis;

right renal colic;

ectopic pregnancy;

acute ileus.

The role of laparoscopy and ultrasound in differential diagnosis of acute appendicitis.

Complications during acute appendicitis (peritonitis, appendikuljarnyj infiltrate, abscesses in the abdomen, pelvis, pileflebit).

Medical tactics at a prehospital stage in patients with acute abdomen clinic (acute appendicitis).

Examination of patients with suspected acute appendicitis.

Methods of treatment of acute appendicitis.

b) **homework:**

Presented in the form of diagrams or tables:

characteristics and location of the vermiform process;

classification of acute appendicitis;

survey methods of patients with acute appendicitis;

the differential diagnosis;

complications of acute appendicitis;

methods of operative treatment of acute appendicitis.

) **mikroreferatov Topics to address in Lesson:**

1. features of the clinic of acute appendicitis in children.

2. Clinical acute appendicitis in the elderly.

3. features of the clinic of acute appendicitis during pregnancy.

4. the clinic and diagnostics of appendicitis with retrocekalnom location process.

**Tests for self-control quality home training:**

1. For acute appendicitis is not characterized by the symptom:

a) Rovzinga

b) Resurrection

in) Murphy

g) Obraztsova

d) Bartome-Mihelsona

2. peritonealnym in acute appendicitis symptoms include:

and) Resurrection (symptom of "shirt")

b) Schetkina-Bljumberga

) V.razdolskiy

g) all these symptoms

d) none of these

3. acute appendicitis should be differentiated with all listed diseases, except:

a) paraodontita

b) acute pancreatitis

in) acute Gynecologic diseases

g) acute gastroenteritis

j) right-handed renal colic

4. Clinically acute appendicitis may be adopted for:

a) salpingitis

b) acute cholecystitis

in) ectopic pregnancy

g) any of these types of Pathology

5. To diagnose acute appendicitis does not apply:

a) palpation of abdominal wall

b) blood test

digital rectal examination)

g) irrigoskopiju

d) vaginal research

6. Contraindication emergency appendectomy is:

a) appendikuljarnyj infiltration

b) myocardial infarction

in the second half of pregnancy)

g) hemorrhagic Diathesis

d) spilled peritonitis

7. Typical complications of acute appendicitis are all, except:

a) appendikuljarnogo infiltration

b) periappendikuljarnogo abscess

local peritonitis)

g) spilled peritonitis

d) obstructive jaundice

8. For the diagnosis of acute appendicitis used methods:

s) laparoscopy

b) blood test

rectal examination)

g) thermography

d) all of the above is true

9. Acute flegmonoznom appendicitis symptom is not observed:

and Schetkina-Bljumberga)

b) Bartome-Mihelsona

in) Kocher-Volkovich

g) George-Mussy

10. appendikuljarnogo infiltration are all Symptoms except:

a) subfebrile temperature

b) symptom Rovzinga

) profuzhnykh diarrhea

g) Leukocytosis

d) palpiruemogo opuholevidnogo education in the right iliac region

**Metodykontroljadomashnejsamostojatelnojraboty in the practice session:**

1. different levels of situational tasks Solution absorption.

2. Mikrokuracija assessment of patients the results of their examination:

and) collect complaints

b) medical history of disease

in) assessment of the overall condition of the patient

g) definition local signs and symptoms

d) score paraclinical examination methods (history)

e) conclusions on the diagnosis

Yo) differential diagnosis

f) treatment definition

w) principles of conservative and surgical treatment.

3. report of the patient group.

4. Read and parse the radiographs.

5. presentations on the topic of mikroreferatov classes.

**RECOMMENDED LITERATURE**

1. Evtihov r.m., m.e., Putin Shulutko A.m. et al. clinical surgery. Prise Gr. "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial m., 2006.

3. Rotkov I.l. Diagnostics and tactical errors in acute appendicitis m., 1980.

4. Savelyev V.s. Guide to emergency abdominal surgery m., 2004.

5. Savelyev v.s., Kiriyenko A.i. surgical diseases. Tutorial. 1-2., m., geotar-media, 2005.

6. Lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| 1-in | 6-a |
| 2-g | 7-d |
| 3-a | 8-d |
| 4-d | 9-g |
| 5-g | 10- |

**Theme classes** : "Peptic ulcer and 12 duodenal ulcer and its complications"

**During independent work in extracurricular time**pripodgotovke practical lesson, it is necessary to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

Particular anatomical structure and blood supply of the stomach and duodenum 12.

Classification of pyloric stenosis.

Classification of gastroduodenal bleedings.

Classification of stages of perforation.

Clinical stenosis.

Clinical bleeding.

Clinical punching.

The concept of syndrome of small signs of A.i. Savitsky.

Clinical-penetration.

Differential diagnosis of complications of gastric ulcer and 12 duodenal ulcer.

A physician at a prehospital stage tactics when complicated course of gastric ulcer and 12 duodenal ulcer.

Examination methods in patients with gastric ulcer and 12 duodenal ulcer and its complications.

Types and methods of conservative and operative treatment of patients with peptic ulcer disease and its complications.

b) **homework:**

Presented in the form of diagrams or tables:

classification of ulcer complications;

classification of perforation;

classification of bleeding;

classification of stenosis;

algorithm for examining patients: hemorrhage, penetration of malignization, stenoze privratnika, perforation;

indications for surgical treatment of peptic ulcer disease;

types and methods of surgical treatment: a) at perforation; b) with malignancy; in case of bleeding).

) **mikroreferatov Topics to address in Lesson:**

1. Methods of diagnosis of gastric ulcer and 12 duodenal ulcer.

2. Etiology of gastroduodenal bleedings.

3. The Etiology of piloroduodenalnogo stenosis.

4. Methods of examination of patients with suspected malignizatiou.

5. methods of operative treatment of gastric ulcer and 12 duodenal ulcer.

**Tests for self-control quality home training:**

1. Spitting up frothy blood bright red, increasing cough is characteristic for:

a) bleeding stomach ulcers

b) Cardia tumor

in) Mallory Weiss Syndrome

g) pulmonary hemorrhage

2. Determine the source of bleeding gastroduodenalnogo allows you to:

a) x-ray study of stomach

b) laparoscopy

)-gastric probe

g) redefinition of hematocrit and hemoglobin

d) EXAMINATION

3. Mallory-Weiss Syndrome is:

a) varicose veins of the esophagus and Cardia, complicated bleeding

b) bleeding from mucous membranes on the soil gemorragicheskogovaskulita (Rendu-Osler disease)

in) crack in Cardia have the Department of a stomach bleeding

g) haemorrhagic erosive gastroduodenitis

4. the disappearance of pain and the appearance of "meleny" with duodenal ulcer is characteristic for:

a) piloroduodenalnogo stenosis

b) ulcer perforation

in) malignancy ulcers

g) bleeding

d) penetration in the pancreas

5. For a bleeding ulcer of duodenum 12 not typical:

a) vomiting color coffee grounds

b) increased pain in the abdomen

in) falling hemoglobin

g) Melena

d) reduction of BCC

6. For its ulcer characteristically:

a) rest pain

b) symptom Spizharnogo

in) repeated vomiting

g) sharp bloating

d) symptom Kocher-Volkovich

7. In the diagnosis of its ulcer apply:

a review of abdominal x-ray)

b) intravenous urography

in a tract with barium x-rays)

g) angiography

d) novokainovuju blockade

8. In the differential diagnosis of its ulcer and acute appendicitis is the most informative:

a) blood test

b) symptom Schetkina-Bljumberga

diagnostic laparoscopy)

g) digital rectal examination

d) passage of barium kishechniku

9. At its clinic ulcer the following periods:

a) hemodynamic violations

b) imaginary well-being

in the) toxic

g) Terminal

d) spilled peritonitis

e) shock

10. Compensated stenoses privratnika is characterized by:

) "Daggers" pain after eating

b) blunt, nojushhego nature, pain after eating

lower back pain)

g) constipation

11. For Decompensated pyloric stenosis are not typical:

a) vomiting food eaten on the eve

b) muscles of the anterior abdominal wall

in) "succussion" in the stomach on an empty stomach

g) scleral and skin

12. For the diagnosis of pyloric stenosis does not apply:

a) holetsistografia

b) Proctosigmoidoscopy

) bronhografia

g) x-ray of the stomach with barium

13. pyloric stenosis occurs, the main role is played by the disease:

a) acute pancreatitis

b) acute gastritis

in) acute gastroenteritis

g) chronic ulcer of the antrum of the stomach Division

14. Dull, aching, belting the nature of pain in left hypochondrium characteristic:

a) acute appendicitis

b) acute pancreatitis

in chronic pancreatitis)

g) hollow organ perforation

d) 12 ulcer duodenal ulcer

e) penetration of ulcers in pancreas

15. To diagnose penetrating ulcers do not apply to:

a) radiography 12 a stomach and duodenum

b) laparoscopy

in) skull radiography

g) chest x-ray

d) EXAMINATION

e) ULTRASOUND

16. Please indicate the main clinical signs of penetration ulcers in the pancreas:

a) pain when swallowing

b) multiple, exhausting vomiting

in) pain of a permanent nature, after taking any food, spreading in the lumbar region

g) pain in the chest

17. The following radiological sign indicates that the penetration of ulcers:

a filling defect) rounded shape in the body of the stomach

b) small "niche" in the piloricheskom Department of a stomach

Klojbera Bowl)

in the Gaza Strip falcata) under right dome of diaphragm

g) gas bubble in the area of the bottom of the stomach

d) deep niche "beyond body

18. the main malignization are all, except:

and Horner's syndrome)

b) triads-Knigina-Mondor

small syndrome ") signs»

g) Courvoisier syndrome

19. the following methods must be used when suspected malignizatiou ulcer:

a) sputum

b) saliva

in) analysis of bile

g) analysis of lavages from the stomach to the atypical cells

20. Of these methods the most informative at diagnostics of cancer sores:

a) stomach roentgenoscopy

b) x-rays of the skull

Lung roentgenoscopy)

g) EXAMINATION with biopsy

21. Clinical symptoms of malignization ulcers are not:

a) pain in the right hypochondrium

b) headaches

in) pain in the calf muscles during walking

g) dull, aching, persistent, not associated with eating pain in epigastria

d) uncaused weakness, malaise, weakness, an aversion to meat food, weight loss

e) gravity in podlojecna area, belching rotten, unpleasant smell from the mouth.

