GENERAL PATHOLOGY

1. Alterations include:

 a) tumor growth

 b) regeneration

 + c) dystrophy

 d) atrophy

 + e) necrosis

2. Damage manifested by intracellular and extracellular accumulations of abnormal amounts of substances can be called:

 a) necrosis

 b) atrophy

 c) apoptosis

 d) hypertrophy

 + e) dystrophy

3. The types of damage include:

 a) metaplasia

 + b) dystrophy

 c) apoptosis

 + d) necrosis

 e) sclerosis

4. A pronounced hydropic dystrophy is called:

 + a) balloon

 b) mucosal

 c) hyaline

 d) horny

 e) fat

5. The mechanisms of development of dystrophy include:

 + a) infiltration

 b) proliferation

 c) aggregation

 + d) phanerosis

 + e) transformation.

6. Hydropic degeneration of hepatocytes is observed during:

 a) liver steatosis

 b) diabetes

 + c) viral hepatitis B

 d) obesity

 e) echinococcus of the liver

7. Hydropic degeneration of the renal tubule epithelium is observed during:

 a) obesity

 b) hypertension

 + c) nephrotic syndrome

 d) atherosclerosis

 e) viral hepatitis B

8. Alcoholic hyaline is a protein product of:

 a) decay

 b) mucus formation

 + c) synthesis

 d) phagocytosis

 e) autolysis

9. Depending on the disturbed metabolism, dystrophies are classified into:

 + a) carbohydrate

 + b) protein

 + c) fatty

 d) parenchymal

 + e) mineral

10. The accumulation of masses of protein in the cytoplasm of the epithelium of the tubules of the kidney can be during:

 a) hydropic dystrophy

 + b) hyaline droplet dystrophy

 c) mucosal dystrophy

 d) atrophy

 e) steatosis

11. Give a classification of dystrophies according to the prevalence of the process:

 + a) general

 + b) local

 c) mixed

 d) fat

 e) protein

12. Protein parenchymal dystrophies include:

 + a) hydropic

 b) fat

 + c) horny

 + d) hyaline droplet

 e) metabolic

13. Parenchymal dysproteinoses include:

 + a) balloon dystrophy

 + b) horny dystrophy

 c) amyloid dystrophy

 d) hyalinosis

+ e) hyaline droplet dystrophy

14. Among the listed protein dystrophies, indicate only parenchymal:

 a) mucoid swelling

 b) amyloidosis

 + c) hydropic dystrophy

 + d) leukoplakia

 e) fibrinoid swelling

15. At the end of hyaline droplet dystrophy, the following can occur in a cell:

 + a) focal coagulation necrosis

 + b) total coagulation necrosis

 c) focal collication necrosis

 d) total collication necrosis

 e) balloon dystrophy

16. Parenchymal fatty degeneration of the myocardium is characterized by:

 a) the appearance of a layer of connective tissue

 b) an increase in the size of myocytes

 c) reduction in the size of myocytes

 + d) lipids in the cytoplasm in muscle cell groups

 e) lipids in the cytoplasm totally in all muscle cells

17. The consequence of hyaline droplet degeneration of the renal tubules can be:

 a) glucosuria

 + b) proteinuria

 c) hyperglycemia

 + d) cylindruria

 e) hyperproteinemia

18. Parenchymal fatty degeneration of the myocardium is detected by the following stain:

 a) hematoxylin and eosin

 b) according to Van Gieson

 + c) Sudan 3

 d) toluidine blue

 e) picric acid

19. The manifestations of hydropic dystrophy include:

 + a) hydropsy dystrophy

 b) hyaline droplet dystrophy

 c) amyloid dystrophy

 d) hyperkeratosis

 + e) balloon dystrophy

20. At the end of hydropic dystrophy, the following can occur in a cell:

 a) hyperkeratosis

 b) ichthyosis

 c) coagulation necrosis

 + d) collicative necrosis

 e) leukoplakia

21. Horny dystrophy refers to:

 a) carbohydrate dystrophy

 + b) protein dystrophy

 c) fatty degeneration

 d) mineral dystrophy

 e) types of cancer

22. Liver steatosis develops with:

 + a) alcoholism

 b) viral hepatitis B

 c) hypertension

 d) goiter

 e) viral hepatitis A

23. Examples of horny dystrophy are:

 + a) ichthyosis

 b) hypertrichosis

 + c) hyperkeratosis

 d) hypokeratosis

 + e) leukoplakia

24. The manifestations of parenchymal lipidosis include:

 a) sago spleen

 b) lardaceous spleen

 + c) tiger heart

 d) nutmeg liver

 + e) goose liver

25. The liver is called "goose" because of:

 a) chronic venous plethora

 + b) steatosis

 c) protein dystrophy

 d) amyloidosis

 e) hyalinosis capsules

26. Indicate where lipids are detected in the "tiger heart":

 + a) in the myocardium

 b) in the epicardium

 c) in the valves of the heart

 d) in the subepicardial fat layer

 e) transmurally

27. The most typical outcome of liver steatosis is:

 + a) restoration of the structure

 b) transition to massive liver necrosis

 c) transition to protein dystrophy

 d) transition to cirrhosis

28. Fatty degeneration of the myocardium may be:

 a) large-dropl

 b) focal or total

 + c) congenital or acquired

 + d) dusty

 + e) small-drop

29. The accumulation of lipids in the wall of large arteries is typical for:

 a) inflammation

 b) cachexia

 c) aneurysms

 d) obesity

 + e) atherosclerosis

30. Where in the kidneys are lipids detected during parenchymal fatty degeneration:

 a) in the glomeruli

 + b) in the tubules

 c) in the stroma

 d) in vessels

 e) in the pelvis

31. The heart is called "tiger", as there is:

 a) proliferation of adipose tissue in the myocardium

 b) the accumulation of protein masses in myocyte groups

 c) foci of necrosis in the myocardium

 d) uneven plethora of the myocardium

 + e) lipid accumulation in myocyte groups

32. What are the possible mechanisms for the development of fatty liver disease:

 a) embolism

 + b) infiltration

 + c) decomposition

 + d) transformation

 + e) perverse synthesis

33. The manifestations of carbohydrate dystrophies include:

 a) mucoid swelling

 + b) cystic fibrosis

 + c) colloid dystrophy

 d) diabetes insipidus

 + e) diabetes

34. With cystic fibrosis, it is mainly impaired:

 a) protein metabolism

 + b) carbohydrate metabolism

 c) fat metabolism

 d) mineral metabolism

 e) exchange of vitamins

35. Horny dystrophy occurs with:

 a) vitiligo

 b) skin melanoma

 + c) leukoplakia

 d) common melanosis

 e) all of the above

36. Indicate where parenchymal dysproteinoses are usually located:

 + a) hepatocytes

 + b) cardiomyocytes

 c) mesothelium

 d) lymphocytes

 e) endothelium

37. Indicate where the acquired parenchymal lipidoses are usually located:

 a) the brain

 + b) the liver

 + c) heart

 + d) kidneys

 e) lungs

38. At the end of what processes can hyalinosis develop?

 + a) plasma impregnation

 + b) fibrinoid swelling

 + c) inflammation

 + d) necrosis

 + e) sclerosis

39. Which of the following processes can be reversible?

 a) apoptosis

 + b) mucoid swelling

 c) hyalinosis

 d) fibrinoid changes

 e) amyloidosis

40. Heart valve hyalinosis is typical for:

 a) congenital heart disease

 b) diabetes

 + c) rheumatism

 d) alcoholism

 e) hypertension

41. With mucoid swelling in the main substance of connective tissue:

 + a) glycosamine glycans accumulate

 b) hydrochloric acid accumulates

 + c) hyaluronic acid accumulates

 + d) the processes of hydration, swelling

 e) the phenomenon of metachromasia disappears

42. Systemic hyalinosis of arterioles is typical for:

 a) atherosclerosis

 b) tuberculosis

 c) alcoholism

 d) syphilis

 + e) hypertension

43. The following are subject to hyaline changes:

 a) petrificates

 b) bone tissue

 c) the mass of amyloid

 d) cartilageous tissue

 + e) connective tissue

44. Amyloid - a protein that is deposited:

 a) in cells

 b) in the focus of necrosis

 c) in the cell nucleus

 d) in the center of calcification

45. The phenomenon of metachromasia occurs:

 a) in the foci of fibrinoid swelling

 + b) in the foci of mucoid swelling

 c) with the accumulation of fatty substances in tissues

 + d) with the accumulation in the foci of mucoid swelling of chromotropic substances

 e) in the foci of hyalinosis

46. ​​In a histological preparation, amyloid is detected by the following stain:

