federal state budgetary educational institution

higher education

"Orenburg State Medical University"

Ministry of Health of the Russian Federation

**VALUATION FUND**

**FOR THE CURRENT**

**CONTROL OF PROGRESS AND INTERIM CERTIFICATION**

**STUDENTS BY DISCIPLINE**

**FACULTY SURGERY**

by specialty

*31.05.01 General medicine*

*(Faculty of foreign students)*

*Urology*

It is part of the main professional educational program of higher education in the direction of training (specialty) *31.05.01 General Medicine* , approved by the Academic Council of the Orgmu of the Ministry of Health of Russia

Protocol No. 8 dated March 25, 2016

Orenburg

**I. \_ Passport of the appraisal fund.**

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| --- | --- | --- | --- |
| No. p / p | Controlled sections (topics), discipline modules | Controlled competency code | Name  evaluation tool |
| view |
| one. | Topic 1. Anomalies of the genitourinary system. hydronephrosis. Symptomatology of urological diseases. anomalies MPS . Hydronephrosis . Symptomatology urological diseases .  Topic 2. Symptomatology of urological diseases. Benign prostatic hyperplasia, prostate cancer. Symptomatology urological diseases ( end ) BPH , cancer prostate .  Topic 3. Instrumental methods of diagnosis and treatment. Urolithiasis disease. Instrumental methods of diagnosis and treatment. ICD .  Topic 4. X-ray diagnostic methods. Ultrasound diagnosis. Radioisotope diagnostic methods. X-ray methods diagnostics . ultrasound diagnostics . radioisotope methods diagnostics .  Topic 5. Acute nonspecific inflammatory diseases (pyelonephritis, bacteriotoxic shock, gestational pyelonephritis, paranephritis, cystitis, prostatitis, abscess prostate, orchitis, epididymoorkhit, urethritis, cavernitis, balanoposthitis, chronic balanoposthitis). chronic pyelonephritis. Nephrogenic hypertension. Tuberculosis of organs genitourinary system. Acute non-specific inflammatory diseases ( pyelonephritis , bacteriotoxic shock , gestational pyelonephritis , paranephritis , cystitis , prostatitis , abscess prostate , orchitis , epididymo -orchitis , urethritis , cavernitis , balanoposthitis , chronic balanoposthitis ). Chronic pyelonephritis . Nephrogenic hypertension . Tuberculosis bodies MPS .  Topic 6. Oncourology (except benign prostatic hyperplasia and prostate cancer) - tumors of the kidney, bladder, testicle, penis. Oncourology (except for BPH and prostate cancer) - tumors of the kidney, bladder, testicle, penis.  Topic 7 with renal colic, anuria-ARF, hematuria, AUR, torsion of testicular hydatids and epididymis, testicular torsion, paraphimosis, Fournier gangrene, priapism).  Topic 8. Exercise class. | PC-5, PC-6, PC-11 | Test.  Practical skills.  Problem solving.  Interview. |

**II . Evaluation materials for the current control of students' progress .**

Topic number 1. Anomalies of the genitourinary system. hydronephrosis. Symptomatology of urological diseases. anomalies MPS . Hydronephrosis . Symptomatology urological diseases .

Questions .

Classification of abnormalities in the development of the kidneys and ureters.

Methods for diagnosing anomalies in the development of the kidneys and ureters.

Indications for surgical treatment of patients with anomalies of the kidneys and ureters, the optimal age for surgical intervention.

Types of abnormalities of the urethra in boys and girls.

hydronephrosis. definition. etiology, pathogenesis.

hydronephrosis. Clinic, diagnosis, treatment.

Tasks .

Task 1 Patient, 36 years, came into the clinic with complaints of paroxysmal pain in the right waist area, the appearance of blood in the urine after a bout of pain. Previously in sediment of urine to detect grains of Brown. Kidneys are not palpable. Symptom Pasternackogo the right is positive. When urinalysis revealed mikrogematuria, uraturia. WHAT KIND OF ILLNESS MAY INDICATE THESE SYMPTOMS?

Task 2 A patient 74 years over 2 years noted difficulty urinating, urinating, natuzhivajas, sluggish stream, which often interrupted. When entering notes incontinence, constant raspirajushhuju pain on the pubis. When viewed from above the vagina visible bulging, the upper edge of which konturiruetsja at the level of the navel. Perkutorno in this area marks the dullness. Urine for several days continuously spontaneously is separated on the drops. WHAT KIND OF URINATION DISORDERS HAVE DISEASED? ON THE AVAILABILITY OF WHAT DISEASES SHOULD CONSIDER AND WHY?

Task 3 The patient had 23 years clouding due to impurities, expressed urine white blood cell and bacteria, but unknown to localize the inflammatory process. WHAT A SIMPLE AND A PUBLIC RESEARCH METHODOLOGY SHOULD HAVE RECOURSE?

Task 4 A patient 45 years was an appointment with the urologist with complaints on the allocation during the intercourse sperm Brown. When the laboratory study of ejaculate gemospermia revealed. WHAT IS THE REASON FOR THE GEMOSPERMII? DOCTOR'S TACTICS IN THIS CASE.