**Metodykontroljadomashnejsamostojatelnojrabotynaprakticheskomzanjatii:**

1. different levels of situational tasks Solution absorption. 2. Mikrokuracija assessment of patients the results of their examination:

and) collect complaints

b) clarifying the history of the disease

in) assessment of general condition of the patient:

the color of the skin and mucous membranes

body temperature

nutrition

the number of respiratory movements

State language

part of the anterior abdominal wall to breath

the status of the anterior abdominal wall (tension, painful divisions)

local symptoms and signs of disease

peristalsis of the bowel

the presence or absence of flatus and stool

urination

g) score paraclinical examination methods

d) conclusions on the diagnosis

e) differential diagnosis

f) treatment definition

w) principles of conservative or operative treatment.

3. report of the patient group.

4. Read and parse the radiographs.

5. presentations on the topic of mikroreferatov classes.

**REKOMENDEMAJa Literature**

1. Evtihov r.m., m.e., Putin Shulutko A.m. et al. clinical surgery. Prise Gr. "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial, m., 2006.

3. Savelyev V.s. Guide to emergency abdominal surgery m., 2004.

4. Savelyev v.s., Kiriyenko A.i. surgical diseases. Tutorial, t. (I) - (II) , M., geotar-media, 2005.

5. Lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1-g | 6-b | 11-b, g | 16-in | 21-a, b, c |
| 2-d | 7-a | 12-a, b, c | 17-e |  |
| 3-in | 8- | 13-g | 18-a, b, g |  |
| 4-g | 9-e, b, d | 14- | 19-g |  |
| 5-b | 10-b | 15-б, в, г, д | 20-g |  |

**Theme classes** : "Stomach cancer»

**At the time of independent work in vneuchebnoevremja**pripodgotovke to the practical lesson to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

Definition of stomach cancer.

Anatomical classification of cancer.

Clinical classification of cancer.

Possible causes of stomach cancer.

Ways of metastasis of gastric cancer.

"Small signs".

Clinical manifestations of cancer of different localization.

Differential diagnosis of cancer.

Diagnostic algorithm search.

Complications of stomach cancer.

Types of radical operations.

Methods of palliative operations.

b) **homework:**

Presented in the form of diagrams or tables:

classification of gastric cancer;

ways of metastasis of cancer;

diagnostic methods;

types and methods of operations with stomach cancer.

) **mikroreferatov Topics to address in Lesson:**

1. Causation of stomach cancer.

2. ways of metastasis of cancer.

3. methods of laboratory and instrumental examination of patients with gastric cancer.

4. Differential diagnosis of stomach cancer.

5. complications of stomach cancer.

6. Methods of treatment for stomach cancer.

**Tests for self-control quality home training:**

1. stomach cancer Symptoms are not:

and the nature of the Zoster pain)

b) pain in the heart

in) pain in podlojecna area

g) pain in the calf muscles

d) headaches

2. Metastasis Schnitzler is localized:

a) in liver

b) recto-puzyrnoj crease

in) in the ovaries

g) between the sternocleidomastoid muscle legs

the navel area)

3. Metastasis Krukenberga is located:

a) recto-puzyrnoj crease

b) in the ovaries

in between the sternocleidomastoid muscle legs)

g) in the area of the navel

d) in liver

4. "small signs" includes:

and rapid, purposeless) weight loss

b) cough with purulent sputum

) gematuriju

g) aversion to dairy food

d) aversion to meat food

5. Metastases Virchow is discovered:

a) in liver

b) recto-puzyrnoj crease

in) in the ovaries

g) between the sternocleidomastoid muscle legs

d) in the light

6. Clinical manifestations of cancer are:

a) weakness, malaise, fast physical fatigue

b) increased food

exophthalmos) and glitter eyes

g) weight loss, pallor of mucous and skin

d) ascites

7. the delayed evacuation of stomach cancer localization is typical:

a division of piloricheskom)

b) in Cardia have the Division

in) in the body of the stomach

g) for large curvature

d) on small curvature

8. Select survey methods used in cancer:

a) urine test

b) sputum

in) analysis of gastric juice

g) EXAMINATION with biopsy

d) phlebography

9. Most stomach cancer early diagnosis provides:

a) EXAMINATION with biopsy

b) search for "small signs" syndrome

in stomach radiography)

g) review x-rays of the abdomen

10. in gastric cancer, the following operational benefits:

a) cholecystectomy

b) thyroid resection

in) Subtotal gastrectomy

g) appendectomy

d) gastrectomy

**Metodykontroljadomashnejsamostojatelnojraboty in the practice session:**

1. different levels of situational tasks Solution absorption. 2. Mikrokuracija assessment of patients the results of their examination:

and) collect complaints

b) clarifying the history of the disease

in) assessment of general condition of the patient:

the color of the skin and mucous membranes

body temperature

nutrition

the number of respiratory movements

State language

part of the anterior abdominal wall to breath

the status of the anterior abdominal wall (tension, painful divisions)

local symptoms and signs of disease

peristalsis of the bowel

the presence or absence of flatus and stool

urination

g) score paraclinical examination methods

d) conclusions on the diagnosis

e) differential diagnosis

f) treatment definition

w) principles of conservative or operative treatment

3. report of the patient group

4. Read and parse the radiographs

5. presentations on the topic of mikroreferatov classes.

**Recommended Literature**

1. Evtihov r.m., m.e., Putin Shulutko A.m. et al. clinical surgery. Prise Gr. "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial, m., 2006.

3. Savelyev V.s. Guide to emergency abdominal surgery m., 2004.

4. Savelyev v.s., Kiriyenko A.i. surgical diseases. Tutorial, t. (I) - (II) , M., geotar-media, 2005.

5. Lecture of the Chair.

Annex

BENCHMARKS TEST CONTROL ANSWER

|  |  |
| --- | --- |
| 1-a, b, c, d, e | 6-a, g, d |
| 2-b | 7-a |
| 3-in | 8-b, g |
| 4-a, d | 9-a |
| 5-g | 10, d |

**Theme classes** : "Cholecystitis"

**Vovremjasamostojatelnojrabotyvovneuchebnoevremja** pripodgotovke practical lesson, it is necessary to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

Definition of acute cholecystitis. Chronic cholecystitis.

Especially the location of the gall bladder, the structure of its wall.

Features of the anatomical structure of external biliary tract.

Especially the blood supply of the gall bladder (Calo).

Classification of cholecystitis.

The clinic of acute and chronic cholecystitis.

The main symptoms of cholecystitis (pain in the right podreberie, symptoms of Ortner, Kera, Zaharin, Murphy, George-Mussy, etc.).

Especially his flow of the elderly.

Differential diagnosis of acute cholecystitis with:

-         acute appendicitis

-         acute gastritis

-         its ulcer of the stomach or duodenum 12

-         acute pancreatitis

-         acute ileus.

Complications of acute cholecystitis (periholetsistit, perforation and peritonitis, biliary obstructive jaundice, purulent cholangitis, primary dropsy, empiema gallbladder).

Physician at a prehospital stage tactics.

Principles of conservative treatment.

Indications for surgery.

Methods (laparotomnaja, from mini access, laparoscopic) and the types of operations (cholecystectomy from necks, from the bottom, holecistostomija).

b) **homework:**

Presented in the form of diagrams or tables:

classification of cholecystitis;

the differential diagnosis;

features of structure and blood supply of the gall bladder;

survey methods of patients with cholecystitis;

complications of cholecystitis;

types and methods of operative treatment of patients with cholecystitis.

) **mikroreferatov Topics to address in Lesson:**

1. Topography of the biliary tract.

2. Exchange of bilirubin.

3. causes of obstructive jaundice.

4. Modern methods of surgical treatment of cholecystitis.

5. the clinic, Diagnostics and treatment of cholangitis.

**Tests for self-control quality home training:**

1. The width of normal exeresis is equal to:

a) 0.5 cm

b) -1.0 0.6 cm

1.1 see -1.5)

g) -2.0 1.6 cm

d) over 2 cm

2. Patient with cholecystitis gangrenoznym shows:

and) conservative treatment

b) delayed operation

in) the decision depends on the age of the patient

g) operation in the absence of the effect of conservative therapy

d) emergency operation

3. intraoperacionnym extrahepatic biliary tract research methods include all but:

a) palpation choledochitis

b) holedohoskopii

) intraoperacionnojholangiografii

g) sensing choledochitis

d) intravenous cholangiography

4. Patient jaundice amid holedoholitiaza needs:

and emergency operations)

b) in conservative treatment

in) in emergency surgery after preoperative preparation

g) in celiac artery catheterization

5. To complications acute cholecystitis is not:

and esophageal varices)

b) mechanical jaundice

cholangitis)

g) podpechenochnyj abscess

d) peritonitis

6. Kamneobrazovaniju in the gallbladder helps everyone except:

a) bile in a bubble

b) metabolic disorders

b) inflammatory changes in the gallbladder

g) diskenezii biliary tract

d) violations of pancreatic secretion

7. in order to clarify the nature and cause of the jaundice is not used:

a) computed tomography

b) intravenous holecistoholangiografija

) chrezkozhnajachrezpechenochnajaholangiografija

d) ULTRASOUND

8. In the case of gallstone disease emergency surgery is indicated when:

and gallbladder duct occlusion)

b) holecistopankreatite

) perforativnomholecistite

g) mechanical jaundice

d) hepatic colic

9. A complication of holedoholitiaza is:

and gall bladder hydrops)

b) empiema gall bladder

in) jaundice, cholangitis

g) perforativnyj cholecystitis, peritonitis

10. If jelchnokamenna disease planovajaholecistjektomija shows:

and in all cases)

b) in latent disease

in) If you have clinical signs of the disease and reducing disability

g) in patients over 55 years

d) from persons under the age of 20 years.

