

Gastro questions

3. The 28 y.o. woman applied to doctor because of limited loss of the hair. In the anamnesis - she had frequent headache indisposition, arthromyalgia, fever, irregular casual sexual life, drug user. RW is negative. What examination must be done first?

- A. Examination for HIV
- B. Examination for neuropathology
- C. Examination for gonorrhoea
- D. Examination for fungi
- E. Examination for trichomoniasis

10. 33 y.o. woman works as the secretary. Her diet contains 150 g of protein (including 100 g of animal protein), 200 g of fat, 600 g of carbohydrates. What pathology can develop from this diet?

- A. Obesity
- B. Schizophrenia
- C. Parodontosis
- D. Common cold
- E. Uterine fibromyoma

21. A 33 y.o. male patient was admitted to a hospital. A patient is pale, at an attempt to stand up he complains of strong dizziness. There was vomiting like coffee-ground approximately hour ago. BP- 90/60 mm Hg., pulse- 120 b/min. In anamnesis, a patient has suffered from ulcer of the stomach, painless form during 4 years. An ulcer was exposed at gastrofibroscopy. Your diagnosis:

- A. Ulcer of stomach, complicated with bleeding
- B. Ulcer of duodenum, complicated with bleeding
- C. Erosive gastritis
- D. Acute pleurisy
- E. Acute myocardial infarction, abdominal

24. A 27 y.o. man complains of pain in epigastrium which is relieved by food intake. EGDFS shows antral erosive gastritis, biopsy of antral mucous presents Helicobacter Pylori. What can be diagnosed in this case?

- A. Gastritis of type B

- B. Gastritis of A type
- C. Reflux - gastritis
- D. Menetrier's disease
- E. Rigid antral gastritis

44. A 38 y.o. woman was hospitalized to the surgical unit with vomiting and acute abdominal pain irradiating to the spine. On laparocentesis hemorrhagic fluid is obtained. What disease should be suspected?

- A. Acute pancreatitis
- B. Renal colic
- C. Acute enterocolitis
- D. Perforated gastric ulcer
- E. Acute appendicitis

54. 47 y.o. patient complains of intensive skin itching, jaundice, bone pain. The skin is hyperpigmented. There is multiple xanthelasma palpebrae. The liver is +6 cm enlarged, hard with acute edge. The blood analysis revealed total bilirubin 160 $\mu\text{mol/L}$, direct – 110 $\mu\text{mol/L}$, AST (aspartate aminotransferase)- 2,1 mmol/L per hour , ALT– 1,8 mmol/L , alkaline phosphatase- 4,6 mmol/L per hour , cholesterol– 9,2 mmol/L , antimitochondrial antibodies M2 in a high titer. What is the probable diagnosis?

- A. Primary biliary liver cirrhosis
- B. Primary liver cancer
- C. Chronic viral hepatitis B
- D. Acute viral hepatitis B
- E. Alcoholic liver cirrhosis

55. The complications of acute cholecystitis which require surgical intervention are as follows EXCEPT:

- A. Jaundice
- B. Empyema of the gall-bladder
- C. Emphysematous gall-bladder
- D. Gall-bladder perforation
- E. Cholangitis conditioned by the presence of stones in the bile tract

87. A 40 y.o. patient was admitted to the gastroenterology with skin itching, jaundice, discomfort in the right subcostal area, generalized weakness. On examination: skin is jaundice, traces of scratches, liver is +5 cm, splin is 6x8 cm. In blood: alkaline phosphatase - 2,0 mmol/(hour*L), general bilirubin - 60 mkmol/L, cholesterol - 8,0 mmol/L. What is the leading syndrome in the patient?

- A. Cholestatic
- B. Cytolytic
- C. Mesenchymal inflammatory
- D. Asthenic
- E. Liver-cells insufficiency

91. A 51 y.o. woman complains of dull pain in the right subcostal area and epigastric area, nausea, appetite decline during 6 months. There is a history of gastric peptic ulcer. On examination: weight loss, pulse is 70 bpm, AP is 120/70 mm Hg. Diffuse tenderness and resistance of muscles on palpation. There is a hard lymphatic node 1x1cm in size over the left clavicle. What method of investigation will be the most useful?

- A. Esophagogastroduodenoscopy with biopsy
- B. Ultrasound examination of abdomen
- C. pH-metry
- D. Ureatic test
- E. Stomach X-ray

108. A 36 y.o. patient was admitted to the hospital with sharp pain in substernal area following occasional swallowing of a fish bone. On esophagoscopy the foreign body wasn't revealed. The pain increased and localized between scapulas. In a day temperature elevated, condition became worse, dysphagia intensified. What complication has developed?

- A. Perforation of esophagus with mediastinitis
- B. Esophageal hemorrhage
- C. Obstruction of esophagus
- D. Pulmonary atelectasis
- E. Aspirative pneumonia

124. A 43 y.o. woman complains of severe pain in the right abdominal side irradiating in the right supraclavicular area, fever, dryness and bitterness in the mouth. There were multiple vomitings without relief. Patient relates the onset of pain to the taking of fat and fried food.

Physical examination: the patient lies on the right side, pale, dry tongue, tachycardia. Right side of abdomen is painful during palpation and somewhat tense in right hypochondrium. What is the most likely diagnosis?

- A. Perforative ulcer
- B. Acute cholecystitis
- C. Acute bowel obstruction
- D. Acute appendicitis
- E. Right-sided renal colic

156. A 74 y.o. female patient complains of pain, distended abdomen, nausea. She suffers from heart ischemia, postinfarction and diffusive cardiosclerosis. On examination: grave condition, distended abdomen, abdominal wall fails to take active part in breathing. On laparoscopy: some cloudy effusion, one of the bowel loops is dark-blue. What is the most probable diagnosis?

- A. Mesenterial vessels thrombosis
- B. Volvulus
- C. Acute intestinal obstruction
- D. Ischemic abdominal syndrome
- E. Erysipelas

157. A 56 y.o. man, who has taken alcoholic drinks regularly for 20 years, complains of intensive girdle pain in the abdomen. Profuse nonformed stool 2- 3- times a day has appeared for the last 2 years, loss of weight for 8 kg for 2 years. On examination: abdomen is soft, painless. Blood amylase - 12g/L. Feces examination-neutral fat 15 g per day, starch grains. What is the most reasonable treatment at this stage?