 a) hematoxylin and eosin

 b) Van Gieson

 + c) Congo Red

 d) toluidine blue

 e) Sudan 3

47. To stromal-vascular dysproteinosis include:

 + a) amyloidosis

 b) sclerosis

 + c) hyalinosis

 d) metaplasia

 + e) fibrinoid swelling

48. Amyloid may complicate the course of:

 + a) bronchiectasis

 b) acute pneumonia

 c) hypertension

 d) acute dysentery

 e) atherosclerosis

49. For macroscopic diagnosis of amyloidosis,the following methods are used:

 + a) Virchow reaction

 + b) Lugolevsky solution

 c) 10% hydrochloric acid

 d) 10% osmic acid

 + e) 10% sulfuric acid

50. Mesenchymal protein dystrophies include:

 + a) mucoid swelling

 b) plasma impregnation

 + c) fibrinoid swelling

 + d) amyloidosis

 e) hemosiderosis

51. During amyloidosis, the kidney has the form of:

 a) big motley

 b) finely tuberous

 + c) big lardaceous

 d) large-lobed

 e) primary shriveled

52. Describe the fibrinoid swelling:

 a) a superficial and reversible disorganization

 + b) a deep and irreversible disorganization

 + c) characterized by the destruction of the basic substance and fibers

 d) characterized by the phenomenon of metachromasia

 + e) characterized by a sharp increase in vascular tissue permeability

53. Secondary amyloidosis can complicate the course of:

 + a) tuberculosis

 b) atherosclerosis

 c) diabetes

 d) hepatitis

 e) hypertension

54. What are the varieties of amyloidosis of the spleen:

 d) porphyry spleen

 + b) sago spleen

 c) wrinkled spleen

 + d) lardaceous spleen

 e) glazed spleen

55. Amyloidosis, developing associated with a previous disease, is called:

 a) primary

 b) hereditary

 + c) secondary

 d) family

 e) senile

56. The most common cause of death from secondary amyloidosis is:

 a) chronic heart failure

 b) acute heart failure

 + c) chronic renal failure

 d) acute renal failure

 e) acute adrenal insufficiency

57. Typical for the appearance of organs during amyloidosis is:

 a) very loose texture

 b) hilly surface

 + c) very dense consistency

 d) sunken scars

 e) a colorful view in section

58. Guided by the cause of development, the following types of amyloidosis are distinguished:

 a) generalized

 b) local

 + c) primary

 + d) hereditary

 + e) secondary

59. In the kidney, amyloid is deposited in:

 + a) renal glomerulus

 b) fibrous capsule

 c) epithelium of convoluted tubules

 d) in all of the above

 e) epithelium of the direct tubules

60. The outcome of mucoid swelling may be:

 a) transition to hyaline droplet dystrophy

 + b) complete tissue repair

 c) transition to horny dystrophy

 d) transition to hydropic dystrophy

 + e) transition to fibrinoid swelling

61. What are the morphogenetic mechanisms of the development of stromal-vascular dystrophies:

 + a) infiltration

 b) coliquadia

 + c) perverse synthesis

 d) reabsorption

 + e) decomposition

62. What are the types of vascular hyaline:

 + a) simple hyaline

 b) fibrillar hyaline

 + c) lipogialin

 d) achrogialin

 + e) complex hyaline

63. During general obesity, the following things can be observed in the heart:

 a) the appearance of lipids in the cytoplasm of myocytes

 + b) the appearance of layers of adipose tissue in the myocardium

 c) the appearance of layers of fibrous tissue in the myocardium

 d) lime deposition

 e) foci of myocyte necrosis

64. Which vessels are mainly affected by vascular hyalinosis?

 a) aorta

 + b) small arteries

 c) large-caliber arteries

 d) veins of large caliber

 + e) arterioles

65. During hyalinosis, connective tissue becomes:

 a) flabby

 + b) dense

 + c) whitish

 d) black

 + e) translucent

66. Stromal-vascular dysproteinosis include:

 a) glycogenosis

 + b) mucoid swelling

 + c) hyalinosis

 d) lipidosis

 + e) amyloidosis

67. Stromal vascular fatty degeneration is characterized by metabolic disorders of:

 + a) neutral fats

 b) endoplasmic fat

 c) structural fat

 + d) labile fat

 + e) cholesterol and its esters

68. Where can mucoid swelling occur?

 + a) in the walls of arteries

 b) in hepatocytes

 + c) in the valves of the heart

 d) in cardiomyocytes

 + e) in the endocardium

69. Acquired amyloidosis develops with diseases such as:

 a) ARVI

 + b) chronic infections

 + c) rheumatic diseases

 + d) chronic osteomyelitis

 e) appendicitis

70. Pigments are substances:

 + a) having coloring

 b) capable of perceiving staining

 c) protein nature

 d) soluble in lipids

71. Endogenous pigments are classified into:

 + a) hemoglobinogenic

 + b) proteinogenic

 c) carcinogenic

 + d) lipidogenic

 + e) tyrosinogenic

72. Local increased formation of proteinogenic pigments is characteristic of:

 a) leukoderma

 b) pigment xeroderma

 + c) melanomas

 + d) nevus

 e) albinism

73. Pigments include:

 a) lipids in the cytoplasm of hepatocytes

 b) proteins in the cytoplasm of nephrocytes

 + c) bilirubin in the cytoplasm of hepatocytes

 d) calcium salts in the connective tissue

 e) all of the above

74. As follows from the definition, calculi are:

 a) dense formations intimately associated with tissues

 b) loose formations lying freely in the tissues

 + c) dense formations, freely lying in the ducts or abdominal organs

 d) the presence of calcium salts in the body

 e) interstitial calcification

75. The following cannot be attributed to endogenous pigments:

 a) melanin

 b) bilirubin

 c) lipofuscin

 + d) sulphurous iron

 e) hemosiderin

76. Specify proteinogenic pigments:

 + a) melanin

 b) hemomelanin

 + c) adrenochrome

 d) adrenaline

 + e) pigment granules enterochromaffin cells

77. Brown atrophy of the liver is accompanied by metabolic disorders of:

 a) porphyrin

 + b) lipofuscin

 c) melanin

 d) serotanin

 e) hemin

78. Stones may form in:

 + a) intestines

 + b) bronchial tubes

 c) islets of Langerhans

 + d) bile ducts

 e) spleen

79. Pigments derived from hemoglobin include:

 a) melanin

 b) lipochrome

 c) lipofuscin

 d) adrenochrome

 + e) hemosiderin

80. Obstructive jaundice is characteristic of:

 a) acute hepatitis

 + b) gallstone disease

 + c) atresia of the bile duct

 + e) bile duct hypoplasia

 e) hemolytic disease

81. With brown induction of the lungs, pigment accumulates:

 a) hematin hydrochloride

 b) lipofuscin

 c) bilirubin

 d) coal dust

 + e) hemosiderin

82. Typical for brown lung induction is:

 a) lungs of dark cherry color

 b) the lumen of the alveoli is expanded

 + c) dense consistency

 d) an example of general hemosiderosis

 e) the lumen of the bronchi is expanded

83. Typical for brown lung induction is:

 + a) nesting accumulation of hemosiderin

 b) thinning of the interalveolar septa

 c) expansion of the lumen of the alveoli

 d) develops with acute venous plethora

 e) an example of general hemosiderosis

84. Indicate the pigments resulting from the physiological breakdown of red blood cells and hemoglobin:

 a) hematins

 + b) ferritin

 c) melanin

 + d) hemosiderin

 + e) bilirubin

85. This can be correctly referred to bilirubin:

 + a) bile pigment

 b) a derivative of melanin

 c) in the blood normal is not detected

 d) lipidogenic pigment

 e) contains iron

86. In the area of ​​hemorrhage, a pigment appears over time:

 a) adrenochrome

 + b) hemosiderin

 c) melanin

 d) lipochrome

 e) lipofuscin

87. Perls reaction reveals:

 + a) hemosiderin

 b) melanin

 c) bilirubin

 d) lipofuscin

 e) porphyrin

88. Parenchymal jaundice may be caused by:

 a) acute inflammation of the common bile duct

 + b) damage to hepatocytes

 c) hemolysis of red blood cells

 + d) acute hepatitis

 e) a tumor in the head of the pancreas

89. With ulcers and erosion of the stomach is formed:

 a) hemomelanin

 b) iron chloride

 c) porphyrin

 d) iron sulfide

 + e) hydrochlorichematin

90. In the pathogenesis of stone formation the important things are:

 + a) stasis of secretion in the ducts

 + b) duct inflammation

 + c) impaired fat metabolism

 d) the formation of an abnormal protein-polysaccharide complex

 + e) the formation of an organic matrix

91. Classification of jaundice by the mechanism of development:

 + a) hemolytic

 b) hypostatic

 + c) mechanical

 + d) parenchymal

 e) biliary

92. With cachexia the following substance accumulates in the liver:

 a) hemosiderin

 + b) lipofuscin

 c) bilirubin

 d) ferritin

 e) melanin

93. Tyrosinogenic pigments include:

 a) bilirubin

 b) hemomelanin

 + c) melanin

 + d) adrenochrome

 e) hemin

94. Specify hemoglobinogenic iron-containing pigments:

 a) hemosiderin

 + b) bilirubin

 c) hematin hydrochloride

 + d) porphyrin

 e) lipofuscin

95. What can be considered as true for melanin:

 a) exogenous pigment

 b) yellow

 c) hemoglobin derivative

 + d) is synthesized by melanocytes

 e) contains iron

96. Indicate the pigments that accumulate in the lungs during extravascular hemolysis:

 a) lipofuscin

 + b) hemosiderin

 + c) ferritin

 d) adrenochrome

 e) hemin

97. Padagra is a violation of the metabolism of:

 a) lipids

 b) pigments

 + c) nucleoproteins

 d) calcium

 e) amino acids

98. Diseases characterized by metabolic disorders of tyrosinogenic pigments include:

 + a) carcinoid

 + b) nevus

 + c) albinism

 d) hemosiderosis

 e) jaundice

99. During podagra, the following things can be observed:

 a) hyperkalemia

 b) hyperglycemia

 + c) hyperuricuria

 d) glucosuria

 + e) hyperuricemia

100. Uric acid infarction is a metabolic disorder of:

 a) calcium

 b) potassium

 c) lipidogenic pigments

 d) hemoglobinogenic pigments

 + e) nucleoproteins

101. Dystrophic calcification includes:

 a) calcium salts in the unchanged gastric mucosa

 b) calcareous metastases in the kidneys

 + c) petrification of necrosis

 d) calcium salts in unchanged lungs

 e) calcium salts in the myocardium with hypercalcemia

102. Depending on the chemical composition, gallstones can be:

 a) urate

 + b) cholesterol

 + c) lime

 + d) pigmented

 e) faceted

103. The causes of suprahepatic jaundice can be:

 a) acute hepatitis

 b) chronic hepatitis

 + c) hemolytic poisons

 + d) isoimmune and autoimmune conflicts

 e) Vater papilla tumors

104. The general or local disappearance of skin pigmentation includes:

 + a) albinism

 + b) leukoderma

 c) pigment xeroderma

 + d) vitiligo

 e) nevi

105. The forms of calcification include:

 + a) dystrophic

 + b) metastatic

 c) dishormonal

 d) anabolic

 + e) metabolic

106. An impaired calcium metabolism is called:

 + a) calcification

 b) dyslipidosis

 c) dysproteinosis

 + d) calcification

 + e) calcareous dystrophy

107. Suprahepatic jaundice is characterized by:

 a) insufficient bilirubin formation