Task 5 Sick 65 years enrolled in the clinic with complaints of heart (during the night), difficulty urinating. Twice the allocation of blood in the urine. The right physique. The abdomen is soft. Kidneys are not palpable. Symptom Pasternackogo negative on both sides. Bladder perkutorno is not defined. External genitals are formed correctly. The prostate is smooth, elastic, painless, increased in size. Median notch is defined loosely, Rectal Mucosa over prostate unsteady. The patient urinates with natuzhivaniem, a squirt. Residual urine 70 ml, mikrogematuria. DISEASE, ANY BODY EXPLAIN THESE DISORDERS?

Task 6 32 years of patient complains of pain in the lumbar region, increased blood pressure up to 180/120 mm Hg. Church. Sick 3 years. 80 pulse beats/min, rhythmic, satisfying content. The abdomen is soft, the kidneys are not palpable. Symptom Pasternackogo slabopolozhitelen on the to no. Sometimes it happens macrohematuria. YOUR ESTIMATED DIAGNOSED? THE PLAN OF SURVEY.

Task 7 Ill 16 years appeared sharp pain in the right groin area-Ilio. Objective study here palpated tumorous formation size 12 × 8 cm, elastic consistency, organ whose localization is not clear. If you do not think about the possibility of one of the types of anomalies of the kidneys, it can fall into a diagnostic error and make unwarranted laparotomy. WHAT KIND OF ANOMALIES OF THE KIDNEYS SHOULD BE THINKING? WHAT RESEARCH METHODS CAN IT CONFIRM OR EXCLUDE?

Task 8 A child 9 years with preventive fljurografii and chest x-ray revealed blackout on the diaphragm, which resembles a lung tumor. Meanwhile, there is a malformation of the kidney. WHAT IS THIS TYPE OF ANOMALY? WHAT RESEARCH METHODS MUST BE MADE?

Task 9 A child 10 years complaints are typical for chronic renal failure. The disease slowly progresses. Objective study in both podreberjah are determined by painless, hilly, densely- elastic education. WHAT IS YOUR PREDVARITELNJ DIAGNOSED? HOW YOU CAN CONFIRM? HOW THE DISEASE SHOULD BE DIFFERENTIAL DIAGNOSIS?

Task 10 The child is 11 years old. Periodically complains of abdominal pain, which are often nature without cease, pristupoobrazny receiving drugs. By palpation of the abdomen in the left hypochondrium defines tumorous formation, tightly-elastic consistence, mobile, painless. Blood tests are normal. Red blood cells in the urine up to 4-5. Overall condition is not suffering. WHAT IS THE ANOMALY OF THE KIDNEYS CAN BE SUSPECT? SPECIFY THE PLAN OF SURVE.

Topic № 2. Symptomatology of urological diseases. Benign prostatic hyperplasia, prostate cancer. Symptomatology urological diseases ( end ) BPH , cancer prostate .

Questions.

The concept of benign prostatic hyperplasia. clinic.

Benign prostatic hyperplasia. Therapeutic tactics for the stages.

prostate cancer. clinic. diagnostics.

Prostate cancer treatment.

The role of preventive examinations of the population in the early detection of prostate cancer. Algorithm for diagnosing prostate cancer.

Tactics of management of patients with hematuria.

Tasks.

Task 1 Sick of 52 years. During the 27 years suffered urolithiasis with kidney colic from both sides and periodic independent departed concrements. Complains of lack of impulses to the Act of urination. The last time 2:00 pm urinated earlier. Notes the dull pain on the right side of the waist and abdomen, which appeared 7:00 ago. The intensity of the pain gradually increases, there is a dry mouth, feeling thirsty. When inspecting the patient increased nutrition, subcutaneous fat richly developed. Kidneys are not palpable. By palpation in the upper right quadrant of the abdomen is marked tenderness. Symptom Pasternackogo negative on both sides. Perkutorno and by palpation the bladder is not increased. When the digital study of the prostate via the rectum is not changed. WHAT IS THE COMPLICATION OF UROLITHIASIS HAS IN THIS CASE? SPECIFY THE EXAMINATION METHODS AND TREATMENT OPTIONS.

Task 2 70 years of patient complains of weakness, headache, vomiting, involuntary urine drop by drop. The skin is pale. The language is dry, with a touch of Brown. The abdomen is soft. Symptom Pasternackogo negative on both sides. Perkutorno bladder is defined at 6 cm above the womb. Prostate gland enlarged evenly, tightly-elastic consistency, its surface is smooth, mezhdolevaja notch smoothed. Urea serum 29.9 mmol/l. YOUR ESTIMATED DIAGNOSED? MEDICAL RECOMMENDATIONS.

Task 3 A patient 68 years, during the last three years, notes the difficulty urinating, urinary excretion of weak and a squirt. Normal skin colour. Tongue wet, not hedged. The abdomen is soft, painless. Symptom Pasternackogo negative on both sides. Bladder perkutorno is not defined. External sexually developed organs normally. When digital rectal prostate study moderately increased in size, the right proportion of its rough, stony consistence, painless. Rectal Mucosa above the right proportion of glands immobile. YOUR DIAGNOSIS? WHAT ADDITIONAL STUDIES ARE NEEDED?