- A. Pancreatine
- B. Contrykal
- C. Aminocapron acid
- D. Levomicytine
- E. Imodium

166. A 41 y.o. woman has suffered from nonspecific ulcerative colitis during 5 years. On rectoromanoscopy: marked inflammatory process of lower intestinal parts, pseudopolyposive changes of mucous. In blood: WBC- $9,8 \times 10^9/L$, RBC- $3,0 \times 10^{12}/L$, sedimentation rate- 52 mm/hour. What medication provides pathogenetic treatment of this patient?

- A. Sulfasalazine
- B. Motilium
- C. Vikasolum
- D. Linex
- E. Kreon

174. A 2 y.o. boy was admitted to the hospital with weight loss, unstable discharges, anorexia, following the semolina's introduction (since 5 months). The child is adynamic, flabby, pale dry skin, subcutaneous layer is emaciated. Distended and tensed abdomen, tympanitis on percussion of the upper part of the abdomen, splashing sounds, feces are foamy, of light color, foul. On coprocytogram: a lot of neutral fat. What is the cause of the disease?

- A. Celiakia (celiac disease)
- B. Mucoviscidosis (cystic fibrosis)
- C. Intestinal dysbacteriosis
- D. Chronic enteritis
- E. Disaccharidase insufficiency

188. A patient, aged 25, suffering from stomach ulcer. Had a course of treatment in the gastroenterological unit. 2 weeks later developed constant pain, increasing and resistant to medication. The abdomen is painful in epigastric area, moderate defence in pyloroduodenal area. Which complication development aggravated the patient's state?

- A. Malignisation
- B. Penetration
- C. Perforation
- D. Haemorrhage
- E. Stenosis

196. A male patient complains of heartburn which gets stronger while bending the body, substernal pain during swallowing. There is a hiatus hernia on X-ray. What disorder should be expected at gastroscopy?

- A. Gastroesophageal reflux
- B. Chronic gastritis
- C. Gastric peptic ulcer

D. Acute erosive gastritis

E. Duodenal peptic ulcer

198. A 43 y.o. male complains of stomach pain, which relieves with defecation, and is accompanied by abdominal winds, rumbling, the feeling of incomplete evacuation or urgent need for bowel movement, constipation or diarrhea in alternation. These symptoms have lasted for over 3 months. No changes in laboratory tests. What is the most likely diagnosis?

A. Irritable bowel syndrome

B. Spastic colitis

C. Colitis with hypertonic type dyskinesia

D. Chronic enterocolitis, exacerbation phase

E. Atonic colitis

2006

5. A 76 y.o. woman complains of progressing swallowing disorder, mostly she has had problems with solid food for the last 6 weeks. Sometimes she has regurgitation of solid masses. Swallowing is not painful. She lost 6 kg. 10 years ago she had myocardial infarction, she takes constantly aspirin and prolonged nitrates. She consumes alcohol in moderate proportions, smokes. Objectively: icteric skin, neck has no peculiarities, lymph nodes are not enlarged. Thorax has no changes, cardiovascular system has no evident changes. Liver is +3 cm. What is the preliminary diagnosis?

A. Cancer of esophagus

B. Diaphragmatic hernia

C. Diffuse constriction of esophagus

D. Myasthenia

E. Esophageal achalasia

6. A 38 y.o. man complains of having occasional problems with swallowing of both hard and fluid food for many months. Sometimes he feels intense pain behind his breast bone, especially after hot drinks. There are asphyxia onsets at night. He has not put off weight. Objectively: his general condition is satisfactory, skin is of usual colour. Examination revealed no changes of gastrointestinal tract. X-ray picture of thorax organs presents esophagus dilatation with level of fluid in it. What is the preliminary diagnosis?

A. Esophagus achalasia

B. Myasthenia

C. Cancer of esophagus

D. Esophagus candidosis

E. Gastroesophageal reflux

8. A 35 y.o. woman consulted a doctor about occasional pains in paraumbilical and iliac region that reduce after defecation or passage of gases. Defecation takes place up to 6 times a day, stool is not solid, with some mucus in it. Appetite is normal, she has not put off weight. First such symptoms appeared 1,5 year ago, but colonoscopy data reveals no organic changes. Objectively: abdomen is soft, a little bit painful in the left iliac region. Blood and urine are normal. What is the preliminary diagnosis?

A. Irritable bowels syndrome

B. Celiac disease

C. Crohn's disease

D. Pseudomembranous colitis

E. Dispancreatism

47. The family doctor examined a patient and diagnosed an acute bleeding of an intestine. What is professional tactics of the doctor in this situation?

A. The urgent hospitalization in surgical department

B. To inject intravenously the aminocapronic acid

C. The urgent hospitalization in therapeutic department

D. Treatment at a day time hospital

E. Treatment at home

58. A 27 y.o. man complained of aching epigastric pain right after meal, heartburn and nausea. Stomach endoscopy revealed a large amount of mucus, hyperemia and edema of mucous membrane in gastric fundus with areas of atrophy. Make a diagnosis.

A. Chronic gastritis of type A

B. Chronic gastritis of type B

C. Peptic ulcer of stomach

D. Chronic gastritis of type C

E. Menetrier's disease

78. 47 y.o. patient complains of intensive skin itching, jaundice, bone pain. The skin is hyperpigmented. There are multiple xanthelasma palpebrae. The liver is +6 cm enlarged, solid with acute edge. The blood analysis revealed total bilirubin - 160 $\mu\text{mol/L}$, direct - 110 $\mu\text{mol/L}$, AST- 2,1 mmol/L , ALT- 1,8 mmol/L , alkaline phosphatase - 4,6 mmol/L , cholesterol- 9,2 mmol/L , antimitochondrial antibodies M2 in a high titer. What is the probable diagnosis?

- A. Primary biliary liver cirrhosis
- B. Primary liver cancer
- C. Chronic viral hepatitis B
- D. Acute viral hepatitis B
- E. Alcoholic liver cirrhosis

129. A 60 y.o. woman complains of unbearable pains in the right hypochondrium. In the medical history: acute pancreatitis. Body temperature is 38, 20. Objectively: sclera icteritiousness. No symptoms of peritonium irritation are present. There are positive Ortner's and Hubergrits-Skulski's symptoms. Urine diastase is 320 g/h. What diagnosis is the most probable?