**Metodykontroljadomashnejsamostojatelnoj works in the practice session:**

1. the decision of various levels of situational tasks of mastering

2. Mikrokuracija assessment of patients the results of their examination:

and) collect complaints

b) medical history of disease

in) assessment of the overall condition of the patient

g) definition local signs and symptoms

d) score paraclinical examination methods (history)

e) conclusions on the diagnosis

Yo) differential diagnosis

f) treatment definition

w) principles of conservative and surgical treatment.

3. report of the patient group.

4. Read and parse the radiographs.

5. Prezentaciimikroreferatov on the topic of the lesson.

**RECOMMENDED LITERATURE**

1. Evtihov r.m., Putin m.e., Shulutko A.m., etc. Clinical surgery. Publisher group "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial. M., 2006.

3. Saveliev V.s. Guide for emergency surgery the abdominal organs. M., 2004.

4. Saveliev v.s., Kiriyenko A.i. surgical diseases. Tutorial t. 1-2, m., geotar-media, 2005.

5. Lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| 1-b | 6-d |
| 2-d | 7-b |
| 3-d | 8- |
| 4-in | 9-in |
| 5-a | 10-a |

**Theme classes** : "Pancreatitis"

**During independent work in extracurricular time** pripodgotovke practical lesson, it is necessary to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

Definition of acute pancreatitis, chronic pancreatitis.

Features of the structure and function of the pancreas.

The main causes of the disease.

Pathogenesis of acute and chronic pancreatitis.

Clinical manifestations of the disease.

Nature of pain.

The main symptoms (Kerte, Voskresensky, Mayo-Robson-Mondor, Cullen, Grey-Turner, Holstead's, etc.).

Features of the disease.

Diagnostic methods (laboratory, instrumental).

Differential diagnosis of acute and chronic pancreatitis.

Complications of acute pancreatitis.

The basic principles of treatment (pre-hospital) swollen and destructive forms of acute pancreatitis, chronic pancreatitis.

b) **homework:**

Presented in the form of diagrams or tables:

the structure of the pancreas and its basic functions;

pathogenesis of acute pancreatitis;

classification of acute and chronic pancreatitis;

basic principles for the treatment of acute and chronic pancreatitis.

) **mikroreferatov Topics to address in Lesson:**

1. the role of the pancreas in the life of the human body.

2. methods of clinical and instrumental diagnosis of acute and chronic pancreatitis.

3. Metodykonservativnogolechenija acute and chronic pancreatitis.

4. modern methods of surgical treatment of acute pancreatitis.

**Tests for self-control quality home training:**

1. In the development of acute pancreatitis primacy belongs to:

a) microbial flora

b) mikrocirkuljatornym violations

) autofermentnoj aggression

g) venous stazu

2. Lateral pain resistance of anterior abdominal wall in the projection of the pancreas in acute pancreatitis is called symptom:

and Mayo-Robson)

b) Kerte

Grey-Turner)

g)-Mondor

h) Resurrection

3. Pain by palpation in the left costal-povzvonochnom corner of characteristic symptoms:

and) Resurrection

b) Mayo-Robson

Grünwald)

g)-Mondor

d) Grey-Turner

4. Most informative method of research when pancreatitis is:

a review of abdominal x-ray)

b) laparoscopy

gastroduodenoscopy)

g) amylase blood and urine tests, ultrasound

5. identification of hemorrhagic abdominal effusion and pockets of fat necrosis on the peritoneum lets think:

a hollow organ damage)

b) on liver rupture

in) on acute pancreatitis

g) on its stomach ulcer

d) on mezenterialnom thrombosis

6. the most frequent symptom of pancreatitis are:

a) nausea and vomiting

b) hyperthermia

in) jaundice

g) bloating

d) pain in the upper abdomen

7. In the pathogenesis of acute pancreatitis is not involved:

a) jenterokinaza

b) elastase

in) phospholipase

g) trypsin

d) streptokinase

8. The most frequent clinical-morphological form of acute pancreatitis is:

a) oedematous pancreatitis

b) adipose pankreonekros

c) hemorrhagic pancreatic necrosis

g) purulent pancreatitis

q) adipose pankreonekros with enzymatic peritonitis

9. The most typical for acute pancreatitis pain are:

and aching)

b) skirted

colicy)

g) daggers

e) blunt

10. The patient with acute pancreatitis on the first day is assigned:

and) table 15

b) table 5A

in) table 9

g) table 10

d) starvation

**Metodykontroljadomashnejsamostojatelnojraboty in the practice session:**

1. the decision of various levels of situational tasks of mastering

2. Mikrokuracija assessment of patients the results of their examination:

and) collect complaints

b) clarifying the history of the disease

in) assessment of general condition of the patient:

the color of the skin and mucous membranes

body temperature

nutrition

the number of respiratory movements

State language

part of the anterior abdominal wall to breath

the status of the anterior abdominal wall (tension, painful divisions)

local symptoms and signs of disease

peristalsis of the bowel

the presence or absence of flatus and stool

urination

g) score paraclinical examination methods

d) conclusions on the diagnosis

e) differential diagnosis

f) treatment definition

w) principles of conservative or operative treatment.

3. report of the patient group.

4. Read and parse the radiographs.

5. presentations on the topic of mikroreferatov classes.

**Recommended Literature**

1. Evtihov r.m., m.e., Putin Shulutko A.m. et al. clinical surgery. Prise Gr. "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial, m., 2006.

3. Savelyev V.s. Guide to emergency abdominal surgery m., 2004.

4. Savelyev v.s., Kiriyenko A.i. surgical diseases. Tutorial, t. (I) - (II) , M., geotar-media, 2005.

5. Lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| 1-in | 6-d |
| 2-b | 7-d |
| 3-b | 8-a |
| 4-b | 9-b |
| 5-in | 10-d |

**Theme classes** : "Acute ileus»

**During independent work in vneuchebnoevremja**pripodgotovke to the practical lesson to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

Definition of acute ileus.

Classification of intestinal obstruction.

Causes of intestinal obstruction.

Pathogenesis of peritonitis in acute intestinal obstruction.

The clinical picture of acute intestinal obstruction.

Instrumental examination methods in patients with ileus.

Differential diagnosis of acute intestinal obstruction.

Methods of conservative and surgical treatment of acute intestinal obstruction.

b) **homework:**

Presented in the form of diagrams or tables:

classification of intestinal obstruction;

pathogenesis of intestinal dysfunction in acute intestinal obstruction;

algorithm of patients with acute ileus;

principles of conservative and surgical treatment of intestinal obstruction.

) **mikroreferatov Topics to address in Lesson:**

1. Methods of examination of patients with suspected acute intestinal obstruction.

2. Violations vodno-elektrolitnogo Exchange in acute intestinal obstruction.

3. Pathogenesis of peritonitis in acute intestinal obstruction.

4. Methods of treatment of patients with acute intestinal obstruction.

**Tests for self-control quality home training:**

1. Provoke acute intestinal obstruction can:

and abdominal muscle weakness)

b) alcohol

in) the use of oily and spicy food

g) eating lots of food rich in fiber

d) psychological trauma for the

2. For all types of acute intestinal obstruction characterized by:

a) intense abdominal pain

b) sharp increase peristalsis

in resistant Chair and latency) of gases

g) asymmetry of the abdomen

e) abdominal muscle strain

3. For a low of colonic obstruction characterized by all except:

a gradual build-up of symptoms)

b) abdominal distention

in) of the occurrence of bowls Klojbera

g) delay stool

d) quickly (within 24 hours) dewatering

4. Osnovnymsimptomomobturacionnoj ileus are:

and constant abdominal pain)

b) abdominal cramps

in) color "vomiting coffee grounds»

g) bloating

d) Melena

5. In case of acute intussusception in the first place:

a) review x-rays of the abdominal cavity organs

b) passage of barium kishechniku

in) esophagogastroduodenoscopy

g) laparoscopy

d) biochemical analysis of blood

6. When uzloobrazovanii, zavorote gut:

a) conservative treatment should be

b) shows the emergency operation

in) must be dynamic observation

g) operation is carried out in the cold period

d) all the answers are correct

7. With cancer of the cecum operation of choice is:

and pravostoronnjajagemikoljektomija with ileotransverzoanastomoza)

b) imposition of ileostomy

cekostomy overlay)

g) Hartmann operation

8. For acute tonkokishechnoj ileus is not typical:

a) uncontrollable vomiting

b) cramping

in) the rapid dehydration

g) bloating in the first hours of the disease

d) rapid reduction BCC

9. When the paralytic ileus apply:

a) operative treatment

b) holinjergetiki

) nazointestinalnuju intubation

g) novokainovuju blockade

d) all means of stimulation of bowel

10. In acute intestinal obstruction does not identify the symptom:

and Valia)

b) Resurrection

Sklyarov)

g) Kivulja

d) "hospital" Obukhiv

**Metodykontroljadomashnejsamostojatelnojrabotynaprakticheskom lesson:**

1. the decision of various levels of situational tasks of mastering

2. Mikrokuracija assessment of patients the results of their examination:

and) collect complaints

b) clarifying the history of the disease

in) assessment of general condition of the patient:

the color of the skin and mucous membranes

body temperature

nutrition

the number of respiratory movements

State language

part of the anterior abdominal wall to breath

the status of the anterior abdominal wall (tension, painful divisions)

local symptoms and signs of disease

peristalsis of the bowel

the presence or absence of flatus and stool

urination

g) score paraclinical examination methods

d) conclusions on the diagnosis

e) differential diagnosis

f) treatment definition

w) principles of conservative or operative treatment

3. report of the patient group

4. Read and parse the radiographs

5. presentations on the topic of mikroreferatov classes.

**Literature**

1. Evtihov r.m., m.e., Putin Shulutko A.m. and others Publisher. gr. "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial, m., 2006.

3. Savelyev V.s. Guide to emergency abdominal surgery m., 2004.

4. Savelyev v.s., Kiriyenko A.i. surgical diseases. Tutorial, t. (I) - (II) , M., geotar-media, 2005.

5. Lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| 2-a | 6-b |
| 2-in | 7-a |
| 3-d | 8-g |
| 4-b | 9-d |
| 5-a | 10-b |

**Theme classes** : "Peritonitis"

**During independent work in extracurricular time**pripodgotovke practical lesson, it is necessary to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

1. What are the classification of peritonitis

2. list the clinical symptoms of peritonitis, depending on the stage of the tide.