Task 4 Sick 65 years complains of shortness of sluggish stream urination, night pollakiuriu up to 3-4 times. Considers herself ill the past two years, when he first became mark urination at night. The skin and visible mucous membranes normal coloring. Organs of the thorax and abdomen without features. Kidneys are not palpated. Symptom Pasternackogo negative on both sides. Bladder empty. perkutorno digital rectal study of the prostate increased slightly with a smooth surface, tightly-elastic consistence, painless. WHAT DISEASE YOU CAN THINK OF? WHAT DIAGNOSTIC MEASURES ARE NECESSARY TO CLARIFY THE DIAGNOSIS?

Task 5 Patient 63 years day and night pollakiuria 4-6 times per night, weak urine flow. History twice wasan acute urinary retention. After the one-time kateterizacij the bladder urination to restore. After urination when viewed over the vagina palpated elastic education are globe-shaped, measuring 8 x 6 cm. Perkutorno on the formation of the sense of sound. When the digital study of prostate via the rectum moderately increased, with smooth surface, elastic consistency, painless. YOUR PROSPECTIVE DIAGNOSIS? WHAT RESEARCH MUST BE MADE TO REFINE THE DIAGNOSIS?

Task 6 60 years of patient was treated at neurologist at lumbosacral radiculitis and one month after prima course of Physiotherapeutic procedures, he was taken to the casualty department with a fractured hip. In a survey of prostate cancer was diagnosed with cancer in the lower spine, the pelvic bones and the pathological fracture of the hip. WHAT IS ERROR NEVRAPOTOLOGA? WHAT SURVEYS WERE NEEDED FOR THE PATIENT BEFORE ADMISSION PHYSICAL THERAPY?

Task 7 Sick 65 years presented with strong craving, inability to self urination, lower abdominal pain. The symptoms are increasing within 2:00 pm. YOUR ESTIMATED DIAGNOSED? YOUR DIAGNOSTIC AND TREATMENT RECOMMENDATIONS?

Topic 3. Instrumental methods of diagnosis and treatment. Urolithiasis disease. Instrumental methods of diagnosis and treatment. ICD .

Questions.

Urolithiasis disease. Types, composition of stones, quantity, localization.

Urolithiasis disease. predisposing factors.

treatment of urolithiasis.

Diagnostic value of chromocystoscopy.

Tasks.

Task 1 Duty urologist, has just ended the emergency operation in 2:30 of admissions reported that enrolled patients with painless total hematuria. WHAT SHOULD BE THE TACTIC UROLOGIST, URGENCY OF DIAGNOSTIC AND THERAPEUTIC PROCEDURES?

Task 2 Accidentally swallowed delivered 36 years patient complaining of a sharp pain in the right abdomen radiating in right thigh. Pain accompanied by nausea and vomiting. Mild symptom of Pasternackogo and symptoms of irritation of the peritoneum. The behavior of the patient restless, the diagnosis is not clear. WHAT A UROLOGICAL EXAMINATION WILL ESTABLISH THE DIAGNOSIS?

Task 3 Patient 27 years complains of severe pain in the abdomen, which appeared 1:00 ago with no previous symptoms, is very dramatic, localized in the lower right abdomen. Vomiting and nausea do not. high escalated. Delivered emergency ambulance machine. Diagnosed with direction-"acute appendicitis. On examination, the patient may not lie motionless in connection with severe pain. Specifies the point in the lower right quadrant of the abdomen as the place of greatest pain, but adds that there is a feeling of mild pain in the right big sex lips and right angle kostovertebralnogo. Feels frequent desire to urinate, but urine almost neverreleased. By palpation of the abdomen is marked tenderness in the lower right square. Urine test: color dark yellow, pH 6.0, the density of 1020, red 20-30 in sight, white 5-10. WILL THE DATA HISTORY AND OBJECTIVE STUDY AGREE WITH THE DIAGNOSIS OF THE SENDING INSTITUTION? TO REFINE THE DIAGNOSIS?

Task 4 A patient 44 years old considers herself ill for one year when the pain first appeared in the left half of the lower back and sharp abdomen character. Pain stopped after taking spazmoliticakih preparations and hot baths. A month ago, abdominal pain and lower back pain stopped, but began to bother Resi when speeded up urinating, pain radiating into the head of the penis. Urine flow is often interrupted, standing urination dramatically difficult. Lying on the side of urine flow is not interrupted. Intermittent total or end-hematuria. PUT THE PRELIMINARY DIAGNOSIS. EXPLAIN THE PLAN OF SURVEY AND TREATMENT OF THE PATIENT IN THE CASE OF HIS CONFIRMATION.

T ask 5 In the urological hospital received 35 years old patient complaining of paroxysmal pain in right waist area, accompanied by nausea, vomiting, frequent urges to urinate. Objectively: the overall condition in deep. palpation is determined by soreness in the area of the right kidney. Symptom Pasternackogo the right is positive. The overview picture of the urinary tract at the level IV of thelumbar vertebra on the right is determined by the shadow, suspicious at the konkrement oval size 0.8 \* 0.6 cm. WHAT ADDITIONAL X-RAY STUDIES MUST BE MADE TO DETERMINE THE NATURE OF THE IDENTIFIED SHADOWS?