- A. Chronic pancreatitis
- B. Acute cholangitis
- C. Chronic cholecystitis
- D. Acute cholecystitis
- E. Cancer of pancreas

153. A 42 y.o. man who has been ill with duodenal ulcer for 20 years complains of getting a sense of heaviness in stomach after meal, foul-smelling eructation, vomiting, weight loss. Objectively: his state is relatively satisfactory, tissue turgor is diminished. On palpation the belly is soft, there are no symptoms of peritonium irritation, "splashing sounds" in epigastrium. Defecation - once in 3 days. What complication corresponds with the patient's state and described clinical presentations?

- A. Ulcerative pyloric stenosis
- B. Concealed ulcer perforation
- C. Stomach cancer
- D. Ulcer penetration
- E. Chronic pancreatitis

167. A 63 y.o. woman complains of motiveless weakness, rapid fatigability, loss of appetite, aversion to meat. Two days ago she had stomach bleeding. Objectively: temperature - 37,5, BR- 20/min, Ps- 96/min, AP- 110/75 mm Hg. On palpation in epigastrium - pain and muscle tension. Blood count: Hb- 82 g/L, ESR- 35 mm/h. What examination will allow to make a diagnosis?

- A. Cytologic
- B. Radiography
- C. Endoscopy
- D. Stomach content examination
- E. Coprology

170. A 41 y.o. woman has suffered from nonspecific ulcerative colitis for 5 years. On rectoromanoscopy: evident inflammatory process of lower intestinal parts, pseudopolyposive changes of mucous membrane. In blood: WBC- $9,8 \times 10^9/L$, RBC- $3,0 \times 10^{12}/L$, sedimentation rate - 52 mm/hour. What medication provides pathogenetic treatment of this patient?

- A. Sulfasalazine
- B. Motilium
- C. Vikasolum
- D. Linex
- E. Kreon

181. Plain radiography of the patient's abdominal cavity reveals some hemispherical lucent areas situated above distinct horizontal levels. What is the cause of such X-ray picture?

- A. Intestinal obstruction
- B. Perforative ulcer
- C. Meteorism
- D. Cancer of large intestine
- E. Price's disease

188. An 8 y.o. boy was ill with B hepatitis one year ago. In the last 2 months he has complaints of undue fatigability, sleep disorder, appetite loss, nausea, especially in the mornings. Skin isn't icterious, liver and spleen are 1 cm below the costal margins, painless. Alanine aminotransferase activity is 2,2 mcmol/L. How can this condition be estimated?

- A. Development of chronic hepatitis

- B. Recurrence of viral hepatitis type B
- C. Biliary dyskinesia
- D. Residual effects of old viral hepatitis type B
- E. Development of liver cirrhosis

2007

15. A patient is 65 y.o. He has been a smoker for 40 years. Hew has lost 10 kg during the last 3 months. Complains of pain in the epigastric area after taking meals, diarrhea, jaundice. Physical examination revealed enlarged, painless gallbladder. Feces are light-coloured and clay-like. Blood analysis revealed increased level of whole and direct bilirubin, alkaline phosphotase and glutaminepyruvate transferase. Clinical urine analysis showed positive bilirubin reaction and negative urobilinogene reaction. Where is the initial process that caused these changes?

- A. In pancreas
- B. In common bile duct
- C. In liver
- D. In duodenum
- E. In gallbladder

16. A 75 y.o. man has acute pain in the paraumbilical region accompanied by vomiting and feeling of abdominal swelling in approximately 30 minutes after meals. He lost 10 kg during the last months because he doesn't eat in order to avoid pain. Abdomen examination reveals no changes in the periods between pain attacks. Above the right femoral artery a murmur can be auscultated, peripheral pulsation in the lower extrimities is weak. X-ray examination of stomach and colonoscopy reealed no changes. What is the leading factor of this pathogenesis?

- A. Ischemia
- B. Psychogenic changes
- C. Neoplastic process
- D. Inflammation
- E. Transient obstruction

33. A 38 y.o. woman was hospitalized to the surgical unit with acute abdominal pain irradiating to the spine and vomiting. On laparocentesis hemmorhagic fluid is obtained. What disease is suspected?

- A. Acute pancreatitis
- B. Renal colic

- C. Acute enterocolitis
- D. Perforative gastric ulcer
- E. Acute appendicitis

58. A 28 y.o. man fell seriously ill, he feels chill, has got a fever, body temperature raised up to 38, 50, paroxysmal pain in the left iliac region, frequent defecation in form of fluid bloody and mucous mass. Abdomen palpation reveals painfulness in its left half, sigmoid colon is spasmed. What is the most probable diagnosis?

- A. Acute dysentery
- B. Amebiasis
- C. Colibacillosis
- D. Nonspecific ulcerative colitis
- E. Malignant tumors of large intestine

69. A 50 y.o. woman for 1 year complained of attacks of right subcostal pain after fatty meal. Last week the attacks have repeated every day and become more painful. What diagnostic study would you recommend?

- A. Ultrasound examination of the gallbladder
- B. Liver function tests
- C. X-ray examination of the gastrointestinal tract
- D. Ultrasound study of the pancreas
- E. Blood cell count

75. A 39 y.o. woman complains of squeezed epigastric pain 1 hour after meal and heartburn. She had been ill for 2 years. On palpation, there was moderate tenderness in pyloroduodenal area. Antral gastritis was revealed on gastroscopy. What study can establish genesis of the disease?

- A. Revealing of Helicobacter infection in gastric mucosa
- B. Detection of autoantibodies in the serum
- C. Gastrin level in blood
- D. Examination of stomach secretion
- E. Examination of stomach motor function

91. A patient complains of feeling heaviness behind his breast bone, periodical sensation of food stoppage, dysphagia. During the X-ray examination barium contrast revealed a single saccular outpouching of anterodextral esophagus wall with regular contours and rigidly outlined neck. What is the most probable diagnosis?

- A. Esophageal diverticulum
- B. Cancer of esophagus
- C. Hiatal hernia
- D. Varix dilatation of esophageal veins
- E. Esophageal polyp

110. A patient suffers from chronic recurrent pancreatitis with evident disturbance of exocrine function. After intake of rich spicy food and spirits his stool becomes fatty. Reduced production of what factor is the most probable cause of steatorrhea?