3. name of laboratory and instrumental research methods applied to differential diagnosis of peritonitis.

4. list the diseases to differentiate peritonitis.

b) **homework:**

Presented in the form of tables or diagrams:

classification of peritonitis;

pathogenesis of pathological disorders in the body when circulated peritonitis;

surgical treatment of peritonitis;

ways to prevent complications of peritonitis.

) **mikroreferatov Topics to address in Lesson:**

1. Pathogenesis of acute purulent peritonitis.

2. Modern methods of diagnosis of peritonitis.

3. the basic principles of treatment of acute peritonitis.

4. methods of intra-and extracorporeal detoxification applied when treating peritonitis.

**Tests for self-control quality home training:**

1. For general purulent peritonitis is characterized by:

a) surround the pain

b) multiple uncontrollable vomiting

in the) frequent painful urination

g) Schetkina-Bljumberga symptom

d) Melena

2. In the terminal stage of a peritonitis not typical:

and the dire state of) total

b) increased peristalsis

in) heavy intoxication

g) face of Hippocrates

d) bloating

3. Peritonitis is a complication of all diseases except:

a) acute appendicitis

b) acute intestinal obstruction

in) broken ectopic pregnancy

g) acute pancreatitis

h) papilla stenosis

4. To diagnose abscess Douglas space optimal method is:

a) abdominal ultrasound

b) diagnostic laparoscopy

in) digital rectal

g) radiography of abdominal cavity

d) blood test

5. The most common cause of peritonitis is:

a) acute appendicitis

b) perforated ulcer

h) acute ileus

g) acute pancreatitis

d) the aggrieved hernia

6. For peritonitis not typical:

and abdominal wall muscles)

b) symptom Courvoisier

increased heart rate)

g) Chair and gas delay

e) vomiting

7. Pathognomonic symptom of perforation of a hollow organ in the abdominal cavity free is:

a) high Leukocytosis

b) positive symptom Shchyotkina-Bljumberga

in) free gas under right dome of diaphragm

g) dulling in sloping field of abdomen

d) absence of Peristaltic noises

8. For late stages of peritonitis not typical:

a) bloating

b) dewatering

the disappearance of the intestinal noises)

g) increased peristalsis

d) hyperproteinaemia

9. Prichinojpsevdoperitonealnogo syndrome can be:

a) acute appendicitis

b) intestinal obstruction

pneumothorax)

g) retroperitoneal hematoma

d) stone

10. what symptoms do not relate to the initial stages of peritonitis:

and sudden shifts in electrolyte)

b) tendency to tachycardia

in the peritoneum by palpation tenderness)

g) abdominal muscle strain

d) accumulation of Leukocytosis

**Metodykontroljadomashnejsamostojatelnoj works in the practice session:**

1. Supervision of patients with an assessment of the results of the survey:

and) collect complaints

b) medical history

the General status assessment)

g) definition local signs and symptoms

d) palpation, percussion and auscultation of the abdomen

(e)) score paraclinical data survey

f) correct interpretation of diagnosis

w) differential diagnosis

and) principles of conservative treatment

the operative treatment of types)

2. different levels of situational tasks Solution absorption.

3. report of the patient group

4. Read and parse the radiographs.

5. presentations on the topic of mikroreferatov classes.

**RECOMMENDED LITERATURE**

1. Evtihov r.m., Putin m.e., Shulutko A.m., etc. Clinical surgery. Publisher group "GEOTAR-media, 2006.

2. clinical surgery. Guide ed. Pancyreva Yu.m., m., 1988.

3. Kuzin M.i. surgical diseases. Tutorial. M., 2006.

4. Acute spilled peritonitis. Ed. Struchkova A.i., m., 1987.

5. Saveliev v.s., Kiriyenko A.i. surgical diseases. Tutorial, t. 1-2, m., geotar-media, 2005.

6. Simonian H.p. Peritonitis m., 1971.

7. Lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| 1-g | 6-b |
| 2-b | 7- |
| 3-d | 8-g |
| 4-in | 9-d |
| 5-a | 10-a |

**Theme classes** : "Nagnoitelnye lung disease.

Bronchiectasis»

**At the time of independent work in vneuchebnoevremja** pripodgotovke practical lesson, it is necessary to pay attention to:

a) **annotated list of questions** on the topic:

**Lung abscess**

Definition of lung abscess "

Etiology and pathogenesis of lung abscess

Classification of lung abscess

The clinical picture of lung abscess

Methods of diagnosis, differential diagnosis of lung abscess: nagnoivshejsja cyst of the lung, lung cancer, bronchoectatic disease lung gangrene

Complications of lung abscess

Prevention of lung abscess.

**Bronchiectasis**

Definition of bronchiectasis»

Features of the structure of the lung bronchial tree

Etiology and pathogenesis of bronchiectasis

Classification, clinical picture

Diagnosis and differential diagnosis of bronchiectasis with: acute and chronic lung gangrene by lung, lung cancer, nagnoivshejsja cyst of the lung

Complications of bronchiectasis

Tactics of a physician at a prehospital stage providing medical care

Conservative and operative treatment

Preventing bronchiectasis

b**) homework**

Presented in the form of table shemyili

on topic: **lung abscess**

etiology of acute lung abscess;

classification of lung abscess;

the differential diagnosis of acute lung abscess;

complications of lung abscess;

preventive measures aimed at reducing the incidence of nagnoitelnymi lung disease.

under section: **bronchiectasis**

etiology of bronchiectasis;

classification;

diagnosis, differential diagnosis of bronchiectasis,

complications and treatment of this disease.

) **mikroreferatov Topics to address in Lesson:**

1. Anatomical and functional features of the lungs.

2. features of the blood supply to the lungs.

3. structure of lung abscess.

4. Modern methods of patients with lung diseases.

5. Modern methods of operative treatment of ulcers in the lung.

**Tests for self-control quality home training**

LUNG ABSCESS

1. Specify the three frequent complications of acute lung abscess:

a) empiema pleura

b) piopnevmotoraks

in) Phlegmon of the thorax

g) brain abscess

d) pulmonary haemorrhage

e) Amyloidosis

2. What are the main mechanisms of acute lung abscess:

and) violation of the drainage function of the bronchi

b) disorders of the circulatory system in a light

in) reducing protective mechanisms

g) virulent microflora

d) chronic respiratory infections

(e)) all of the above

3. Therapeutic tactics in acute patient by light in the stage of formation is as follows:

a) operative treatment

b) puncture of pleural cavity

) torakoplastika

g) conservative treatment

4. Acute lung abscesse illustrated surgical treatment in case of:

a) breakout in the pleural space

b) breakthrough in entering the tree

in) breakthrough in mediastinum

g) Phlegmon of the thorax

5. Specify the type of surgical intervention in chronic abscesse lung:

a) segmental resection

b) tamponadoj abscess cavity with Thoracotomy

drainage of the abscess cavity)

g) pulmonjektomija

d) Lobectomy

6. specify the types of x-rays, which should be used in the diagnosis of lung abscess:

and lung radiography panoramic)

b) review x-rays

in) magnetic resonance radiography

g) computed tomography

d) bronhografia

7. the patient with lung clinic developed by piopnevmotoraksa. Choose a method of treatment:

a) antibiotics

b) therapeutic Bronchoscopy

pleural cavity drainage)

g) Thoracotomy with readjustment of the pleural cavity

8. What are the factors of chronicity lung abscess:

a) defective treatment of acute lung abscess

b) the general weakening of the organism

in the presence of concomitant diseases), cardiovascular system

g) later seeking care

9. The differential diagnosis of lung abscess should be:

a) bronchoectatic disease

b) Pleurisy

in empyema)

g) lung cancer

h) acute exacerbation of chronic bronchitis

e) pneumonia

10. What are the phases of development of acute lung abscess:

a) prodromalnaja

b) elementary

in) formation

g) pronounced clinical manifestations

d) breakthrough

e) complications

BRONCHIECTASIS

11. For the diagnosis of bronchiectasis diagnosis methods are used:

a) Bronchoscopy

b) spirometry

) bronhografia

g) tomography

d) x-ray of thorax

12. When bronchiectasis uses the following types of operations:

a lower percentage) remove

b) segmental resection

) pulmonjektomija

g) remove upper lobe

13. Bronchiectasis develop due to:

a) congenital causes

b) chronic pneumonia

in) pulmonary tuberculosis

g) smoking

d) violations of the patency of the bronchi

14. To rescue bronchus tree is the most effective method:

a) respiratory gymnastics

b) antibacterial therapy

in) therapeutic Bronchoscopy

g) inhalation

d) massage the thorax

15. For bronchiectasis is characterized by phlegm:

a two-layer)

b) three-layer

c) bandages

g)-

16. Please indicate what stage the disease shows surgical treatment of bronchiectasis:

but) I Start

b) II and stage

) (II) b stage

g) III and stage

d) III b stage

17. Enter the three most frequent complications of bronchiectasis:

a) Amyloidosis

b) lung haemorrhage

) Lung abscess

g) piopnevmotoraks

d) lung cancer

18. Select diseases, with which to differentiate the disease: bronhojektaticheskuju

a) lung cancer

b) tuberculosis of the lung

Lung cyst)

g) mezhdolevoj Pleurisy

d) Bullous emphysema

e) chronic pneumonia

19. The following segments of the lung often are amazed when bronchiectasis:

a) upper lobe

b) with an average share of

in the bottom of the share)

g) all light

20. For bronchiectasis is characterized by the following clinical signs:

) "drumsticks"

b) hour glass "

) poperechnajaischerchennost nail plates

g) periosteoartropatija

d all of the above)

**Metodykontroljadomashnejsamostojatelnojrabotyna lab**

1. the decision of various levels of situational tasks of mastering

2. Supervision of patients with an assessment of the results of the survey:

and) collect complaints

b) medical history of disease

in) assessment of the overall condition of the patient

g) identification of local disease

d) substantiate diagnosis

e) differential diagnosis

f) treatment algorithm

3. report of the patient group

4. Read and parse the radiographs

5. presentations on the topic of mikroreferatov classes.