Topic 4. X-ray diagnostic methods. Ultrasound diagnosis. Radioisotope diagnostic methods. X-ray methods diagnostics . ultrasound diagnostics . radioisotope methods diagnostics .

Questions.

Diagnostic value of the review urography

Diagnostic value of antegrade and retrograde urography.

Diagnostic value of excretory urography.

Preparation of patients for X-ray examination.

Tasks.

Task 1 Patient 30 years enrolled in the clinic with complaints of increased blood pressure up to 190/120 mm Hg. Church, sick after lumbar contusion. During the year unsuccessfully treated in inpatient treatment. 80 pulse beats/min, rhythmic, stressful. Heart tones deaf. The focus of the second tone to the aorta. Kidneys are not palpable. Symptom Pasternackogo negative on both sides. If auscultation in the projection of renal vessels on the front wall of the abdomen-rough systolic murmur. Into severe cystectasia due to no. YOUR PRELIMINARY DIAGNOSIS? WHAT RESEARCH IS NEEDED TO CLARIFY THE DIAGNOSIS?

Task 2 Sick 40 years. Over 5 years notes dull pain in the lumbar region on the right side, headaches, increased blood pressure up to 180/110 mm Hg. Church. Repeatedly was in urological hospitals about chronic pyelonephritis. A year ago, diagnosed kidney wrinkled on the right. He entered the clinic about the elevated blood pressure. Pulse 84 BPM. Heart tones deaf. The abdomen is soft. Kidneys are not palpable. Symptom Pasternackogo is negative. Sometimes it happens mikrogematuria. Overview of the urinary system kidney shadow shot. Shadows concretions No. On exkrethornykh urogrammah-reducing the size of the right kidney. Deformation of the ureters-lohanochnoj systems (roughness, contour cups extension kolbovidnoe the right kidney). YOUR DIAGNOSIS? FURTHER RESEARCH METHODS?

Task 3 Patient 42 years complains of recurrent pain nojushhego character in the left lumbar region, intermittent urination with rezjami. Considers herself ill for 1 year. The general condition is satisfactory. Kidneys are not palpable. By palpation in the area left kidney determined moderate pain. Symptom Pasternackogo negative on both sides. Blood tests are normal. Urine test: 110-110-15. The overview picture of kidneys and urinary tract, suspicious shadows on calculus. WHETHER IT IS POSSIBLE ON THE BASIS OF THE STUDY EXCLUDE UROLITHIC ILLNESS? WHAT IS AN X-RAY STUDY MUST BE MADE TO REFINE THE DIAGNOSIS? WHAT IS THE ROLE OF JEHOSKANIROVANIJA?

Task 4 Patient 27 years 6 years ago suffered the trauma of the lumbar region. From the words of the patient, after an injury in the urine found elevated levels of red blood cells. After three weeks, urine normalized. During the year, felt good. Complaints are not filed. 5 years ago the preventive inspection revealed high blood pressure (180/100 mm Hg-200 \ 115 mm Hg). Hypertensive therapy proved to be ineffective, and therefore suspected of having perpetuated nephrogenic hypertension. Sent to the urologist. Kidneys are not palpable. Symptom Pasternackogo negative on both sides. Common analysis of blood and urine tests are normal. To review the radiograph urinary tract kidney contours are not visible, shadows, suspicious on calculus The excretory urogramme right contrast agent performs an unmodified lohanochnuju ureters system left a contrast dye. In echography-right kidney normal size, left-reduced in size. WHAT IS AN X-RAY STUDY MUST BE MADE TO CONFIRM OR EXCLUDE NEPHROGENIC HYPERTENSION?

Topic No. 5. Acute nonspecific inflammatory diseases (pyelonephritis, bacteriotoxic shock, gestational pyelonephritis, paranephritis, cystitis, prostatitis, abscess prostate, orchitis, epididymoorkhit, urethritis, cavernitis, balanoposthitis, chronic balanoposthitis). chronic pyelonephritis. Nephrogenic hypertension. Tuberculosis of organs genitourinary system. Acute non-specific inflammatory diseases ( pyelonephritis , bacteriotoxic shock , gestational pyelonephritis , paranephritis , cystitis , prostatitis , abscess prostate , orchitis , epididymo -orchitis , urethritis , cavernitis , balanoposthitis , chronic balanoposthitis ). Chronic pyelonephritis . Nephrogenic hypertension . Tuberculosis bodies MPS .

Questions.

Indications for surgical treatment of acute pyelonephritis.

Renal colic. clinic.

Principles of conservative treatment of acute pyelonephritis.

Acute prostatitis. clinic. Therapeutic tactics.

Acute urethritis. clinic. Therapeutic tactics.

Balanoposthitis. The concept. Therapeutic tactics.

Gestational pyelonephritis. Tactics of treatment.

Tasks.