- A. Lipase
- B. Trypsin
- C. Acidity of gastric juice
- D. Amylase
- E. Alkaline phosphatase

157. A 45 y.o. man complains of having intensive pain in the epigastric region 1,5- 2 hours later after food intake. He has been suffering from ulcer for 11 years. Objectively: T 36,5, RR- 16/min, Ps- 70 bpm, AP- 120/80 mm Hg. On palpation: local painfulness in the right epigastric region. What parameters of intragastric Ph-meter in the region of stomach body are the most typical for this patient's disease?

- A. pH = 1,0-2,0
- B. pH = 3,0-4,0
- C. pH = 4,0-5,0
- D. pH = 5,0-6,0
- E. pH = 6,0-7,0

166. A patient with hepatic cirrhosis drank some spirits that resulted in headache, vomiting, aversion to food, insomnia, jaundice, fetor hepaticus, abdominal swelling. What complication of hepatic cirrhosis is meant?

- A. Hepatocellular insufficiency

- B. Hemorrhage from varicosely dilatated veins of esophagus
- C. Portal hypertension
- D. Acute stomach ulcer
- E. Thrombosis of mesenteric vessels

2008

20. A 48 year old man complains of fatigue and shortness of breath. His Ht is 32%, and Hb - 103 g/l. Peripheral blood smear reveals macrocytosis. Serum vitamin B12 level is 90 pg/ml (normal is 170 to 940); serum folate level is 6 ng/ml (normal is 2 to 14). Possible causes to consider include all of the following EXCEPT:

- A. Colonic diverticulitis
- B. Vegetarianism
- C. Regional enteritis
- D. Pancreatitis
- E. Fish tapeworm infection

36. A 41 year old patient was admitted to the intensive care unit with haemorrhagic shock due to gastric bleeding. He has a history of hepatitis B during the last 5 years. The source of bleeding are esophageal veins. What is the most effective method for control of the bleeding?

- A. Introduction of obturator nasogastric tube
- B. Intravenous administration of pituitrin
- C. Hemostatic therapy
- D. Operation
- E. Administration of plasma

71. A 75 year old man who has been suffering from diabetes for the last six months was found to be jaundiced. He was asymptomatic except for weight loss at the rate of 10 pounds in 6 months. Physical examination revealed a hard, globular, right upper quadrant mass that moves during respiration. A CT scan shows enlargement of the head of the pancreas, with no filling defects in the liver. The most likely diagnosis is:

- A. Carcinoma of the head of the pancreas
- B. Infectious hepatitis

- C. Haemolytic jaundice
- D. Malignant biliary stricture
- E. Metastatic disease of liver

79. A 50 year old woman complained of attacks of right subcostal pain after fatty meal she has been suffering from for a year. Last week the attacks repeated every day and became more painful. What diagnostic study would you recommend?

- A. Ultrasound examination of the gallbladder
- B. Liver function tests
- C. X-ray examination of the gastrointestinal tract
- D. Ultrasound study of the pancreas
- E. Blood cell count

92. During an operation for presumed appendicitis the appendix was found to be normal; however, the terminal ileum is evidently thickened and feels rubbery, its serosa is covered with grayish-white exudate, and several loops of apparently normal small intestine are adherent to it. The most likely diagnosis is:

- A. Crohn's disease of the terminal ileum
- B. Perforated Meckel's diverticulum
- C. Ulcerative colitis
- D. Ileocecal tuberculosis
- E. Acute ileitis

99. A 68 year old patient has been suffering from chronic pancreatitis for 35 years. During the last 5 years he has been observing abatement of pain syndrome, abdominal swelling, frequent defecations up to 3-4 times a day (feces are greyish, glossy, with admixtures of undigested food), progressing weight loss. Change of symptom set is caused by joining of:

- A. Exocrine pancreatic insufficiency
- B. Endocrine pancreatic insufficiency
- C. Syndrome of lactase deficiency
- D. Irritable bowels syndrome
- E. Chronic enterocolitis

122. A 32 year old patient complains about heartburn and dull pain in the epigastrium that appear 2-3 hours after meal. Exacerbations happen in spring and in autumn. The patient has food intolerance of eggs and fish. Objectively: stomach palpation reveals painfulness in the gastroduodenal area. Electrophasoduodenoscopy revealed a 5 mm ulcer on the anterior wall of duodenum. Urease test is positive. What is the most probable leading mechanism of disease development?

- A. Helicobacterial infection
- B. Dietary allergy
- C. Autoantibody production
- D. Reduced prostaglandin synthesis
- E. Disorder of gastric motor activity

145. A 10 year old girl complains about abdominal pain that is arising and getting worse after eating rough or spicy food. She complains also about sour eructation, heartburn, frequent constipations, headache, irritability. She has been suffering from this for 12 months. Objectively: the girl's diet is adequate. Tongue is moist with white deposit at the root. Abdomen is soft, painful in its epigastric part. What study method will help to make a diagnosis?

- A. Esophagogastroduodenoscopy
- B. Intrastragal pH-metry
- C. Fractional examination of gastric juice
- D. Contrast roentgenoscopy
- E. Biochemical blood analysis

172. A patient complains about pyrosis and permanent pain behind his breastbone. When he bends forward after eating there appears regurgitation. Roentgenological examination revealed extrasaccular cardiofunctional hernia of esophageal opening of diaphragm. Esophagoscopy revealed signs of reflux-esophagitis. What is the necessary treatment tactics?

- A. Operation in a surgical department
- B. Conservative treatment in an outpatients' clinic
- C. Conservative treatment in the therapeutic hospital
- D. Conservative treatment in a surgical department
- E. Treatment at a health resort

32. A 12 year old child has the ulcer disease of stomach. What is the etiology of this disease?

- A. Intestinal bacillus
- B. Helicobacter pylory
- C. Salmonella
- D. Lambliosis
- E. Influenza

38. A 27 year old man complains of pains in epigastrium which are relieved by food intake. EGDFS shows antral erosive gastritis, biopsy of antral mucous presents Helicobacter Pylori. Diagnosis is:

- A. Gastritis of type B
- B. Gastritis of type A
- C. Reflux-gastritis
- D. Menetrier's gastritis
- E. Rigid antral gastritis

49. A 75 year old man who has been suffering from diabetes for the last six months was found to be jaundiced. He was asymptomatic except for weight loss at the rate of 10 pounds in 6 months. Physical examination revealed a hard, globular, right upper quadrant mass that moves during respiration. A CT scan shows enlargement of the head of the pancreas, with no filling defects in the liver. The most likely diagnosis is:

- A. Carcinoma of the head of the pancreas
- B. Infectious hepatitis C. Haemolytic jaundice
- D. Malignant biliary stricture
- E. Metastatic disease of liver

51. A 22 year old woman complained of right subcostal aching pain, nausea, and decreased appetite. She fell ill 2 months after appendectomy when jaundice appeared. She was treated in an infectious hospital. 1 year later above mentioned symptoms developed. On exam: the subicteric sclerae, enlarged fi- rm liver. Your preliminary diagnosis:

- A. Chronic viral hepatitis
- B. Calculous cholecystitis
- C. Gilbert's disease

D. Acute viral hepatitis

E. Chronic cholangitis

56. A male patient, 60 years old, tobacco smoker for 30 years, alcoholic, has dysphagia and weight loss since 4 months. Suggested diagnosis?