 b) violation of the excretion of bilirubin

 + c) increased hemolysis of red blood cells

 d) lack of conjugation of bilirubin

 + e) increased bilirubin formation

108. An example of dystrophic calcification is the deposition of calcium salts in:

 a) the gastric mucosa with hypercalcemia

 + b) heart valves with rheumatism

 c) myocardium with hypercalcemia

 d) unchanged kidneys

 e) unchanged lungs

109. Intense ocher-yellow color of fatty tissue indicates:

 a) obesity

 + b) losing weight

 c) violation of the exchange of hemoglobinogenic pigments

 d) violation of the tyrosinogenic pigment metabolism

 + e) disturbed lipidogenic pigment metabolism

110. The formation of stones contribute to:

 + a) disturbances in water-mineral metabolism

 b) the appearance of Mallory bodies

 + c) obesity and atherosclerosis

 + d) inflammatory diseases of some hollow organs

 e) apoptosis

111. Calcium salts with metastatic calcification are deposited in:

 a) connective tissue scars

 b) fibrotic adhesions

 c) thrombus

 d) sclerotic heart valves

 + e) in the kidneys, lungs with hypercalcemia

112. Violation of the exchange of melanin occurs during:

 a) leukoplakia

 + b) vitiligo

 c) obstructive jaundice

 d) petrification

 + e) pigment xeroderma

113. Note lipopigments:

 a) ferritin

 + b) lipochromes

 + c) lipofuscin

 d) melanin

 e) hemomelanin

114. Petrification in the outcome of caseous necrosis is observed during:

 a) rheumatism

 b) hypertension

 + c) tuberculosis

 d) dysentery

 e) atherosclerosis

115. Melting of dead tissue occurs during:

 + a) myomalacia

 + b) encephalomalacia

 c) mummification

 d) coagulation

 e) ossification

116. The cause of a heart attack can be:

 a) ossification

 + b) angiospasm

 c) petrification

 + d) thrombosis

 + d) embolism

117. Signs of death and cadaveric changes include:

 a) hyperthermia

 + b) rigor mortis

 + c) corneal opacity

 + d) hypostases

 + d) autolysis

118. Dry necrosis has this color:

 + a) white-yellow

 b) cyanotic

 c) black

 d) dark brown

 e) dark cherry

119. The color typical for gangrene is:

 a) yellow

 b) dark cherry

 c) white-gray

 d) cyanotic

 + d) black

120. Highlight the clinical and morphological forms of necrosis:

 a) paranecrosis

 + b) heart attack

 + c) sequestration

 d) cyst

 + d) gangrene

121. Indicate the types of death depending on the development of reversible or irreversible changes in the life of the body:

 a) physiological

 + b) biological

 + c) clinical

 d) pathological

 e) sudden

122. The most common localization of collication necrosis is:

 a) spleen

 + b) the brain

 c) kidney

 d) myocardium

 e) liver

123. From the listed types of necrosis, highlight gangrene:

 + a) noma

 b) myocardial infarction

 + c) bedsore

 + d)canker sore

 e) encephalomalacia

124. Wet gangrene is typical for:

 + a) intestines

 b) the brain

 c) kidney

 d) myocardium

 e) liver

125. Highlight the processes characteristic of cell necrosis:

 a) hemochromatosis

 + b) karyopicnosis

 c) hyalinosis

 + d) cytolysis

 + e) plasmolysis

126. Indirect necrosis is often caused by:

 a) infection

 b) traumatic factors

 c) toxins

 + d) the cessation of blood flow

 e) chemical factors

127. What are the etiological forms of necrosis:

 + a) allergic

 + b) vascular

 c) focal

 + d) trophoneurotic

 + e) toxic

128. Select wet necrosis from the following:

 a) curdled necrosis

 b) fibrinoid necrosis

 c) ischemic spleen infarction

 + d) ischemic cerebral infarction

 e) waxy necrosis

129. Depending on the cause that led to death, the following varieties are distinguished:

 a) clinical

 b) biological

 + c) natural

 + d) violent

 + e) physiological

130. The microscopic signs of necrosis include:

 a) meiosis

 b) mitosis

 + c) plasmorexis

 d) plasmokinesis

 + e) plasmolysis

131. Bedsore is a type of:

 a) heart attack

 b) wet necrosis

 + c) gangrene

 d) ulceration

 e) dry necrosis

132. The following things can be observed during necrosis:

 a) vacuolization of the cytoplasm

 b) the disappearance of glycogen

 c) vacuolization of the nucleus

 + d) plasmolysis

 e) all of the above

133. Adverse outcomes of necrosis include:

 a) organization

 b) petrification

 + c) purulent fusion

 d) demarcation inflammation

 + d) sepsis

134. Highlight the wrong statement in the characterization of a bedsore:

 a) a variety of gangrene

 b) develops in tissues subjected to pressure

 c) on the pathogenesis of trophoneurotic

 + d) petrification is typical in the outcome

 e) develops in severe bedridden patients

135. Describe the biological death:

 a) changes in life are reversible

 + b) changes in vital activity are irreversible

 + c) the central nervous system is the first to die

 d) tissues become unsuitable for transplantation

 e) apoptosis occurs

136. This forms around the foci of necrosis in around 2-3 days:

 a) deposition of calcium salts

 b) fibrous capsule

 c) bone tissue

 d) coarse fibrous connective tissue

 + e) demarcation inflammation

137. An adverse outcome of necrosis is:

 a) encapsulation

 + b) purulent fusion

 c) organization

 d) ossification

 e) petrification

138. What are the etiological forms of necrosis:

 a) parenchymal

 + b) traumatic

 + c) allergic

 d) curd

 d) tsenkerovsky.