Ill 35 years turned to the clinic about the blunt pain in sacrum area in inguinal areas, irradiirushhih in the scrotum; the times notes the pain when urinating. The abdomen is soft, painless. Kidneys are not palpable. Symptom Pasternackogo negative on both sides. Prostate gland normal size, smooth, painful at palpation, right its share of edematous. Pyuria in third helpings secret prostate - a large number of leukocytes. DISEASE WHICH AUTHORITY CAN BE ATTRIBUTED TO THE SPECIFIED SYMPTOMS? Task 2 The patient had high body temperature, chills, pulsating pain in the perineum, dysuria. Rectal exploration has sharply painful, enlarged prostate gland. YOUR DIAGNOSIS? THERAPEUTIC TACTICS? Task 3 Ill 35 years came into the clinic with complaints of general weakness, temperature increases of up to 39 s, shivers, dull pain in the lumbar region on the left side, headaches. The patient himself believes in two days. the General State of Moderate. Pulse 112 BPM in 1 min, rhythmic, satisfactory content. HELL 110/55 mmHg in the lungs breath vezikuljarnoe, soft belly. Kidneys are not palpable palpation of the left pane. the buds are sharply painful. Symptom Pasternackogo left positive. Urination is not broken, although I noticed that since the onset of the disease the amount of urine has decreased. WHAT IS THE PRELIMINARY DIAGNOSIS? WHAT RESEARCH THERE IS AN URGENT NEED TO PRODUCE TO ESTABLISH A DEFINITIVE DIAGNOSIS? Task 4 Ill 35 years, came into the clinic with complaints of general weakness, temperature increases of up to 39 s, shivers, dull pain in the lumbar region on the left side, headaches. The patient himself believes in two days. the General State of Moderate. Pulse 112 BPM in 1 min, rhythmic, satisfactory content. HELL 110/55 mmHg in the lungs breath vezikuljarnoe, soft belly. Kidneys are not palpable palpation of the left pane. the buds are sharply painful. Symptom Pasternackogo left positive. Urination is not broken, although I noticed that since the onset of the disease the amount of urine has decreased. Blood test: hemoglobin 128 g/l, l., p. 8 12.4%, with 56%, lymphomas.. 32%, 3%, me 1%, ESR-18 mm per hour, urine color: light yellow, pH 6.4, the density of 1030, e. 3-5, l. 18-20 in sight. Overview of the urinary system shot to the left transverse process level III lumbar vertebra shadow suspect at konkrement, size 6 x 4 mm. The exkrethornykh urogrammah in the lohanochnoj ureters system right kidney and ureter pathological changes not. On the left is moderate, expansion of pielojektazija ureter proximal to the specified shadow. When polipozicionnoj urography this shadow matches the shade of ureter, executed radiopaque. PUT A DEFINITIVE DIAGNOSIS. DEFINE THE TACTICS OF TREATMENT. Task 5 Ill 20 years nursing mother. Complains of intermittent small pain in the lumbar region and abdominal uncertain localizations, mostly on the right, accompanied by several faster urinate, subfebrilitetom, malaise, headache. Onset is associated with pregnancy, when the second trimester suddenly increased body temperature up to 38°, there were pain in the lumbar region on the right, there were changes in the urine analysis. Was hospitalized in urological Hospital where she was treated for two weeks, issued for the recovery. Gave birth to 8 months ago. Objectively the changes by the internal organs have not been identified. Kidneys are not palpable, scope them painless, symptom Pasternackogo negative on both sides. HELL 120/60 mm. Church. General blood test normal. Urinalysis: no protein, pH 6.2, the density of 1020, jeritr. 0-1 Lake. 12-15. WHAT DIAGNOSIS IT IS EXPECTED? WHAT YOU NEED TO MAKE A SURVEY TO CONFIRM THE DIAGNOSIS?

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Topic No. 6. Oncourology (except benign prostatic hyperplasia and prostate cancer) - tumors of the kidney, bladder, testicle, penis. Oncourology (except for BPH and prostate cancer) - tumors of the kidney, bladder, testicle, penis.

Questions.

Tumor of the kidney. Renal and extrarenal symptoms.

testicular tumor. clinic. diagnostics. Significance of cryptorchidism

testicular tumor. Therapeutic tactics.

cancer of the bladder. diagnostics. Therapeutic tactics.

Tasks.