A. Cancer of the esophagus

B. Esophageal achalasia

C. Hunter's disease

D. Esophagitis

E. Esophageal diverticulum

78. A healthy 75 year old woman who leads a moderately active way of life went through a preventive examination that revealed serum concentration of common cholesterol at the rate of 5,1 millimole/l and HDL (high-density lipoproteins) cholesterol at the rate of 70 mg/dl. ECG reveals no pathology. What dietary recommendation is the most adequate?

A. Any dietary changes are necessary

B. Decrease of cholesterol consumption

C. Decrease of saturated fats consumption

D. Decrease of carbohydrates consumption

E. Increase of cellulose consumption

82. A 54 year old male patient complains about permanent dull pain in the mesogastral region, weight loss, dark blood admixtures in the feces, constipations. He put off 10 kg within a year. In blood: erythrocytes: $3,5 \cdot 10^{12}/l$, Hb- 87 g/l, leukocytes - $12,6 \cdot 10^9/l$, stab neutrophil shift, ESR- 43 mm/h. What is the most probable diagnosis?

A. Cancer of transverse colon

B. Gastric ulcer

C. Chronic colitis

D. Chronic pancreatitis

E. Stomach cancer

107. A 32 year old patient suffering from chronic viral hepatitis complains about dull pain in the right subcostal area, nausea, dry mouth. Objectively: liver dimensions are 13-21-11 cm (according to Kurlov), spleen is by 2 cm enlarged, aspartate aminotransferase is 3,2

micromole/l·h, alanine aminotransferase - 4,8 millimole/l·h. Serological study revealed HBeAg, high concentration of DNA HBV . What drug should be chosen for treatment of this patient?

- A. α -interferon
- B. Acyclovir
- C. Remantadinum
- D. Arabinoside monophosphate
- E. Essentiale-forte

127. A 41 year old woman has suffered from nonspecific ulcerative colitis for 5 years. On rectoromanoscopy: evident inflammatory process of lower intestinal parts, pseudopolyposive changes of mucous membrane. In blood: WBC- $9,8 \cdot 10^9/l$, RBC- $3,0 \cdot 10^{12}/l$, ESR - 52 mm/hour. What medication provides pathogenetic treatment of this patient?

- A. Sulfosalasine
- B. Motilium
- C. Vikasolum
- D. Linex
- E. Kreon

182. A patient suffering from gastroesophageal reflux has taken from time to time a certain drug that "reduces acidity"for 5 years. This drug was recommended by a pharmacist. The following side effects are observed: osteoporosis, muscle weakness, indisposition. What drug has such following effects?

- A. Aluminium-bearing antacid
- B. Inhibitor of proton pump
- C. 2-blocker
- D. Metoclopramide
- E. Gastrozepin

2010

22. A 20-year-old woman has a 3-4 month history of bloody diarrhoea; stool examination proved negative for ova and parasites; stool cultures negative for clostridium, campylobacter and yersinia; normal small bowel series; edema, hyperemia and ulceration of the rectum and sigmoid colon seen on sigmoidoscopic examination. Select the most likely diagnosis:

- A. Ulcerative colitis

- B. Gastroenteritis
- C. Carcinoid syndrome
- D. Zollinger-Ellison syndrome
- E. Granulomatous colitis

24. A 60-year-old woman, mother of 6 children, developed a sudden onset of upper abdominal pain radiating to the back, accompanied by nausea, vomiting, fever and chills. Subsequently, she noticed yellow discoloration of her sclera and skin. On physical examination the patient was found to be febrile with temp. of 38, 9oC, along with right upper quadrant tenderness. The most likely diagnosis is:

- A. Choledocholithiasis
- B. Benign biliary stricture
- C. Malignant biliary stricture
- D. Carcinoma of the head of the pancreas
- E. Choledochal cyst

43. A 45-year-old woman, mother of four children, comes to the emergency room complaining of a sudden onset of the epigastric and right upper quadrant pain, radiating to the back, accompanied by vomiting. On examination, tenderness is elicited in the right upper quadrant, bowel sounds are decreased, and laboratory data shows leukocytosis, normal serum levels of amylase, lipase, and bilirubin. The most likely diagnosis is:

- A. Acute cholecystitis
- B. Perforated peptic ulcer disease
- C. Myocardial infarction
- D. Sigmoid diverticulitis
- E. Acute pancreatitis

44. A 50-year-old man comes to the emergency room with a history of vomiting of 3 days' duration. His past history examination reveals that for about 20 years he has been suffering from epigastric pain lasting for 2 to 3 weeks, during early spring and autumn. He remembers getting relief from pain by taking milk and antacids. Physical examination showed a fullness in the epigastric area with visible peristalsis, absence of tenderness, and normal active bowel sounds. The most likely diagnosis is:

- A. Gastric outlet obstruction
- B. Small bowel obstruction

- C. Volvulus of the colon
- D. Incarcerated umbilical hernia
- E. Cholecystitis

45. A 24-year-old law student is brought to the emergency room complaining of severe abdominal pain of 6-8 hours duration. He had been to a party the night before. The pain is in the epigastrium radiating to the back and is accompanied by nausea. The patient had vomited twice prior to coming to the emergency room. Clinical examination revealed that the young man was anxious, with acute condition, with a regular pulse rate of 100/min, blood pressure of 100/68 mm Hg, and body temperature of 38, 1oC. The most likely diagnosis is:

- A. Acute pancreatitis
- B. Acute cholecystitis
- C. Acute appendicitis
- D. Acute diverticulitis
- E. Mesenteric adenitis

46. In which of the following disorders does the pathophysiology of portal hypertension involve presinusoidal intrahepatic obstruction?