139. A site of dead tissue that is not subject to autolysis or other outcome is:

 a) petrificate

 + b) sequestration

 c) bedsore

 d) scar

 e) heart attack

140. Specify the types of gangrene:

 + a) dry

 + b) wet

 c) aerobic

 d) anabolic

 e) curd

141. A complication of necrosis is:

 a) resorption

 + b) rupture of the wall of a hollow organ

 c) organization

 d) petrification

 e) encapsulation

142. Indirect necrosis often occurs due to:

 + a) angiospasm

 + b) vessel embolism

 c) the effects of toxins

 d) mechanical injury

 + e) disorders of nervous trophism

143. The microscopic signs of necrosis include:

 a) karyokinesis

 + b) karyorexis

 + c) karyolysis

 d) karyomitosis

 + e) karyopicnosis

144. The color of necrotic tissues in gangrene is due to:

 a) melanin

 b) hematin hydrochloride

 c) hemosideoin

 + d) sulphurous iron

 e) bilirubin

145. Indicate the etiological forms of necrosis:

 + a) vascular

 + b) toxic

 c) mesenchymal

 d) fibrinoid

 + d) trophoneurotic

146. Gangrene can develop in:

 a) kidney

 + b) soft tissues of the lower limb

 c) myocardium

 d) the brain

 e) all of the above

147. Relatively favorable outcomes of necrosis include:

 + a) organization

 + b) petrification

 c) malignancy

 d) purulent fusion

 + d) encapsulation

148. Direct necrosis occurs under the influence of:

 + a) physical factors

 + b) chemical factors

 c) vascular factor

 d) disorders of nervous trophism

 e) vascular thrombosis

149. An inflammatory reaction accompanies:

 + a) necrosis

 b) vacuolization of the cytoplasm

 c) apoptosis

 d) plethora

 e) proliferation

150. Apoptosis is called:

 a) cell death in a living organism

 + b) a controlled process of self-destruction of cells

 c) tissue death after the cessation of the body

 d) death of parenchymal cells

151. The following changes occur in the cell nucleus during necrosis:

 + a) chromatin condensation

 + b) depolymerization of nucleic acids

 c) glycogen synthesis

 d) karyokinesis

 + e) karyopicne

152. The cause of toxic necrosis can be:

 a) radiation

 b) frostbite

 + c) tuberculosis

 + d) syphilis

 e) burns

153. Apoptosis usually captures:

 + a) single cells

 b) part of the body

 c) sections of the organ parenchyma

 d) the whole organ

154. Clinical death is characterized by:

 a) the appearance of cadaveric spots

 + b) respiratory arrest

 + c) circulatory arrest

 + d) hypoxia

 e) rigor mortis

155. Apoptotic bodies are exposed:

 a) autolysis

 b) encapsulation

 + c) phagocytosis

 d) insult

 e) organizations

156. Cells phagocytic apoptotic bodies are called:

 + a) macrophages

 b) plasma cells

 c) lymphocytes

 d) fibroblasts

 e) monocytes

157. Signs of death and post-mortem changes following biological death include:

 a) paranecrosis

 + b) rigor mortis

 + c) cadaveric drying

 d) agony

 + e) cadaveric spots

158. What happens in the outcome of apoptosis?

 + a) phagocytosis

 b) regeneration

 c) organization

 d) petrification

 e) encapsulation

159. A bedsore is characterized by the following features:

 a) allergic necrosis

 + b) trophoneurotic necrosis

 + c) a type of gangrene

 d)a type of heart attack

 d) a type of sequestration

160. Genetic programmed cell death is called:

 a) necrosis

 b) mummification

 c) autolysis

 d) sequestration

 + d) apoptosis

161. The microscopic signs of necrosis include:

 + a) plasmorexis

 b) plasmorrhagia

 c) karyokinesis

 + d) karyolysis

 + d) cytolysis

162. A shallow defection as a result of rejection of mucosal necrosis is called:

 a) ulcer

 b) sequestration

 + c) erosion

 d) apoptosis

 e) atrophy

163. What are the clinical and morphological forms of necrosis:

 + a) dry necrosis

 + b) wet necrosis

 c) allergic necrosis

 d) toxic necrosis

 e) traumatic necrosis

164. A deep defection in the wall of the stomach as a result of rejection of necrosis is called:

 + a) ulcer

 b) sequestration

 c) erosion

 d) apoptosis

 e) atrophy

165. These factors play a big role in the development of a heart attack:

 + a) arterial thrombosis

 b) sensitization

 c) organ hypofunction

 + d) functional overstrain of the organ

 + e) insufficient collateral circulation

166. Necrosis of black color in connection with the accumulation of sulphurous iron is:

 a) heart attack

 + b) gangrene

 c) an ulcer

 d) erosion

 d) sequestration

167. Fibrinoid necrosis often develops in:

 a) nerve cells

 b) liver

 c) lungs

 d) the mucous membrane of the oral cavity

 + d) the wall of blood vessels

168. Caseous necrosis is typical of:

 a) rheumatism

 b) dysentery

 + c) tuberculosis

 d) diphtheria

 e) hypertension

169. During necrosis, these substances occur in the cell:

 a) fibrinoid swelling

 + b) karyolysis

 + c) coagulation of the cytoplasm

 d) hyalinosis

 + e) cytoplasmic collocation

170. The organization of necrosis is:

 a) capsule formation

 b) cyst formation

 c) lime deposition

 + d) ingrowth of connective tissue in the foci

 e) bone formation

171. What are the clinical and morphological forms of necrosis:

 + a) gangrene

 b) hypostases

 c) autolysis

 + d) sequestration

 + e) heart attack

172. Direct necrosis includes:

 a) vascular

 b) trophoneurotic

 c) allergic

 + d) toxic

 + e) traumatic

173. Petrification is:

 a) bone formation

 b) capsule formation

 c) proliferation of connective tissue

 d) purulent fusion

 + e) lime deposition

174. Signs of death and post-mortem changes include:

 + a) mummification

 b) hydration

 c) ossification

 + d) cadaveric decomposition

 + e) cooling the corpse

175. Choose an unfavorable outcome of necrosis:

 a) organization

 b) ossification

 + c) purulent fusion

 d) cyst formation

 e) petrification

176. Compression anemia develops during:

 + a) compression of the artery by a tumor

 b) compression of a vein by a tumor

 c) arterial thrombosis

 d) vein thrombosis

 d) removal of ascitic fluid

177. During myocardial infarction, the left ventricle of the heart develops:

 a) acute venous congestion of a large circle of blood circulation

 + b) acute venous congestion of the pulmonary circulation

 c) chronic venous congestion of the pulmonary circulation

 d) chronic venous congestion of the pulmonary circulation

178. During chronic venous congestion, this develops in the spleen:

 a) brown induction

 + b) cyanotic induction

 c) muscat spleen

 d) sebaceous spleen

 e) saga spleen

179. Acute venous congestion of the pulmonary circulation develops during:

 a) decompensation of a hypertrophied heart

 b) heart disease

 c) cardiosclerosis

 + d) myocardial infarction

 e) all of the above

180. What type of hyperemia can develop in connection with a decrease in barometric pressure?

 a) collateral

 b) postanemic

 c) neuroparalytic

 + d) vacancy

 e) working

181. Liver during chronic venous congestion:

 + a) increased

 b) reduced

 c) brown fabric

 d) cyanotic fabric with white speck

 + d) fabric of gray-yellow color with dark red specks

182. During the left ventricle infarction, this develops in the lungs:

 a) brown induction

 b) hemosiderosis

 c) pneumosclerosis

 d) inflammation

 + e) edema

183. During decompensated mitral stenosis in the lungs, the following develops:

 a) tumor

 b) inflammation

 c) necrosis

 + d) sclerosis

 e) atrophy

184. What can be observed in case of a nutmeg liver:

 a) reduction in organ size

 b) hilly surface

 + c) variegated sectional view

 d) all of the above

 e) flabby consistency

185. The following main forms of deficiency of the lymphatic system are distinguished:

 a) inflammatory

 + b) mechanical

 + c) dynamic

 d) collateral

 + d) resorption

186. What hyperemia can occur after surgical removal of a large tumor from the abdominal cavity?

 a) collateral

 b) vacancy

 c) angioneurotic

 + d) postanemic

 e) inflammatory

187.Microscopically the following is characteristic for a nutmeg liver:

 a) selective plethora on the periphery of the lobule

 + b) selective plethora in the center of lobules

 + c) hemorrhages in the center of the lobules

 + d) death of hepatocytes in the center of the lobules

 e) hepatocyte hypertrophy in the center of the lobules

188. In case of nutmeg liver:

 a) ischemia of the center of the lobule

 + b) plethora of the center of the lobule

 c) hemosiderosis

 d) hepatocyte hypertrophy of the center lobules

 e) all of the above

189. With the nutmeg liver, the following can beobserved in the center of the lobule:

 a) hemorrhage

 b) plethora

 c) hepatocyte atrophy

 d) the beginning of the growth of connective tissue

 + e) all of the above

190. Examples of internal bleeding include:

 a) melena

 + b) hemothorax

 + c) hemopericardium

 d) hematuria

 + d) hemoperitoniu

191. A hemorrhage is:

 a) accumulation of blood in serous cavities

 + b) accumulation of blood in tissues

 c) the outflow of blood from a vessel

 d) the flow of blood into the environment

 d) rupture of the vessel wall

192. Which type of hyperemia can develop after rapid removal of ascitic fluid?

 a) collateral

 b) inflammatory

 c) vacancy

 + d) postanemic

 e) on the basis of arteriovenous shunt

193. The accumulation of blood in the anatomical cavity is called:

 a) hydrothorax

 + b) hemopericardium

 c) hydroperitonium

 d) hemorrhage

 e) hematoma

194. Hemoptysis is also called:

 a) epistaxis

 b) hematomesis

 + c) hemoptoiesis

 d) metrarrhagia

 d) melena

195. The main causes of bleeding are:

 a) exsicosis

 + b) corrosion of the vessel wall

 + c) rupture of the vessel wall

 d) blood stasis in the vessels

 e) thrombosis

196. Which of the following can be considered as a hemorrhage:

 + a) hematoma

 b) anasarca

 c) hemorrhage

 d) all of the above

 e) ascites

197. Depending on the disease or pathological process that caused the edema, the following varieties are distinguished:

 + a) cardiac

 b) brain

 + c) renal

 d) liver

 e) pulmonary

198. Rapid large blood loss leads to the development of:

 a) venous plethora

 + b) acute anemia

 c) edema of organs

 d) chronic anemia

 e) stasis

199. During chronic venous congestion, the following occurs in the lungs:

 a) hemomelanosis

 + b) hemosiderosis and sclerosis

 c) cyanatic induction

 d) hemochromatosis and sclerosis

 + e) brown induction

200. The reason of nutmeg liver can be:

 a) portal vein thrombosis

 + b) obliterating thrombophlebitis of the veins of the liver

 + c) liver vein thrombosis

 d) hepatic artery thrombosis

 e) compression of the portal vein by a tumor

201. A “rusty” brain cyst is formed in place of:

 a) necrosis

 b) tumors

 + c) hematomas

 d) echinococcus

 e) ischemic infarction

202. In place of a hematoma in the brain, the following is usually formed:

 + a) cyst

 b) the deposition of calcium salts

 c) scar

 d) lime deposition

 e) tumor

203. The most unfavorable outcome of hemorrhage is:

 a) cyst

 b) petrification

 + c) suppuration

 d) resorption

 e) scar

204. The following types of hemorrhages are distinguished:

 + a) hematoma

 b) exicosis

 + c) ecchymosis

 d) chylothorax

 + d) bruising

205. During acute general venous congestion, the following things are observed:

 + a) plasmorrhagia

 + b) swelling

 c) metrorrhagia

 + d) stasis

 + d) diapedetic hemorrhages

206. What is a hematoma?

 a) accumulation of blood in serous cavities

 b) the accumulation of blood in tissues without their destruction

 + c) accumulation of blood in tissues with their destruction

 d) planar hemorrhage

 e) shallow hemorrhage

207. With brown induction of the lungs, the following changes are detected:

 a) hemomelanosis

 + b) hemosiderosis

 + c) sclerosis

 d) amyloidosis

 e) bruising

208. By corroding, bleeding develops during:

 + a) purulent inflammation

 b) chronic venous congestion

 c) acute venous congestion

 d) hypertensive crisis

 e) mechanical injury

209. The outcome of a hemorrhage may be:

 + a) suppuration

 + b) encapsulation

 c) chylothorax

 + d) cyst formation

 d) melena

210. By rupture, bleeding develops during:

 a) purulent inflammation

 + b) hypertensive crisis

 c) chronic venous congestion

 d) tumors

 e) acute venous congestion

211. The following occurs during the obstruction of the hepatic veins:

 a) vaccinal hyperemia

 + b) venous hyperemia of the liver

 + c) nutmeg liver

 d) hemochromatosis

 e) amyloidosis

212. The following types of local pathological arterial hyperemia are distinguished:

 a) compression

 b) obstructive

 + c) vacancy

 + d) postanemic

 e) ischemic

213. The occurrence of the following is caused by the presence of chronic venous plethora:

 + a) edema

 b) shock

 c) hemomelanosis

 + d) hypoxia

 + d) sclerosis

214. Examples of external bleeding are:

 + a) hemoptysis

 b) petechiae

 c) hemoperitoneum

 + d) melena

 e) hemothorax

215. Stasis is:

 a) decrease in arterial blood flow

 b) increase in blood viscosity

 c) difficulty in the outflow of blood from the organ

 + d) stop the flow of blood in the microvasculature

 e) stopping the flow of arterial blood

216. The development of the following is associated with internal lymphorrhea:

 a) nutmeg liver

 b) brown lung induction

 + c) chylous ascites

 + d) chylothorax

 e) hemothorax