**RECOMMENDED LITERATURE**

1. Evtihov r.m., m.e., Putin Shulutko A.m. et al. clinical surgery. Prise Gr. "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial, m., 2006.

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4. Struchkov v.i., Gostishhev v.k., Pods Y.v. purulent surgery guide m., 1984.

5. Lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| Lung abscess | |
| 1-a, b, c | 6-a |
| 2-e | 7- |
| 3-g | 8-a, b, g |
| 4-a, b | 9-a, g, e |
| 5-a, d | 10, d |
| Bronchiectasis | |
| 11-b, g | 16-b, g |
| 12-a, b | 17-a, b, c |
| 13-a | 18-a, b, c, d, e |
| 14-b, g | 19- |
| 15-b | 20-d |

**Theme classes** : "Empiema pleura"

**During independent work in vneuchebnoevremja** pripodgotovke practical lesson, it is necessary to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

**Acute pyothorax**

Definition of "acute pleural empyema.

Etiology and pathogenesis of acute empiema pleura.

The role of micro-and microorganism in the occurrence of acute empiema pleura.

Acute clinic empiema pleura.

Methods of diagnosing acute empiema pleura.

Differential diagnosis of acute empiema pleura with other kinds of Pleurisy.

Complications of acute empiema pleura.

Methods of treating acute empiema pleura.

**Chronic pyothorax**

The definition of "Chronic pyothorax.

Etiology and pathogenesis of chronic empiema pleura.

The clinical presentation of chronic empiema pleura.

Methods of diagnosis of chronic empiema pleura.

Differential diagnosis of chronic empiema pleura: serous Pleurisy, tuberculosis, aktinomikozom.

Principles of conservative treatment.

Indications for operative treatment.

Types of surgical interventions for chronic empieme pleura.

b) **homework:**

Presented in the form of diagrams or tables.

under section **Acute pleural empyema:**

etiology of acute empiema pleura;

classification of acute empiema pleura;

diagnosis of acute empiema pleura;

the differential diagnosis of acute empiema pleura;

complications of acute empiema pleura;

under section **Chronic pyothorax:**

etiology of chronic empiema pleura;

diagnosis of chronic empiema pleura;

methods of conservative and operative treatment of chronic empiema pleura.

) **mikroreferatov Topics to address in Lesson:**

1. features of the anatomy and physiology of the pleura.

2. modern examination methods of patients with diseases of the pleura.

3. Methods of correction elektrolitnykh violations when empieme.

4. Modern methods of operative treatment empiema pleura.

**Tests for self-control quality home training**

ACUTE PYOTHORAX

1. What are the pathways of infection in the pleural space:

and-drop)

b) inflammatory diseases

) limfogennyj

g) alimentary

d) injury of thorax

2. Most common process should distinguish between:

and total pleural jempiemu)

b) osumkovannuju

in jempiemu of the pleura spillage)

g) diffuse pleural jempiemu

3. at the time of jempiemu are distinguished:

a) metapnevmonicheskuju

b) parapnevmonicheskuju

) retropnevmonicheskuju

g) abscess ruptures in the pleural space

4. Basic methods of instrumental Diagnostics of acute empiema is:

and chest x-rays)

b) chest x-ray

) bronhografia

g) imaging of the chest

d) pleural cavity

5. acute Complications empiema pleura:

a) sepsis

b) bronhoplevralnyj fistula

in) osteomyelitis ribs

g) Phlegmon of the chest wall

d) peritonitis

(e) all of the above)

6. what kinds of surgical treatment of acute empiema pleura

a) closed Thoracotomy without resection of ribs

b) closed Thoracotomy with rib resection

) torakoplastika

g) all of the above

7. What are the most effective methods of conservative treatment of acute empiema pleura:

a) pleural puncture

b) aspiration Bronchoscopy

in) antibiotics

g) active drainage of pleural cavity

d) comprehensive treatment

CHRONIC PYOTHORAX

8. specify the reasons for the transition of acute empiema chronic:

and) reducing protective forces of the organism

b) virulent microflora

in) late diagnosis

g) inadequate treatment of acute empiema

d) presence of broncho-pulmonary fistula

9. name the diseases with which it is necessary to carry out the differential diagnosis of chronic empiema pleura:

a) acute pyothorax

b) krupoznaja pneumonia

) jehinokokkovaja cysts

g) nagnoivshijsja hemothorax

d) bloody pleural effusion

e) gidrotoraks

10. What are the most effective radical interventions for treating chronic empiema pleura:

and pleural cavity for tamponade) A.v. Vishnevsky

b) torakoplastika by B.e. Limbergu

the decorticator easy) Delormu

g) total pleurectomy

11. To palliative treatments of chronic empiema pleura are:

a) torakoplastika

b) decorticator light

pleurectomy)

g) constant drainage aspiration

d) tamponade residual cavity

12. What are the methods of active drainage of pleural cavity:

(a)) on the Chest

b) Subbotin

in) vacuum drainage

13. What are the ways of preventing chronic empiema pleura:

a) early recognition and active treatment of acute empiema pleura

b) an integrated combined antibacterial treatment

curative gymnastics)

g) active application of Physiotherapeutic treatment

14. What are the main symptoms of chronic empiema pleura:

and for more empiema pleura) 8 weeks

b) for more than 4 weeks empiema pleura

in a cavity spadajushhejsja) mezhdulegkimiparietalnoj plevroj

g) presence of pleural-cutaneous fistula

**Metodykontroljadomashnejsamostojatelnojrabotyna Lab:**

1. the decision of various levels of situational tasks of mastering

2. Supervision of patients with an assessment of the results of the survey:

and) collect complaints

b) medical history of disease

in the assessment of the overall health status of patients)

g) defining symptoms

d) evaluation of instrumental methods of laboratory examination

e) diagnosis

f) differential diagnosis

w) defining treatment tactics and principles of conservative and surgical treatment

3. report of the patient group

4. Read and parse the radiographs

5. presentations on the topic of mikroreferatov classes.

**RECOMMENDED LITERATURE**

1. Evtihov r.m., m.e., Putin Shulutko A.m. et al. clinical surgery. Prise Gr. "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial, m., 2006.

3. Savelyev v.s., Kiriyenko A.i. surgical diseases. Tutorial, t. 2, m., geotar-media, 2005.

4. Lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| Acute pyothorax | |
| 1-b, c, d | 5-b, c, d |
| 2-a, b | 6-a, b |
| 3-a, b | 7-a, b, c, d |
| 4-b, g, d |  |
| Chronic pyothorax | |
| 8-b, g, d | 12-b. |
| 9-b, g | 13-a |
| 10-b, g | 14-a, b, g |
| 11-a, g, d |  |

**Theme classes** : "Lung cancer"

**During independent work in vneuchebnoevremja**pripodgotovke to the practical lesson to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

Etiology and pathogenesis of lung cancer.

What are the three main cancer symptom in the apex of the lung.

Name four forms of peripheral lung cancer.

Clinical classification of lung cancer.

The clinical picture of Central and peripheral lung cancer.

Complications of lung cancer.

What are the methods of instrumental Diagnostics of lung cancer.

Methods of surgical treatment of lung cancer.

b) **homework:**

Presented in the form of diagrams or tables:

classification of lung cancer;

the differential diagnosis;

segmental structure of the lung;

instrumental methods of Diagnostics;

radiation treatments;

methods of surgical treatment.

) **mikroreferatov Topics to address in Lesson:**

1. The lymphatic system of the lungs and the path of metastasis of cancer.

2. complications of lung cancer.

3. Diagnostic methods of lung bleeding.

4. Modern methods of surgical treatment of lung cancer.

**Tests for self-control quality home training.**

1. Symptoms of lung cancer are:

a) dry, barking, cough

b) dispnoe

in) breast and patting soreness spine

g) hemoptysis

d) recurrent pneumothorax

2. Basic x-ray sign in peripheral lung cancer is:

a) rounded shadow in the light

b) rounded shadow with sharp contours

the rounded shadow Lane) to the root of the lung

g) atelectasis

d) offset of the mediastinum

3. Lung cancer early symptom is coughing up blood:

a) Yes

b) no

4. Triada Horner is characteristic for:

a) Mediastinal tumors

b) apex of the lung cancer

in) of lung abscess

g) hydatidosis

5. For Mediastinal tumors early symptom is considered:

and Horner symptom)

b) symptom Gräfe

in) a symptom of superior vena cava

g) hemoptysis

6. The most common Penkousta cancer is:

and hemoptysis)

b) pain in the sternum

Horner's syndrome)

g) hoarseness of voice

d) swelling in the neck and face

7. Lung cancer should be differentiated:

a) protracted pneumonia

b) pulmonary tuberculosis

in) with a benign tumor

g) with metastasis of other tumors in the lungs

d) with all of these

8. the main x-ray sign Central lung cancer is:

a round shadow) the availability of lightweight

b) existence of "tracks" to the root of the lung

atelectasis)

g) high standing of diaphragm

d) offset of the mediastinum

9. Method to verify the diagnosis with syndrome average percentage is:

a) lateral tomography

b) bronhografia

in) dynamic observation

g) fibrobronchoscopy with biopsy

d) computed tomography

10. perifericheskomu lung cancer cancer does not apply:

a) segmental bronchus

b) pnevmoniepodobnyj

bronchoalveolar)

g) cavernous (polostnaja form)

**Metodykontroljadomashnejsamostojatelnojrabotyna lab.**

1. different levels of situational tasks Solution absorption.

2. Mikrokuracija assessment of patients the results of their examination:

and collect complaints);

b) medical history of illness;

in) assessment of general condition of the patient;

g) definition local signs and symptoms of the disease;

Dr.) paraclinical evaluation methods and symptoms;

e) conclusions on the diagnosis;

f) differential diagnosis;

w) defining treatment tactics;

and) principles of conservative and surgical treatment.

3. report of the patient group.

4. Read and parse rentgenoramm.

5. presentations on the topic of mikroreferatov classes.