- A. Congenital hepatic fibrosis
- B. Alcoholic cirrhosis
- C. Hemochromatosis
- D. Budd-Chiari syndrome
- E. Cavernomatous transformation of the portal vein

72. A female patient has been suffering from pain in the right subcostal area, bitter taste in the mouth, periodical bile vomiting for a month. The patient put off 12 kg. Body temperature in the evening is 37, 6oC. Sonography revealed that bile bladder was 5,5x2,7 cm large, its wall - 0,4 cm, choledochus - 0,8 cm in diameter. Anterior liver segment contains a roundish hypoechoic formation up to 5 cm in diameter and another two up to 1,5 cm each, walls of these formations are up to 0,3 cm thick. What is the most likely diagnosis?

- A. Alveolar echinococcus of liver
- B. Liver cancer
- C. Liver abscess
- D. Cystous liver cancer

E. Paravesical liver abscesses

75. In autumn a 25-year-old patient developed stomach ache that arose 1,5-2 hours after having meals and at night. He complains about pyrosis and constipation. The pain is getting worse after consuming spicy, salty and sour food, it can be relieved by means of soda and hot-water bag. The patient has been suffering from this disease for a year. Objectively: furred moist tongue. Abdomen palpation reveals epigastric pain on the right, resistance of abdominal muscles in the same region. What is the most likely diagnosis?

A. Duodenal ulcer

B. Chronic cholecystitis

C. Diaphragmatic hernia

D. Stomach ulcer

E. Chronic pancreatitis

102. A 50-year-old patient complains about having pain attacks in the right subcostal area for about a year. He pain arises mainly after taking fattening food. Over the last week the attacks occurred daily and became more painful. On the 3rd day of hospitalization the patient presented with icteritiousness of skin and scleras, light-colored feces and dark urine. In blood: neutrophilic leukocytosis - $13,1 \cdot 10^9/l$, ESR - 28 mm/h. What is the most likely diagnosis?

A. Chronic calculous cholecystitis

B. Chronic recurrent pancreatitis

C. Fatty degeneration of liver

D. Chronic cholangitis, exacerbation stage

E. Hypertensive dyskinesia of gallbladder

171. A patient suffering from gastroesophageal reflux has taken from time to time a certain drug that "reduces acidity" over 5 years. This drug was recommended by a pharmacist. The following side effects are observed: osteoporosis, muscle asthenia, indisposition. What drug has such following effects?

A. Aluminium-bearing antacid

B. Inhibitor of proton pump

C. H₂-blocker

D. Metoclopramide

E. Gastrozepin

30. In autumn a 25-year-old patient developed stomach ache arising 1,5-2 hours after having meals and at night. He complains of pyrosis and constipation. The pain is getting worse after consuming spicy, salty and sour food, it can be relieved by means of soda and hot-water bag. The patient has been suffering from this disease for a year. Objectively: furred moist tongue. Abdomen palpation reveals epigastric pain on the right, resistance of abdominal muscles in the same region. What is the most likely diagnosis? A. Duodenal ulcer

B. Chronic cholecystitis

C. Diaphragmatic hernia

D. Stomach ulcer

E. Chronic pancreatitis

52. 4 hours after having meals a patient with signs of malnutrition and steatorrhea experiences stomach pain, especially above navel and to the left of it. Diarrheas take turns with constipation lasting up to 3-5 days. Palpation reveals moderate painfulness in the choledochopancreatic region. The amylase rate in blood is stable. X-ray reveals some calcifications located above navel. What is the most likely diagnosis? A. Chronic pancreatitis

B. Chronic gastroduodenitis

C. Duodenal ulcer

D. Zollinger-Ellison syndrome

E. Chronic calculous cholecystitis

59. A 43-year-old female patient complains of unstable defecation with frequent constipations, abdominal swelling, headache, sleep disturbance. Body weight is unchanged. What disease are these clinical presentations typical for?

A. Irritable colon syndrome

B. Chronic enteritis

C. Chronic pancreatitis

D. Chronic atrophic gastritis

E. Colorectal cancer

66. A 23-year-old patient complains of a dull ache, sensation of heaviness and distention in the epigastrium immediately after meals, foul-smelling eructation; dry mouth, empty stomach nausea, diarrhea. Objectively: the skin is pale, the patient is of thin build. Abdomen is soft on palpation, there is epigastric pain. The liver does not extend beyond the costal arch. In blood: Hb - 110 g/l, RBCs - $3,4 \cdot 10^{12}/l$, WBC count is normal. ESR - 16 mm/h. What is the most informative study that will allow make a diagnosis?

A. Esophageal gastroduodenoscopy

B. X-ray of digestion organs

C. Study of gastric juice

D. pH-metry

E. Duodenal probing

67. A 49-year-old patient complains of deglutition problems, especially with solid food, hiccups, voice hoarseness, nausea, regurgitation, significant weight loss (15 kg within 2,5 months).

Objectively: body weight is reduced. Skin is pale and dry. In lungs: vesicular breathing, heart sounds are loud enough, heart activity is rhythmic. The abdomen is soft, painless on palpation. Liver is not enlarged. What study is required to make a diagnosis?

A. Esophageal duodenoscopy along with biopsy

B. Clinical blood test

C. X-ray of digestive tract organs

D. X-ray in Trendelenburg's position

E. Study of gastric secretion

175. A 60-year-old patient had eaten too much fatty food, which resulted in sudden pain in the right subcostal area, nausea, bilious vomiting, strong sensation of bitterness in the mouth. Two days later the patient presented with jaundice, dark urine. Objectively: sclera and skin are icteric, abdomen is swollen, liver is increased by 3 cm, soft, painful on palpation, Ortner's, Kehr's, Murphy's, Zakharyin's, MayoRobson's symptoms are positive. Which method should be applied for diagnosis in the first place?