Task 1 The patient had 34 years working for the company in the aniline dyes, the past 3 months has started fast, sometimes painful urination. Periodically notes the blunt pain in the abdomen. Applied to the skin and venereal dispensary, where the survey excluded gonorrhea and trichomoniasis. When an objective study of pathological changes (including computer tomography) pathological changes have been detected, leukocytes 3-5 in sight, red blood cells fresh 8-10 in sight. WHAT KIND OF DISEASE SHOULD THINK? THAT FIRST NEED TO BE TAKEN FOR DIAGNOSIS? Task 2 Patient's 52 years in the right podreberie palpated ballotirujushhee tumorous formation size 10 × 8 cm, with a dense, hilly surface. If percussion over education timpanit. Excretory urography data does not allow you to safely delete right kidney disease. WHAT METHODS THE SURVEY WILL CONFIRM OR EXCLUDE UROLOGICAL DISEASES? Task 3 The patient had 43 years experienced subfebrilnaya temperature, lack of appetite, persistent, not amenable to any therapy for dry cough. Sick 1 year. During this time, he lost 15 kg. Obsledovalsja on several occasions by various specialists. When repeated lung radiological studies (including Imaging) pathological changes have been detected. Increase in ESR (from 30 at the beginning of the disease up to 60 mm/hour). Marked anemia-68 g/l hemoglobin, red blood cells - 3,200,000. WHAT IS THE DISEASE SHOULD BE SUSPECTED? WHAT SHOULD I DO FOR DIAGNOSIS? Task 4 Sick of 62 years. Complains about the periodic appearance of blood in the urine with messy cloths. Sick of 6 months. Within 3 months of periodically mentioned Resi when speeded up urinating. Low supply. Pale. Kidneys are not palpable, symptom Pasternackogo negative on both sides. By palpation over the vagina - mild soreness. Urine flow is not changed. When digital rectal prostate-3 sizes study, 5 x 4 cm, soft elastic consistency. NAME THE PRELIMINARY DIAGNOSIS AND PLAN OF SURVEY. Task 5 Sick 52 years complaining about the presence of blood in urine throughout the Act of urination. Believes himself to be sick for 2 days. Among fuller health noticed discoloration of urine, which was dark red. A few hours later, pain appeared in the left lumbar region and the corresponding half of the abdomen. Urination is not violated. When an objective study of the lower pole of the left kidney is palpable. WHAT KIND OF DISEASE IN THE FIRST PLACE, YOU SHOULD THINK AND WHAT RESEARCH SHOULD BE UNDERTAKEN TO ESTABLISH THE DIAGNOSIS?

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Topic 7. Emergency urology (emergency aid for renal colic, anuria-hematuria, acute renal failure, acute urinary retention, torsion of testicular gidatids and its epididymis, twisting of the testicle, paraphimosis, Fournier gangrene, priapism). urgent urology ( emergency help at renal colic , anuria - acute renal failure , hematuria , OZM , torsion hydatid testicles and his appendage , torsion testicles , paraphimosis , gangrene Fournier , priapism ).

Questions .

Hematuria. Kinds. Profuse hematuria, emergency care.

The difference between anuria and seekers. diagnostics.

Causes of acute retention of urination. urgent care.

Endotoxic shock. principles of treatment. Clinic, diagnosis.

Tasks.

Task 1 Patient 18 years old, unmarried, suddenly are having pain in the left lumbar region. Body temperature is normal. Notes nausea, retch. Urination is not violated. When bimanualnoj pain, palpation of the left amplifies (right kidney palpation is painless). Kidneys are not palpable. WHAT KIND OF DISEASE SHOULD CONSIDER? WHAT SHOULD BE DIFFERENTIATED? WHAT IS FIRST AID?

Task 2 Ill 50 years 3 years ago was an attack of pain in the right waist area and right abdomen. Pain stopped spontaneously after applying a warm heating pad. Medical care is not sought, not full and not treated.Yesterday morning pokushala fried mushrooms to dinner appeared three times was nausea vomiting. Notes the absence of urine and the urge to urinate last 8:00 pm. Objective study patient status moderately dry skin. Pale. Sick of high nutrition, behavior. Pulse 100 beats/min, rhythmic, hell-160/90 mm Hg dry tongue, not hedged. The abdomen is soft, slightly sore in the podreberjah, kidney palpate fails due to obesity. Symptom Pasternackogo weakly positive by both sides. Blood sugar-13.8 mmol/l urea serum-21.6 mmol/l. WHICH METHOD SHOULD CONDUCT RESEARCH TO ESTABLISH THE NATURE ANURII? WHAT KIND OF TREATMENT WILL BE DETERMINED DEPENDING ON THE TYPE OF ANURII?

Task 3 Sick 52 years during 27 years suffered urolithiasis with periodic independent departed concrements. Complains of lack of impulses to the Act of urination. The last time 2:00 pm urinated earlier. Notes the dull pain on the right side of the waist and abdomen, which appeared 7:00 ago. The intensity of the pain gradually increases, there is a dry mouth, feeling thirsty. When inspecting the patient increased nutrition, podkozhnozhirovaja cellulose richly developed. Kidneys are not palpable. By palpation in the upper right quadrant of the abdomen is marked tenderness.Symptom Pasternackogo negative on both sides. By palpation and perkutorno your bladder is not increased. When the digital study of the prostate via the rectum is not changed. WHAT IS THE COMPLICATION OF UROLITHIASIS HAS IN THIS CASE? SPECIFY THE EXAMINATION METHODS AND TREATMENT OPTIONS.

Task 5 Sick 22 years 10 days ago to interrupt pregnancy introduced into the uterine cavity catheter, where he stayed during the 12:00. The other day appeared spotting from your vagina, chills, high fever, and then have vomiting, diarrhea. Was hospitalized in the gynaecological department where drew attention to oligoanuriju. On the same day in clinic identified 35 ml of urine. The overall condition of heavy sick braked, saggy. Skinand sclera of pale zheltushny. Pastoznoe face, eyelids otechny. Heart tones muted. HELL 125/80 mm Hg. Church. In the lung-breathing vezikuljarnoe. The liver performs at 2 cm from under the rib edge. Kidneys are not palpable. Symptom Pasternackogo is positive on both sides. Blood test: gemog. -40 g/l -1700 000 Lake. -24 000, urea-34.9 mmol/l, potassium-6.8 mmol/l, sodium -130 mmol/l calcium - 2.4 mmol/l urine protein is 1.2 g/l, density-1010, Lake. and jeritr. cover the field of vision. WHAT ARE THE COMPLICATIONS OF CRIMIN.