**Recommended Literature**

1. Evtihov r.m., m.e., Putin Shulutko A.m. et al. clinical surgery. Prise Gr. "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial m., 2006.

3. Savelyev v.s., Kiriyenko A.i. surgical diseases. Tutorial, t. 1-2, m., geotar-media, 2005.

4. Lecture of the Chair.

**Annex**

**Answer test control standards.**

|  |  |
| --- | --- |
| 1-d, e | 6-in |
| 2-in | 7-d |
| 3-a | 8-d |
| 4-b | 9-g |
| 5-in | 10-a |

**Topic:** «Varicosity of the lower extremities "

**During independent work in extracurricular time**in preparation for the practical lesson to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

The definition of "varicose veins".

Classification of the varicose vein clinic, etiology, Anatomy, patogemodinamike (CEAR).

What are the causes of development of primary varicose veins of lower extremities.

List the functional tests to determine the soundness of limb veins valve apparatus and deep venous patency.

Instrumental Diagnostics methods applied in patients with chronic venous insufficiency.

Differential diagnosis of varicosity with other diseases (elephantiasis, postthrombophlebitic disease, congenital angiodisplazija, etc.).

What are the methods of prevention of varicose veins.

Possible complications of varicose veins.

Methods for the treatment of varicose veins.

b) **homework**

Presented in the form of diagrams or tables:

classification of varicose veins;

characteristics of the building the extremities veins valve apparatus;

survey methods of patients with varicosity (functional tests);

complications of varicosity;

methods of surgical treatment of varicose veins of the extremities.

) **mikroreferatov Topics to address in Lesson:**

1. Topography of the veins of the lower limbs.

2. PULMONARY ARTERY THROMBOEMBOLISM.

3. Modern methods of diagnosing varicose veins.

4. Modern principles and methods of varicosity operative treatment.

**Tests for self-control quality home training:**

1. the superficial veins of the lower limbs are:

and) total femoral vein

b) large subcutaneous Vienna

small Vienna platysma)

g) superficial femoral vein

d) suralnye veins lower leg

2. To determine the patency of the lower limbs deep veins are carried out sample:

a) Pratt(I)

b) Pratt(II)

in) Remaining-Trendjelenburga

g) Fegana

d) Delbe-Pertesa

3. Most informative method for diagnosing varicose veins is:

a) sfigmografija

б) limb thermography

in radioindikacija with the mechennym nine fibrinoguenom)

g) duplex ultrasound

d) phlebography

(e)) poljarogrfija

4. Inassistance what studies you can determine the status of the kommunikantnyh veins valve apparatus?

and the remaining trial)-Trendjelenburga

b) duplex scan of veins

phlebography)

g) sample Delbe-Pertesa

d) sample Shejnisa

5. What research can reveal the insolvency ostialnyh valves superficial veins?

(a)), the sample Shejnisa

b) sample Delbe-Pertesa

in the remaining sample)-Trendjelenburga

g) sample Pratt-II

d) sample Gahenbruha

e) duplex scanning

f) phlebography

6. Complications of varicosity include:

a) Lymphedema

b) bleeding

) varikotromboflebit

g) trophic ulcer

d) PE

7. For congenital venous dysplasia is characterized by:

and transient limb edema)

b) increased volume of limbs

in) hyperthermia of the skin in the area of varicose veins

g) the presence of dense Lymphoedema

d) trophic ulcers

8. For elephantiasis (Lymphedema) is characterized by clinical symptoms:

and varicose veins, subcutaneous)

b) trophic ulcers

in transient limb edema)

d) dense persistent swelling of limbs

9. Select the operations aimed at eliminating Weno-venous reset on perforant veins:

and-Trendjelenburga Remaining)

b) Bebkokka

) Kokketa

g) Linton

d) electrocoagulation superficial veins

10. Select the operations aimed at removal of superficial veins limbs:

and Madelunga operation)

b) operation Bebkokka

in Linton) operation

g) Remaining operation-Trendjelenburga

d) operation Narata

**COMPLICATIONS OF VARICOSITY**

**Acute thrombophlebitis**

**Test questions**:

1. what are the causes that lead to the development of acute superficial thrombophlebitis.

2. Specify the major clinical differences of acute varikotromboflebita of lower limb Erysipelas.

3. What are the main clinical symptoms of thrombophlebitis and diagnostic methods.

4. Spend the differential diagnosis of acute thrombophlebitis with ostrymflebotrombozom.

**Tests for self-control quality home training**:

1. Ostryjvarikotromboflebit this:

a) inflammation and thrombosis of large or small subcutaneous veins

b) thrombosis of Portal vein

brachial veins phlebitis)

Mr. Parkes-Weber disease)-Rubashova

d) aneurysm of the common femoral vein

2. In the diagnosis of ostrogovarikotromboflebitanaiboleeinformativnym is:

a) palpation

b) to venography

in) ULTRASOUND veins

g) rheovasography

d) all methods

3. acute varikotromboflebitdifferencirujut with vsemizabolevanijami, except:

a) lymphostasis

b) Erysipelas

Lymphangitis)

g) obliterating endarteritis

l) varicose veins

4. For ostrogovarikotromboflebita is characterized by all except:

and "syndrome) a peremejateisa hromota»

b) express an entire limb edema

in) availability of the varikozno expanded veins

g) pain in the course of trombirovannoj in Vienna

d) lower abdominal pain

**Acute Phlebothrombosis**

**Test questions**:

1. list the causes leading to the development of acute deep Phlebothrombosis.

2. what are the main clinical manifestations of acute deep Phlebothrombosis.

3. Instrumental research methods used in the diagnosis of deep Phlebothrombosis.

4. specify the disease, you must carry out the differential diagnosis of acute deep Phlebothrombosis.

**Tests for self-control quality home training**:

1. Acute deep flebotrombozenaurovne tibia positive symptoms are:

a) Samujelsa

b) Moses

) Goldflama

g) Homansa

d) Lovenberga

2. Naiboleeinformativnym method of instrumentalnojdiagnostikiostrogo of deep Phlebothrombosis is:

a) rheovasography

b) to venography

in) duplex angioscanning

g) radiography

3. Differential diagnostics of ostrogoglubokogoflebotromboza limbs should be:

a) rozhistym skin inflammation

b) lymphostasis

in acute blood circulation violation) limb

g) long-term tissue crushing syndrome

h) acute sciatica

4. For ileofemoralnogoflebotromboza is characterized by:

a) pronounced swelling of entire limb

b) contravention of movements in joints of limbs

skin temperature increase) limb

g) cold limbs

5. For deep Phlebothrombosis is characterized by:

and) reducing skin sensitivity

b) increase skin sensitivity

in) preservation of skin sensitivity

**Methods of controlling domestic independent work in the practice session:**

1. different levels of situational tasks Solution absorption.

2. Mikrokuracija of patients with varicosity (complaint history, assessment of general condition, paraclinical examination methods, substantiation of diagnosis, differential diagnosis, treatment).

3. report of the patient group.

4. reading flebogramm.

5. Prezentaciimikroreferatov on the topic of the lesson.

**RECOMMENDED LITERATURE**

1. Evtihov r.m., m.e., Putin Shulutko A.m. et al. clinical surgery. Prise Gr. "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial m., 2006.

3. Savelyev V.s. Phlebology. Guide for physicians m., "medicine", 2001.

4. Savelyev v.s., Kiriyenko A.i. surgical diseases. Tutorial, t. 1-2, m., geotar-media, 2005.

5. Lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| 1-b | 6-б, в, г, д |
| 2-a, d | 7-b, c, d |
| 3-d, e | 8-g |
| 4-b, c, d | 9-b, g |
| 5-b, d, e, f | 10-a, b, c, d, e |
| Acute thrombophlebitis | |

|  |  |
| --- | --- |
| 1-a | 3-g |
| 2-in | 4-a, b, c, d |
| Acute Phlebothrombosis | |
| 1-b, g, d | 4-a |
| 2-in | 5-in |
| 3-b, c, d |  |

**Theme classes** : "Obliterating diseases of arteries limbs»

**During independent work in extracurricular time** pripodgotovke practical lesson, it is necessary to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

Definition of obliterating diseases of the arteries.

Classification of Obliterative arterial diseases of the limbs on the types and stages of the disease process.

Causes leading to the development of obliterating endarteritis obliterans and atherosclerosis.

Features of vascular lesions characteristic obliterating endarteritis, Raynaud's disease, arteriosclerosis, Buerger's disease.

List the angiographic signs characteristic obliterating endarteritis obliterans and atherosclerosis.

Specify the clinical and evolutive particularities characteristic obliterating endarteritis, obliterating atherosclerosis, Buerger's disease, Raynaud's disease.

Differential diagnosis of Obliterative arterial diseases of the limbs (arteriosclerosis obliterans endarteritis, Raynaud's disease, Buerger's disease). The value of ULTRASONOGRAPHY in the differential diagnosis of Obliterative arterial diseases.

Conservative and operative treatment of atherosclerosis obliterans.

b) **homework:**

Presented in the form of diagrams or tables:

Anatomy of the arterial bed limbs;

Clinical classification of Obliterative diseases;

functional examination of patients with pathology of the arteries;

principles of treatment of Obliterative arterial diseases;

methods of operative treatment of Obliterative arterial diseases of the limbs.

) **mikroreferatov Topics to address in Lesson:**

1. Topographic Anatomy of the arteries of the lower limbs.

2. modern examination methods of patients with pathology of arteries limbs.