A. USI of gallbladder and biliary duct

B. Fibrogastroduodenoscopy

C. X-ray of abdominal organs

D. Radionuclide scanning of liver and gallbladder

E. Diagnostic laparotomy

2012

9. A 60-year-old woman, mother of 6 children, developed a sudden onset of upper abdominal pain radiating to the back, accompanied by nausea, vomiting, fever and chills. Subsequently, she noticed yellow discoloration of her sclera and skin. On physical examination the patient was found to be febrile with temp of 38, 9oC, along with right upper quadrant tenderness. The most likely diagnosis is:

- A. Choledocholithiasis
- B. Benign biliary stricture
- C. Malignant biliary stricture
- D. Carcinoma of the head of the pancreas
- E. Choledochal cyst

11. A 45-year-old woman, mother of four children, comes to the emergency room complaining of a sudden onset of the epigastric and right upper quadrant pain, radiating to the back, accompanied by vomiting. On examination, tenderness is elicited in the right upper quadrant, bowel sounds are decreased, and laboratory data shows leukocytosis, normal serum levels of amylase, lipase, and bilirubin. The most likely diagnosis is:

- A. Acute cholecystitis
- B. Perforated peptic ulcer disease
- C. Myocardial infarction
- D. Sigmoid diverticulitis
- E. Acute pancreatitis

12. During an operation for presumed appendicitis the appendix was found to be normal; however, the terminal ileum is evidently thickened and feels rubbery, its serosa is covered with grayish-white exudate, and several loops of apparently normal small intestine are adherent to it. The most likely diagnosis is:

- A. Crohn's disease of the terminal ileum
- B. Perforated Meckel's diverticulum
- C. Ulcerative colitis
- D. Ileocecal tuberculosis
- E. Acute ileitis

29. A female patient has been suffering from pain in the right subcostal area, bitter taste in the mouth, periodical bile vomiting for a month. The patient put off 12 kg. Body temperature in the evening is 37,6°C. Sonography revealed that bile bladder was 5,5x2,7 cm large, its wall - 0,4 cm, choledochus - 0,8 cm in diameter. Anterior liver segment contains a roundish hypoechoic formation up to 5 cm in diameter and another two up to 1,5 cm each, walls of these formations are up to 0,3 cm thick. What is the most likely diagnosis?

- A. Alveolar echinococcus of liver
- B. Liver cancer

- C. Liver abscess
- D. Cystous liver cancer
- E. Paravesical liver abscesses

33. In autumn a 25-year-old patient developed stomach ache arising 1,5-2 hours after having meals and at night. He complains of pyrosis and constipation. The pain is getting worse after consuming spicy, salty and sour food, it can be relieved by means of soda and hot-water bag. The patient has been suffering from this disease for a year. Objectively: furred moist tongue. Abdomen palpation reveals epigastric pain on the right, resistance of abdominal muscles in the same region. What is the most likely diagnosis?

- A. Duodenal ulcer
- B. Chronic cholecystitis
- C. Diaphragmatic hernia
- D. Stomach ulcer
- E. Chronic pancreatitis

52. 4 hours after having meals a patient with signs of malnutrition and steatorrhea experiences stomach pain, especially above navel and to the left of it. Diarrheas take turns with constipation lasting up to 3-5 days. Palpation reveals moderate painfulness in the choledochopancreatic region. The amylase rate in blood is stable. X-ray reveals some calcifications located above navel. What is the most likely diagnosis? A. Chronic pancreatitis

- B. Chronic gastroduodenitis
- C. Duodenal ulcer
- D. Zollinger-Ellison syndrome
- E. Chronic calculous cholecystitis

60. A 51-year-old female patient complains of frequent defecation and liquid blood-streaked stools with mucus admixtures, diffuse pain in the inferolateral abdomen, 6 kg weight loss over the previous month. Objectively: body temperature - 37, 4oC, malnutrition, skin is pale and dry. Abdomen is soft, sigmoid is painful and spasmodic, makes a rumbling sound. Liver is dense, painful, extends 3 cm below the costal margin. What is the most likely diagnosis?

- A. Non-specific ulcerative colitis
- B. Bacillary dysentery
- C. Sprue
- D. Intestinal enzymopathy

E. Helminthic invasion

67. A 50-year-old patient complains about having pain attacks in the right subcostal area for about a year. He pain arises mainly after taking fattening food. Over the last week the attacks occurred daily and became more painful. On the 3rd day of hospitalization the patient presented with icteritiousness of skin and scleras, lightcolored feces and dark urine. In blood: neutrophilic leukocytosis - $13, 1 \cdot 10^9/l$, ESR- 28 mm/h. What is the most likely diagnosis?

- A. Chronic calculous cholecystitis
- B. Chronic recurrent pancreatitis
- C. Fatty degeneration of liver
- D. Chronic cholangitis, exacerbation stage
- E. Hypertensive dyskinesia of gallbladder

124. A 6-year-old child has duodenal ulcer. What antibacterial drug should be coadministered together with metronidazole and De-Nol in order to eradicate *Helicobacter pylori* infection?

- A. Amoxicillin
- B. Tetracycline
- C. Oleandomycin
- D. Biseptol
- E. Sulfadimethoxinum

154. A 35-year-old patient complains of heartburn, sour eructation, burning, compressing retrosternal pain and pain along the esophagus rising during forward bending of body. The patient hasn't been examined, takes Almagel on his own initiative, claims to feel better after its taking. Make a provisional diagnosis:

- A. Gastroesophageal reflux disease
- B. Functional dyspepsia
- C. Cardiospasm
- D. Gastric ulcer
- E. Duodenal ulcer

181. A patient complains of retrosternal pain, difficult swallowing, over 10 kg weight loss within three months, general weakness. In blood: hypochromic anaemia, neutrophilic leukocytosis. In feces: weakly positive Gregersen's reaction. On esophagram a filling defect with ill-defined serrated edges shows up along a large portion of the esophagus. What is the most likely diagnosis?

- A. Esophageal carcinoma
- B. Benign tumour
- C. Esophageal achalasia
- D. Peptic ulcer
- E. Sideropenic dysphagia

11. A 13-year-old girl has a 5-year history of pain in the right hypochondrium irradiating to the right shoulder blade. The pain attacks are usually associated with diet violations, they are short and can be easily relieved by antispasmodic drugs. During a pain attack, palpation of the abdomen is painful, the pain is most intensive in the projection of the gallbladder. What is the most likely diagnosis?