217. The development of stasis is not possible in:

 a) precapillaries

 b) capillaries

 c) arterioles

 + d) arteries

 e) postcapillaries

218. In the skin during general chronic venous plethora, there is:

 a) increase in temperature

 + b) lowering the temperature

 + c) cyanosis

 + d) sclerosis

 e) hemochromatosis

219. Small point hemorrhages in the skin are called:

 a) bruising

 b) lymphedema

 + c) petechiae

 + d) ecchymoses

 e) hematoma

220. During prolonged ischemia develops:

 + a) atrophy of the organ parenchyma

 b) parenchyma hyperplasia

 c) stromal atrophy

 + d) fibroblast hyperplasia

 + e) sclerosis

221. What is a sludge phenomenon?

 + a) adhesion of blood cells to each other

 b) red blood cell agglutination

 c) an increase in the number of blood cells

 d) increase in blood viscosity

 e) stop the flow of blood in the microvasculature

222. A swelling is:

 a) increase in blood supply

 + b) increase in tissue fluid content

 c) difficulty in the outflow of venous blood

 d) accumulation of exudate

 e) plasma impregnation

223. The physiological arterial hyperemia includes:

 + a) working

 b) nutmeg

 c) vacancy

 d) collateral

 + e) reflex

224. When a thrombus obstruction of the femoral artery in the foot occurs:

 + a) ischemia

 b) venous hyperemia

 c) anemia

 + d) gangrene

 e) lymphorrhea

225. Depending on the causes and conditions of occurrence, the following types of anemia are distinguished:

 a) neuroparalytic

 + b) angiospastic

 + c) obstructive

 + d) compression

 e) collateral

226. When obstruction of the lumen of the portal vein occurs:

 a) nutmeg liver

 b) brown induction of the liver

 c) Budd-Chiari syndrome

 + d) venous congestion of the small intestine

 + e) venous plethora of the spleen

227. When pulmonary edema is observed:

 + a) increase in lung size

 b) dense lung consistency

 c) weight reduction

 d) all of the above

 e) increased airiness

228. When pulmonary edema develops:

 a) expansion of the lumen of the alveoli

 + b) accumulation of edematous fluid in the lumen of the alveoli

 c) sclerosis of the interalveolar septum

 d) deposition of hemosiderin

 e) all of the above

229. Closure of the lumen of an artery with a thrombus may lead to the development of:

 a) atherosclerosis

 + b) collateral hyperemia

 c) vaccinal hyperemia

 d) anemia

 + e) ischemia

230. When pulmonary edema develops:

 a) plethora of capillaries

 b) accumulation of edematous fluid in the lumen of the alveoli

 c) accumulation of edematous fluid in the interalveolar septa

 d) red blood cell diapedesis

 + e) all of the above

231. Flat hemorrhages in the skin are called:

 a) petechiae

 b) ecchymoses

 + c) bruising

 d) hematoma

 e) hemorrhagic impregnation

232. The transudate is characterized by:

 a) turbid type of liquid

 b) a lot of cellular elements

 c) unpleasant odor

 + d) protein less than 2%

 e) all of the above

233. The accumulation of edematous fluid in the subcutaneous tissue is called:

 a) ascites

 + b) anasarca

 c) hydrocele

 d) hydropericardium

 e) hydrocephalus

234. Irregular heart attacks usually form in:

 + a) the brain

 b) lungs

 + c) heart

 d) the spleen

 + e) intestines

235. The immediate cause of a blood clot is:

 + a) damage to the vascular wall

 b) red blood cell diapedesis

 c) a decrease in the number of red blood cells

 d) plasmorrhagia

 e) decrease in platelet count

236. In relation to the lumen of the vessel or the cavities of the heart, a thrombus may be:

 a) perivascular

 + b) parietal

 + c) obturating

 + d) clogging

 e) transmural

237. What are the stages of thrombosis:

 a) platelet agglutination

 b) plasma protein precipitation

 c) coagulation of fibrinogen

 d) red blood cell agglutination

 + e) all of the above

238. Favorable outcomes of thrombosis include:

 + a) aseptic autolysis

 b) septic autolysis

 c) thrombembolism

 d) thrombobacterial embolism

 + e) organization

239. A heart attack of the type of collication necrosis is characteristic of:

 a) myocardium

 + b) the brain

 c) spleen

 d) kidney

 + e) spinal cord

240. White blood clots are more often formed in:

 a) veins

 b) aneurysm cavity

 + c) arteries

 d) capillaries

241. A blood clot may be:

 a) paradoxical

 + b) obturating

 + c) parietal

 d) fatty

 e) fabric

242. Red blood clots often form in:

 + a) veins

 b) the cavity of the heart

 c) arteries

 d) aorta

 e) capillaries

243. Hyaline thrombes are formed in:

 a) veins

 b) the cavity of the heart

 c) arteries

 d) aorta

 + e) capillaries

244. An unfavorable outcome of a blood clot is:

 a) organization

 b) vascularization

 + c) thromboembolism

 d) sewage

 e) petrification

245. Paradoxical embolism can develop if:

 + a) atrial septal defect

 + b) ventricular septal defect

 + c) arteriovenous anastomoses

 d) good collateral circulation

 e) aortic wall defect

246. Obstructive thrombus of an artery can lead to:

 a) venous plethora

 b) thromboembolism

 c) arterial plethora

 d) atrophy

 + e) heart attack

247. The following types of myocardial infarction are distinguished by localization:

 + a) subendocardial

b) subchordal

 + c) subepicardial

d) pericardial

 + e) transmural

248. A favorable outcome of thrombosis is:

 a) septic autolysis

 b) thromboembolism