3. Conservative treatment of Obliterative diseases of the limbs.

4. Modern methods of operative treatment of Obliterative diseases of the limbs.

**Tests for self-control quality home training:**

1. Leriche Syndrome is:

and brahiocefalnyj non-specific inflammation)

b) atherosclerotic occlusion of abdominal aorta bifurcation

in microangiopathy) distal limb

g) migrating obliterans

d) inferior vena cava occlusion

2. Symptom "plantarnoj" ischemia is not specific to:

and posttromboflebiticheskoj disease)

b) atherosclerosis obliterans

in Raynaud's disease)

g) obliterating endarteritis

d) diabetic angiopathy

3. In the diagnosis of arteriosclerosis obliterans most informative method is:

a) sfigmografija

b) thermography

b) ultrasonic dopplerography

g) aorto-Arteriography

d) rheovasography

4. In the surgical treatment of syndrome of Lerish best method:

and lumbar sympathectomy) for Diecu

b) thrombectomy catheter Fogarty

grudnajasimpatjektomija on Ognevu)

g) angioplasty

d) aorto-bifemoralnoe bypass

5. When obliterans endarteritis most often affects:

a) arc of the aorta and brahiocefalnyj barrel

b) thoracic aorta

in tibial artery)

g) bifurcation of the aorta

d) femoral artery

6. Chronic Arterial ischemia characterized by all except:

a) baldness limb

b) skin pigmentation

nail deformities)

g) atrophy of the skin

d) cyanosis I finger

7. high "intermittent claudication and impotency are signs:

and Raynaud's disease)

b) diabetic angiopathy

obliterating endarteritis)

Mr. Leriche syndrome)

d) ileofemoralnogoflebotromboza

8. the patient with an obliterating atherosclerosis IY stage, occlusion of the femoral, popliteal and leg arteries, gangrene of the foot operation of choice is:

a thigh-level amputation)

b) lumbar sympathectomy

Vascular reconstructive surgery)

g) large gland transplantation Microsurgical Shin

d) conservative treatment

9. For atherosclerosis obliterans (III) the stage is characterized by:

and varicose veins, subcutaneous)

b) trophic ulcer on the lower leg

in) "intermittent claudication" through 500 meters

g) absence of pulsations in the common carotid artery

d) pain in a limb at rest

10. the most effective drug for the treatment of Obliterative arterial diseases and diabetic angiopathy is:

a) papaverine

b) heparin

) vazoprostan

g) caffeine

d) trental

**Methods of controlling domestic independent work in the practice session:**

1. different levels of situational tasks Solution absorption.

2. Mikrokuracija patient obliterating disease of the arteries of the lower limbs with the evaluation of the results of the survey:

a) complaints

b) medical history, life

the General status assessment)

g) local symptoms

d) paraclinical examination methods

(e)) justification the diagnosis

f) differential diagnosis

w) principles of treatment

3. report of the patient group.

4. Read and parse the angiograms, ULTRASOUND diagnostic data.

5. Prezentaciimikroreferatov on the topic of the lesson.

**RECOMMENDED LITERATURE**

1. Evtihov r.m., Putin m.e., Shulutko A.m., etc. Clinical surgery. Publisher group "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial m., 2006.

3. Saveliev v.s., Kiriyenko A.i. surgical diseases. Tutorial. M., geotar-media, 2005.

4. Lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| 1-b | 6-b |
| 2-a | 7-g |
| 3-g | 8-a |
| 4-d | 9-d |
| 5-in | 10- |

**Theme classes** : "Portal hypertension»

**During independent work in extracurricular time**pripodgotovke practical lesson, it is necessary to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

Definition of portal hypertension.

Portal hypertension classification, characteristics of the portal circulation.

Causes of portal hypertension.

Clinical manifestations of the various forms of portal hypertension.

Differential diagnosis of portal hypertension: heart failure, diseases of the biliary tract, parasitic liver disease (echinococcosis), liver tumors, blood diseases, gastric ulcer.

The role of splenoportografii and ultrasound in the differential diagnosis of portal hypertension.

Portal hypertension-related complications (bleeding, ascites, peritonitis, etc.).

Survey methods of patients with portal hypertension.

Medical tactics in the treatment of hemorrhage from esophageal varices in portal hypertension.

Medical tactics in treatment of patients with different forms and stages of portal hypertension.

b) **homework:**

Presented in the form of diagrams or tables:

classification of portal hypertension;

the differential diagnosis;

diagram of the portal circulation.

To know:

survey methods of patients with portal hypertension;

complications of portal hypertension;

methods of surgical treatment of portal hypertension;

methods to stop bleeding from esophageal varices;

types of radical operations when portal hypertension;

types of palliative operations with portal hypertension.

) **mikroreferatov Topics to address in Lesson:**

1. Structure of the portal system.

2. Pathogenesis of portal hypertension.

3. Methods of diagnosis of portal hypertension.

4. methods of bleeding from esophageal varicose vein.

**Tests for self-control quality home training:**

1. For portal hypertension is characterized by symptoms:

a) heart failure

b) ascites

respiratory failure)

g) splenomegaly

d) hypersplenism

e) expansion of Porto kavalnyh anastomoses

f) hypertension

2. Clinical manifestations and as blood flow portopechenochnogo emit:

a) bessimptomnuju

b) compensated

in) complications

g) decompemsated

d) subcompensated

e) hidden

3. nadpechenochnoj blockade of the portal circulation is:

a liver tumor)

b) Portal vein atresia

b) cirrhosis

g) cirrhosis Peak

d) disease-Chiari

4. vnutripechenochnoj blockade of the portal circulation are:

and) liver fibrosis

b Budd Chiari syndrome)

in) cirrhosis Peak

g) thrombosis of Portal vein

d) Portal vein thrombosis with secondary Portal cirrhosis

e) disease-Chiari

5. vnepechenochnoj blockade of the portal circulation is:

a) congenital Portal vein stenosis

b) Portal vein atresia

the splenic vein stenosis)

g) liver fibrosis

d) liver tumors

e) cirrhosis

6. Most informative method for diagnosing portal hypertension is:

a) laboratory biochemical tests

b) computed tomography

c cholangiogram)

g) splenoportografija

d) celiakografija

e) ultrasound of the liver

f) liver scintigraphy

7. For gipersplenizma syndrome is characterized by:

and spleen)

b) increase blood cell counts

in) decrease in blood cell counts

g) ascites

d) expansion of Porto kavalnyh anastomoses

e) digestive disorders

8. The pressure in the portal vein of healthy person is:

a) 5-10 mm Hg.

b) 10-15 mm Hg.

in) 16-25 mm Hg.

g) 26-35 mm Hg.

d) 36 and above mmrt calendar.

9. Radical operations for the treatment of portal hypertension include:

and establishment of direct Porto) kavalnyh anastomoses

b) Splenectomy

hepatic artery ligation)

splenic artery ligation, Sir)

d) operation of ECCA

e) operation Tanner

10. For final stop bleeding from varikozno expanded veins oesophagus, apply the following methods:

a probe into the esophagus), Blakemore tube

b) operation Linton

Tanner operation)

g) operation Kalba

d) gastrectomy

**Metodykontroljadomashnejsamostojatelnoj works in the practice session:**

1. different levels of situational tasks Solution absorption.

2. Mikrokuracija assessment of patients the results of their examination, differential diagnosis, substantiation of diagnosis, determining treatment tactics, principles of conservative and surgical treatment.

3. report of the patient group.

4. Read and parse splenoportogrammy.

5. presentations on the topic of mikroreferatov classes.

**RECOMMENDED LITERATURE**

1. Evtihov r.m., Putin m.e., Shulutko A.m., etc. Clinical surgery. Publisher group "GEOTAR-media, 2006.

2. Kuzin M.i. surgical diseases. Tutorial. M., 2006.

3. Operative Surgery. Prof. I. Littmanna, Budapest 1985.

4. Savelev Vladimir, Kiriyenko A.i. surgical diseases. Tutorial, t. 1-2 m., geotar-media, 2005.

5. Saveliev V.s. Guide for emergency surgery the abdominal organs. M., 2004.

6. The lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| 1-b, g, d, e | 6-b, g, d |
| 2-b, g, d | 7- |
| 3-d, e | 8-b |
| 4-a | 9-а, d |
| 5-a, b, c | 10-a, b |

**Theme classes** : "Diseases of esophagus»

**During independent work in extracurricular time** pripodgotovke practical lesson, it is necessary to pay attention to:

a) **annotated list of questions on the subject of classes**:

Predisposing factors conducive to the development of esophageal cancer.

What are the main clinical features of esophageal cancer.

Specify whether the radiological picture of ahalaziikardii is different from cancer of the esophagus.

Instrumental research methods used for diseases of the esophagus.

b) **homework:**

Presented in the form of diagrams or tables:

classification of diseases of the esophagus;

the differential diagnosis;

blood supply of the esophagus;

complications;

methods of surgical treatment.

) **mikroreferatov Topics to address in Lesson:**

1. Surgical Anatomy of the esophagus.

2. Methods of diagnostics of diseases of the esophagus.

3. Principles of surgical treatment of esophageal cancer.

4. complications of hiatal hernias.

**Tests for self-control quality home training.**

1. In the initial stages of esophageal cancer when x-ray study discover:

and esophageal motility)

b) symptom of "niche"

in lot wall rigidity)

g) is not smoothening out the folds of the Mucosa

d) significant expansion of upstream Division

2. The principal method for differential diagnosis of Esophageal diverticula are:

a) esophagoscopy

b) contrast x-ray study

in) ULTRASOUND

g) radionuclide study

d) computed tomography

3. Cenkerovskij esophageal diverticulum is localized:

(a)) in the field of Carina

b) above the diaphragm

in) in the upper third of the esophagus

g) pharyngoesophageal junction-pishhevodnom transition

4. The most dangerous complication of hiatal hernia is:

a) bleeding

b) Cardia insufficiency

in) impairment of stomach

g) reflux esophagitis

5. Radiological signs are ahalaziikardii all except:

a) a considerable length narrowed part of esophagus

b) symptom of "niche"

accumulation defect)

g) symptom "mouse tail"

e) rigidity and not smoothening out the folds of the mucosa in the exposed area

6. When the cervical esophageal diverticuli shows:

a) invaginacija diverticulum

b) tube feeding

in the diverticulum) remove

g) endoscopic dissection in place of constriction below diverticulum

d all of the above)

7. In patients with izvitymi and multiple burn the esophagus obstructions buzhirovaniju preference:

) "blind" through the mouth

b) under the supervision of jezofagoskopa

) retrogradnomu

g) hollow radiopaque buzhami on a metal conductor

d) "buzhirovaniju without end" through gastrostomu

8. what degree of dysphagia clinic meets if passes any food, but the patient is forced to drink her water?

and 2 degrees)

b) 3 degrees

4 degree)

9. What are the contraindications to radical surgery for esophageal cancer:

and) presence of Comorbidities

b) depletion

in) cardiac and respiratory failure

g) expressed liver and renal failure

10. in the tumor in nizhnegrudnom or abdominal esophagus division operation of choice is:

and Anastasia Dobromyslova) operation-Toreka

b) resection of the esophagus and proximal stomach

Lewis operation)

**Methods to control the home of independent work in the practice session.**

1. different levels of situational tasks Solution absorption.