- A. Biliary dyskinesia
- B. Chronic cholecystitis
- C. Chronic gastroduodenitis
- D. Chronic pancreatitis
- E. Duodenal ulcer

24. A 48-year-old male patient complains of constant pain in the upper abdomen, mostly on the left, that is getting worse after taking meals; diarrhea, weight loss. The patient is an alcohol abuser. 2 years ago he had acute pancreatitis. Blood amylase is 4 g/h·l. Coprogram shows steatorrhea, creatorrhea. Blood glucose is 6,0 mmol/l. What treatment is indicated for this patient?

- A. Panzinorm forte
- B. Insulin
- C. Gastrozepin
- D. Contrycal
- E. No-spa

99. A 24-year-old female patient complains of pain in the right hypochondrium that is getting worse after taking meals; nausea, fever up to 37,7°C, icteric skin, pain in the large joints. These presentations have been observed for 8 months. Objectively: hepatosplenomegaly. Blood test results: ESR - 47 mm/h, total bilirubin - 86,1 mmol/l, direct bilirubin - 42,3 mmol/l. Total protein - 62 g/l, albumins - 40%, globulins - 60%, gamma globulins - 38%. Viral hepatitis markers were not detected. The antibodies to smooth muscle cells are present. On ultrasound the portal vein diameter was of 1 cm. What is the most likely diagnosis?

- A. Autoimmune hepatitis
- B. Primary biliary cirrhosis
- C. Gilbert's syndrome

D.Cholangiogenic hepatitis

E.Hemachromatosis

136. A 57-year-old female complains of having a sensation of esophageal compression, palpitation, difficult breathing during eating solid food, occasional vomiting with a full mouth, "wet pillow" sign at night for the last 6 months. Objectively: body temperature -39 °C, height - 168 cm, weight - 72 kg, Ps-76/min, AP- 120/80 mm Hg. X-ray revealed a considerable dilation of esophagus and its constriction in the cardiac part. What pathology is most likely to have caused dysphagia in this patient?

A.Achalasia cardiae

B.Primary esophagism

C.Hiatal hernia

D.Esophageal carcinoma

E.Reflux esophagitis

165. A 64-year-old patient has been referred to planned hospitalization for general weakness, poor appetite, progressive jaundice which appeared over 3 weeks ago and wasn't accompanied by pain syndrome. Objectively: body temperature is at the rate of 36,8°C, Ps-78/min, abdomen is soft and painless, the symptoms of peritoneal irritation are present, palpation reveals a dramatically enlarged, tense gallbladder. What disease are these symptoms typical for?

A.Cancer of the pancreatic head

B.Duodenal ulcer

C.Acute cholecystitis

D.Chronic cholecystitis

E.Lamblia-induced cholecystitis

187. A patient is 31 years old. Double-contrast barium swallow revealed a filling defect on the posterior wall in the middle segment of esophagus. The defect looked like a well-defined oval 1,8x1,3 cm large. Mucosal folds adjacent to the defect were intact, peristalsis and elasticity of the walls remained unchanged. Digestive tract problems were absent. What is the provisional diagnosis?

A.Esophageal tumour

B.Achalasia cardia

C.Esophageal burn

D.Diverticulum

E.Barrett's esophagus

196. A 28-year-old male patient complains of regurgitation, cough and heartburn that occurs every day after a meal, when bending forward or lying down. These problems have been observed for 4 years.

Objective status and laboratory values are normal. FEGDS revealed endoesophagitis. What is the leading factor in the development of this disease?

- A. Failure of the inferior esophageal sphincter
- B. Hypersecretion of hydrochloric acid
- C. Duodeno-gastric reflux
- D. Hypergastrinemia
- E. Helicobacter pylori infection

44. A 33-year-old female complains of escalating spastic pain in the abdomen after the psycho-emotional stress. The patient has intermittent bowel movements, that is 2-3 bowel movements after waking up alternate with constipation lasting for 1-2 days. Objectively: body weight is unchanged, there is moderate pain on palpation of the sigmoid colon. Hb- 130 g/l, WBC-5,2· 10⁹/l, ESR- 9mm/h. Proctosigmoidoscopy causes pain due to spastic bowel condition, intestinal mucosa is not changed. In the lumen there is a lot of mucus. What is the most likely diagnosis?

- A. Irritable bowel syndrome
- B. Crohn's disease
- C. Non-specific ulcerative colitis
- D. Acute bowel ischemia
- E. Malabsorption syndrome

96. A 44-year-old male patient complains of severe non-localized abdominal pain, pain in the right shoulder girdle, repeated vomiting, red urine. The onset of the disease is associated with alcohol consumption. The face is hyperemic. AP- 70/40 mm Hg. Abdominal radiography reveals no pathological shadows. Hemodiastase is 54 mg/h/l. Prothrombin is 46%. What is the provisional diagnosis?

- A. Acute pancreatitis
- B. Acute myocardial infarction
- C. Perforated gastric ulcer
- D. Thrombosis of mesenteric vessels
- E. Aneurysm of the abdominal aorta

08. A 40-year-old male patient has had heaviness in the epigastric region for the last 6 months. He has not undergone any examinations. The night before, he abused vodka. In the morning there was vomiting, and 30 minutes after physical activity the patient experienced dizziness and profuse hematemesis. What pathology should be suspected in the first place?

- A. Mallory-Weiss's syndrome
- B. Menetrier's disease

C.Gastric ulcer

D.Perforated ulcer

E.Zollinger-Ellison syndrome

127.A 46-year-old male patient complains of periodic epigastric pain that occurs at night. Objectively: HR- 70/min, AP- 125/75 mm Hg, tenderness in the epigastric region is present. EGD confirms duodenal ulcer of 0,6 cm in diameter. Test for H. Pylori is positive. Which of the given antisecretory drugs will be a compulsory element of the treatment regimen?

A.Omeprazole

B.Famotidine

C.Pirenzepine

D.Atropine

E.Maalox

178.A 49-year-old male patient complains of retrosternal pain, heartburn, weight loss of 8kg over the last year, constipation, weakness. The patient has been a smoker for 20 years, and has a 10-year history of Gastroesophageal reflux disease. The patient is asthenic, has dry skin. EGD revealed an ulcer in the lower third of the esophagus and esophageal stricture accompanied by edema, hyperemia and multiple erosions of the mucosa. What study is required for more accurate diagnosis?

A.Biopsy of the esophageal mucosa

B.X-ray examination of the esophagus

C.Respiratory test for Helicobacter pylori

D.pH-metry of the esophagus and the stomach

E.Fecal occult blood test