Topic number 8. Exercise class. credit occupation .

Questions .

The concept of cystalgia. Therapeutic tactics.

Renal colic. clinic.

Principles of conservative treatment of acute pyelonephritis.

Causes of acute retention of urination. urgent care.

Contraindications to excretory urography.

Bladder cancer. diagnostics.

cancer of the bladder. Therapeutic tactics. Forecast.

prostate cancer. clinic. diagnostics

The concept of benign prostatic hyperplasia. clinic.

Catheterization of the bladder, indications, complications.

**III . Estimated materials of intermediate attestation of students .**

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| --- | --- | --- |
| **Competence** | **Descriptor** | **Tasks** |
| |  | | --- | | PC 11 | |  | | readiness to participate in the provision of emergency medical care in conditions requiring urgent medical intervention | Task 1.Patient clinic. For further diagnosis, you must determine the level of PSA, hold transabdominalnoe and endorectal ultrasound examination, perform excretory urography and downward cystografiju. The most reliable method of diagnosis is biopsy of the prostate.  Task 2. In view of the complaints and the age of the patient, you can think about SSM amid BPH. Required hospitalization, the definition of PSA, digital rectal examination, bladder catheterization. You want to exclude, what determines the further tactics of treatment.  Task 3. The preliminary diagnosis is a chronic left epididymitis, fistular form. Shows a complex examination of the lungs, kidneys and urinary system Tuberculosis screening. In addition, it is necessary to make urine, prostate and purulent discharge fistula on the VC. Shows surgical treatment is jepididimjektomija with histological study remote appendage of the left testicle. Upon confirmation of the diagnosis of urogenital tuberculosis — advanced chemotherapy under the supervision of ftiziourologa.  Task 4. Increase and the density of the epididymis, the presence of dermal scar fused with an appendage, indicate a specific process in the appendage with once existing fistula in place of the scar. Pyuria points to defeat specific process not only sex, but also the urinary system. You must produce crops of urine and prostate secretion on VK, overview and excretory urography.  Task 5. The patient had abnormal kidney stones - calculous pyonephrosis. You must make an excretory urography with delayed images, as well as to define separate renal function using radioisotope methods. In the absence of pathological processes in the opposite kidney and unmodified function shows a right-sided nephrectomy. When broken kidney function of the left-right disposal of nephrostomy concrements.  Task 6. The patient had acute right-angled paranephritis. To confirm the diagnosis have to do chest x-rays, ultrasound of the kidneys and excretory urography review. The overview picture for acute paranephritis characteristic of scoliosis in the injured side and disappearance, blurred lines the edge of the psoas major on the side of the lesion. The excretory urogramme taped offset kidneys whose function in the primary (applied) paranephrite, as a rule, is not broken.  Task 7. The patient had acute cystitis. In this case, there is a relationship between the sex life and urinary tract infection, depending on the anatomical features of the female urogenital system. Taking into account the cause, primarily with the preventive purpose worth recommending the need to urinate before and after intercourse. Another cause of disease can be very rare emptying of the bladder. Hence the need for the regime of frequent urination - every 2:00. With the repetition of such a situation shows the postkoitalnaja antibiotic prophylaxis (better fluorhinolonovogo series or oral liquid) in half one dose.  Task 8. Renal ultrasound-dilatation lohanochnoj ureters system right, thickening of the right kidney parenchyma, limiting her mobility. Hromocistoskopija-lag indigokarmina allocation of the right mouth. Excretory urography is a reduction of contrast material selection with a sore hand, the stiffness of kidney patient with respiratory movements (inhalation and exhalation urography).  Task 9 Smooth elastic education in the scrotum is typical for dropsy shells right testicle. You can specify the diagnosis by ultrasound and diafanoskopii. treatment operative. A Hydrocele may occur due to chronic epididymitis, as a complication of acute gonorrhea.  Task 10 Sick of 53 years. Eve accidentally drank 150 ml is (1:1000). In the clinic and the first stomach is washed 12:00 condition was satisfactory. The next day, headache, nausea, vomiting, anuria. Upon receipt of the General State of moderate severity. Complains of weakness, headache, lack of the urge to urinate. The language is dry, with a touch of Brown. Kidneys are not palpable. Their scope by palpation painful. Analysis of blood; gemogl. -140 g/l - 3 500 000, Lake 10 400, FW-33 mm / h, urea is 21.6 mmol / l, potassium - 6.7 mmol / l, sodium - 127 mmol / l. PUT THE OBOSNUTE DIAGNOSIS AND TREATMENT TACTICS.  Task 11 Patient 27 years. For 3 years suffering from peptic ulcer with frequent exacerbations of the disease. Last week the State had significantly deteriorated, there was frequent vomiting, nausea, constant belching notes. Objectively: consciousness entangled, blow low supply. The skin and visible mucous pale. The skin is dry. HELL is 85/50 mm Hg. Church. The pulse of 108 in 1 min weak content. From the side of the thorax organs changes have been detected. By palpation of the abdomen defines pain in epigastralna area, noise "succussion". Kidneys are not palpable. Symptom Pasternackogo negative. Daily diuresis - 270 ml. The content of potassium in the plasma is 2.5 mmol/l, sodium-126 mmol/l of urea is 28.6 mmol/l. SPECIFY THE DIAGNOSIS AND COMPLICATIONS OF THE DISEASE. |
| PC 5 | readiness to collect and analyze the patient's complaints, his medical history, examination results, laboratory, instrumental, patho -anatomical and other studies in order to recognize the condition or establish the presence or absence of the disease |
| PC 6 | the ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision |

**IV . Assessment criteria used in the current monitoring of progress, including the control of students' independent work .**

**Correspondence table of learning outcomes in the discipline and assessment materials used in the intermediate certification.**

|  |  |  |  |
| --- | --- | --- | --- |
| No. | Tested Competence | Descriptor | Control and evaluation tool |
| one | PC 5. Willingness to collect and analyze the patient's complaints, his medical history, examination results, laboratory, instrumental, patho-anatomical and other studies in order to recognize the condition or establish the presence or absence of the disease | **Know** the methodology for identifying patient complaints, his medical history, examination results, laboratory, instrumental, patho-anatomical and other studies in order to recognize a condition or establish the presence or absence of a disease.  **To be able to** apply the methodology for identifying patient complaints, his medical history, examination results, laboratory, instrumental, patho-anatomical and other studies in order to recognize a condition or establish the presence or absence of a disease.  **Own a** technique for identifying patient complaints, his medical history, examination results, laboratory, instrumental, pathological and anatomical and other studies in order to recognize the condition or establish the presence or absence of a disease | Questions for practical exercises. Tasks. |
| 2 | PC 6. The ability to determine the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision | **Know** the methodology for determining the patient's main pathological conditions, symptoms, disease syndromes, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision.  **Be able to** apply the methodology for determining the patient's main pathological conditions, symptoms, syndromes of diseases, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision.  **Own** the methodology for determining the patient's main pathological conditions, symptoms, syndromes of diseases, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision . | Questions for practical exercises. Tasks. |
| 3 | PC 11. Readiness to participate in the provision of emergency medical care in conditions requiring urgent medical intervention | **Know** the principles of treatment of surgical diseases.  **Be able to** apply the principles of treatment of surgical diseases.  **To master the** methods of treatment of surgical diseases. | Questions for practical exercises. Tasks. |

**Guidelines**

**on the use of a point-rating system for evaluating the work of students at the department of faculty surgery**

As part of the implementation of the point-rating system for assessing the educational achievements of students in the discipline in accordance with the regulation "On the point-rating system for assessing the educational achievements of students", the following rules for the formation

* the current actual rating of the student;
* bonus actual rating of the student.

**Rules for the formation of the current actual rating of the student.**

The current actual rating (Rtf) for the discipline ( **maximum 70 points** ) is the sum of the points scored as a result of the current monitoring of the progress of students in each practical lesson in the discipline (TC);

For each lesson, from 1 to 3 control points are provided (input or output control, report / presentation; performance of practical tasks), for which the student receives from 0 to 5 points inclusive. For an unsatisfactory answer, the student receives 0 points. The report is not a mandatory checkpoint in every lesson. Input or output control, the implementation of practical tasks - are mandatory control points, if this is provided for by the structure of the lesson. The criteria for evaluating each form of control are presented in the FOS for the discipline.

The arithmetic mean of the results (points) is calculated as the ratio of the sum of all marks received by the student (mandatory control points and more) to the number of these marks.

If you miss a seminar, "0" points are given for the mandatory checkpoints. The student is given the opportunity to increase the current rating in the academic discipline during consultation hours in accordance with the schedule of consultations of the department.

The current actual rating (Rtf) for the discipline is calculated as the arithmetic mean of Tk (average score) of each lesson, multiplied by 14.

**4.2. Rules for the formation of the bonus actual rating of the student.**

Bonus actual rating by discipline ( **maximum 15 points** ).

Bonus points are awarded only upon successful completion of the educational process (average grade point above 3.0). If the average score is below this value, bonus points are not awarded.

Accrued bonuses are summed up, the maximum amount is 15 points.

**Table 1 - types of activities, based on the results of which the bonus actual rating is determined.**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Type of bonus work** | **Points** | **Note** |
|  | Execution of research work | 5 | Report on the work done, photo (confirmation) (at least 3 photos) |
|  | Speech at the final conference of SSS | 5 | Copy of membership certificate |
|  | Publication of abstracts of student research | 5 | Provide an electronic version and copies of abstracts |
|  | Report on SNK | 3 | Presentation and report |
|  | Participation in conferences of various levels   * theses * performance | 5-8 | - for the publication of abstracts, articles in the conference proceedings;  8 - performance at the section. |
|  | Participation in the competition of essays within the framework of SSS:   * submission of abstract for the competition * 1st place in the competition * 2nd place in the competition * 3rd place in the competition | 7-10 | 7 - for the preparation and submission of an abstract for the competition;  8 - for the prize-winning third place in the competition;  9 - for the prize-winning second place in the competition;  10 - for the prize-winning first place in the competition. |