2. Mikrokuracija assessment of patients the results of their examination:

and) collect complaints

b) medical history of disease

in) assessment of the overall condition of the patient

g) definition local signs and symptoms

Dr.) paraclinical evaluation examination methods and symptoms

e) conclusions on the diagnosis

f) differential diagnosis

w) defining treatment tactics

and) principles of conservative and surgical treatment.

3. report of the patient group

4. Read and parse the radiographs

5. presentations on the topic of mikroreferatov classes.

**Recommended Literature**

1. Berezov J.e. esophageal cancer m., 1979.

2. Evtihov r.m., m.e., Putin Shulutko A.m. et al. clinical surgery. Prise Gr. "GEOTAR-media, 2006.

3. Kuzin M.i. surgical diseases. Tutorial m., 2006.

4. Surgical diseases: training: k. (ed. V. Savelyeva, A.i. Kiriyenko.-2 Ed., Corr.-М.: 2006.

5. Shalimov A.a. Saenko V. digestive tract Surgery Kiev, 1987.

6. Lecture of the Chair.

**Annex**

**Answer test control standards.**

|  |  |
| --- | --- |
| 1-a, b, g | 5-b |
| 2-b | 7-d |
| 3-g | 8-a |
| 4-a | 9-b, c, d |
| 5-b, c, d | 10-b |

**Theme classes** : "Breast disease»

**During independent work in extracurricular time**pripodgotovke practical lesson, it is necessary to pay attention to:

(a)) **An annotated list of issues:**

**Mastitis:**

Definition, etiology and pathogenesis.

Classification, clinical picture.

Treatment of mastitis.

**Mastitis:**

Definition, etiology, pathogenesis.

Classification, clinical picture, diagnosis.

Treatment of mastopathy.

**Benign breast tumors:**

Classification.

The clinical picture.

Diagnostics.

Treatment.

**Breast cancer:**

Definition.

Stages of breast cancer.

Classification.

The clinical picture.

Ways of metastasis.

Diagnostics.

Differential diagnosis of breast cancer with mastopathys, benign tumors of the breast.

Treatment of breast cancer.

b)**homework:**

Presented in the form of diagrams or tables:

diagnosis of breast disease;

treatment of breast cancer.

) **mikroreferatov Topics to address in Lesson:**

1. Features of the breast.

2. features of the blood supply and lymphatic drainage of the breast.

3. conservative and surgical treatment of diseases of the breast.

4. Modern principles and methods for the treatment of breast cancer.

**Tests for self-control quality home training:**

1. breast Tumor diameter of 1.5 cm with enlarged armpit lymph nodes belong to the stage:

(a)) 1

b) 2 and

in) 2 b

g) 3A

d) 3B

2. For breast cancer are not characteristic of metastases:

a) light

b) in liver

in) in the brain

g) in navel

e) dice

3. Naiboleejeffektivnym method of research with breast cancer less than 0.5 cm is:

a) mammography

b) ULTRASOUND

in) thermography

g) palpation

d) radioisotope diagnosis

4. Lying breast tumor disappears if a vision problem:

a) umbilikacii

b) Kenig

) Pajra

g) Pribrama

d) "orange peel"

5. Naiboleechastaja tumor with Nodular form of breast cancer:

a) verhnenaruzhnom quadrant

b) verhnevnutrennem quadrant

) nizhnevnutrennem quadrant

g) nizhnenaruzhnom quadrant

6. When mastitis:

a) symptom Kenig negative

b) symptom Kenig positive

7. When anchor mastitis shows:

and) conservative treatment

b) operative treatment

8. When swelling and infiltrativnoj form of breast cancer in lymph nodes:

as early metastases appear)

b) late metastases appear

9. When the stage 2 breast cancer tumor reaches a size:

and up to 2 cm)

b) 2-5 cm

in) 1 cm

g) 5-7 cm

d) more than 8 cm

10. breast cancer symptoms:

a) symptom Keninga

b) symptom Pribrama

in the symptom of "umbilikacii") of the skin

g) offset nipple

d) leather over the tumor in the form of orange-peel

e) skin over the tumor in the form of "lemon peel»

**Methods of controlling domestic independent work in the practice session:**

1. the decision of various levels of situational tasks of mastering

2. Mikrokuracija patients with evaluation of the results of the survey:

and) collect complaints

b) medical history

in) assessment of the overall condition of the patient

g) defining symptoms

d) assessment laboratory-instrumental research methods

e) diagnosis

f) differential diagnosis

w) conservative and operative treatment

3. presentations on the topic of mikroreferatov classes.

**RECOMMENDED LITERATURE**

1. Evtihov r.m., m.e., Putin Shulutko A.m. et al. clinical surgery. Prise Gr. "GEOTAR media", 2006, 2011

2. Kuzin M.i. surgical diseases. Tutorial.-m., 2006.

3. Savelyev v.s., Kiriyenko A. surgical diseases. Tutorial: geotar-media.-2005.

4. Lecture of the Chair.

**Annex**

**BENCHMARKS TEST CONTROL ANSWER**

|  |  |
| --- | --- |
| 1-in | 6-a |
| 2-b | 7-b |
| 3-a | 8-a |
| 4-b | 9-b |
| 5-a | 10-a, b, c, d, e |

**Theme classes** : "Thyroid gland"

**During independent work in extracurricular time** when preparations for the practical lesson to pay attention to:

a) **annotated list of questions on the subject of the lesson:**

Causes leading to development of endemic goiter.

The reasons leading to the development of hronicheskihtireoiditov.

The clinical picture of diffuse toxic goiter.

The clinical picture of thyroid cancer.

Instrumental and laboratory diagnostic methods applied in thyroid diseases.

Instrumental Diagnostics methods used in thyroid cancer.

b) **homework:**

Presented in the form of diagrams or tables:

classification of diseases of the thyroid gland;

perfusion underactive thyroid;

the differential diagnosis of goiter, cancer;

complications of thyroid cancer;

methods of operative treatment of goiter and thyroid cancer.

) **mikroreferatov Topics to address in Lesson:**

1. Fascia of the neck.

2. Topographic Anatomy of the thyroid gland.

3. Modern methods of diagnostics of thyroid disease.

4. methods of surgical treatment of goiter and thyroid cancer.

**Tests for self-control quality home training:**

1. the patient with endemic goitre diffuse visible increased right share of the thyroid gland. Specify the magnification of the thyroid gland, which corresponds to this clinical picture:

(a)) 1

b) degree 2

in) 3

g) degree 4

d) degree 5

2. For goitre when scanning characteristic identifying pockets of increased accumulation of isotope iodine-131:

a) Yes

b) no

3. Positive eye symptoms of Delrimplja, Shtelvaga, Graefe, Mobius is characteristic for:

and hypothyroidism)

b) goiter II degree

in hyperthyroidism)

g) thyroid cancer

4. the main laboratory signs of diffuse toxic goiter are:

a) reduction in the level of calcium in the blood

b) increased TSH and T3

in the T4 and T3)

g) decrease T4 and T3

5. the emergence of "symptom hoarseness of voice" with zobe Riedel explains:

a) involvement of the facial nerve

b) involving the trachea and esophagus

in the presence of metastases)

g) involvement of recurrent laryngeal nerves

6. What are the clinical symptoms of chronic fibrous Thyroiditis:

a) by palpation iron tight

b) skin over movable goiter

in the neck, enlarged lymph nodes) sedentary

g) hoarseness of voice

7. Cramps, symptom Hvosteka and Trousseau after strumektomii speak for:

a) hypothyroidism

b), tireotoksicski Kriz

recurrent laryngeal nerve injury)

g) hypoparathyreosis

d) thyrotoxicosis

8. A complication, not typical for operations on the thyroid gland is:

a) bleeding

b) air embolism

in) fat embolism

g) damage to the trachea

d) recurrent nerve damage

9. To identify malignant tumors of the thyroid gland does not apply:

and trepanobiopsy)

b) thick needle biopsy

in) trial excision

g) determination of antibody titer to the thyroid gland

d) fine needle biopsy

10. When toxic thyroid adenoma shows an operation:

а) субтотальная резекция щитовидной железы

б) резекция доли щитовидной железы

в) клиновидная резекция щитовидной железы

**Методы контроля домашней самостоятельной работы на практическом занятии.**

1.Решение ситуационных задач различного уровня усвоения.

2.Микрокурация больных с оценкой результатов их обследования:

а) сбор жалоб

б) сбор анамнеза заболевания

в) оценка общего состояния больного

г) определение местных признаков и симптомов заболевания

д) оценка параклинических методов и симптомов заболевания

е) выводы по диагнозу

ж) дифференциальная диагностика

з) определение тактики лечения

и) принципы консервативного и оперативного лечения.

3.Доклад больного группе.

4.Презентации микрорефератов по теме занятия.

**РЕКОМЕНДУЕМАЯ Литература.**

1. Евтихов Р.М., Путин М.Е., Шулутко А.М. и др. Клиническая хирургия. Издат.гр. «ГЭОТАР-МЕДИА»,2006.

2.                Кузин М.И. Хирургические болезни. Учебник. М., 2006.

3.                Потемкин В.В. Эндокринология (учебник). М., 1986.

4.                Хирургические болезни: учеб.: в 2т. (под ред. В.С.Савельева, А.И.Кириенко.- 2-е изд., испр.- М.: 2006.

5.                Лекции кафедры.

**Приложение**

**Эталоны ответов тестового контроля.**

|  |  |
| --- | --- |
| 1-в | 6-а,б,г |
| 2-б | 7-г |
| 3-в | 8-в |
| 4-в | 9-д |
| 5-г | 10-б |