 c) purulent fusion

 d) obstruction of the lumen of the vessel

 + e) organization

249. A blood clot consisting of alternating sections of a red and white blood clot is called:

 a) red

 b) hyaline

 c) white

 d) granular parietal

 + e) mixed

250. From the veins of the lower leg, thromboembol with blood flow usually falls into:

 + a) inferior vena cava

 b) jugular vein

 c) portal vein

 + d) right atrium

 + e) pulmonary artery

251. Favorable heart attack outcomes include:

 + a) organization

 b) kollikvadaya

 c) septic autolysis

 + d) replacement of dead masses with connective tissue

 + e) petrification

252. A blood clot that contains a large number of red blood cells is called:

 + a) red

 b) layered

 c) white

 d) hyaline

 e) mixed

253. A blood clot, which contains a large number of fibrin and white blood cells, is called:

 a) red

 b) layered

 + c) white

 d) hyaline

 e) mixed

254. A blood clot may be:

 a) white with a hemorrhagic nimbus

 + b) white

 + c) mixed (layered)

 d) posthumously arisen

 + d) red

255. During a thrombus obstruction of the femoral artery in the lower limb, the following develops:

 a) noma

 b) sequestration

 c) wet necrosis

 d) plethora

 + d) gangrene

256. Wedge-shaped infarcts usually form in:

 a) the brain

 b) the intestines

 + c) kidneys

 + d) lungs

 + d) the spleen

257. What arterial hyperemia can be combined with gas embolism?

 a) collateral

 + b) vacancy

 c) angioneurotic

 d) postanemic

 e) neuroparalytic

258. Thromboembolism of small branches of the pulmonary artery leads to:

 a) pulmonary coronary reflex

 b) shock

 + c) pulmonary infarction

 d) DIC

 e) atelectasis

259. The appearance of a blood clot is characterized by:

 + a) rough surface

 b) not fastened to the vessel wall

 c) smooth surface

 d) contains a lot of moisture

 e) all of the above is true

260. Local factors contributing to thrombosis include:

 + a) damage to the vascular wall

 b) activation of the function of the anticoagulant system

 + c) slowing down and disturbance of blood flow

 d) activation of the function of the coagulation system

 + d) vasculitis

261. Favorable outcomes of thrombosis include:

 a) septic thrombus autolysis

 b) purulent thrombus fusion

 + c) sewage thrombus

 + d) thrombus vascularization

 + d) organization of a blood clot

262. Thromboembolism of the trunk and large branches of the pulmonary artery leads to the development of:

 + a) pulmonary coronary reflex

 b) shock

 c) hemorrhagic heart attack

 d) DIC

 e) atelectasis

263. Retrograde embolism can develop with:

 + a) the movement of the embolus against blood flow

 b) the movement of the embolus through the blood stream

 c) the passage of an embolus through a ventricular septal defect

 d) the passage of the embolus through the atrial septal defect

 d) the presence of fat embolism

264. A heart attack is:

 + a) ischemic necrosis

 b) trophoneurotic necrosis

 c) toxic necrosis

 + d) vascular necrosis

 + e) angiogenic necrosis

265. The localization of blood clots with thromboembolism of the arteries of the pulmonary circulation is:

 + a) valves of the left heart

 b) veins of the pulmonary circulation

 c) valves of the right heart

 d) arteries of the pulmonary circulation

 e) veins of the pulmonary circulation

266. The most dangerous blockage of capillaries by fat emboli is:

 a) kidney

 b) intestines

 c) liver

 d) spleen

 + d) lungs

267. A white blood clot is more often formed:

 + a) slowly

 b) fast

 c) with a slow flow of blood

 + d) with rapid blood flow

 e) with paradoxical embolism

268. In which organ should the first metastases of an intestinal tumor be sought if it metastases hematogenously:

 a) in the lungs

 + b) in the liver

 c) in the heart

 d) in the spleen

 e) in the kidneys

269. What is the consequence of thromboembolism of the pulmonary circulation:

 a) plethora of organs

 b) exicosis

 + c) heart attacks in organs

 d) cachexia

 e) edema

270. Pulmonocoronary reflex develops during:

 a) fatty embolism of the vessels of the lungs

 b) fetal amniotic fluid embolism

 c) microbial embolism of pulmonary vessels

 + d) pulmonary artery thromboembolism

 e) thromboembolism of small branches of the pulmonary artery

271. Local factors contributing to thrombosis include:

 + a) swirling blood flow

 b) acceleration of blood flow

 + c) vasculitis

 d) activation of the function of the coagulation system

 e) inhibition of the function of the anticoagulant system

272. Possible outcomes of pulmonary infarction include:

 + a) organization

 b) myomalacia

 c) cyst formation

 + d) scar formation

 + d) suppuration

273. The sources of thromboembolism of a large circle of blood circulation are:

 + a) parietal thrombi of the left ventricle

 b) parietal thrombi of the right ventricle

 + c) left atrial thrombus

 d) thrombi of the ear of the right atrium

 + d) dilated thrombi of the aorta

274. What are the most common causes of infarction:

 a) venous plethora

 + b) arterial thrombosis

 c) thrombosis of large veins

 d) capillary embolism

 e) blood clots in the vessels of the microvasculature

275. Hemorrhagic infarction is most characteristic of:

 a) hearts

 b) liver

 c) spleen

 d) kidney

 + d) lungs

276. The sources of microbial embolism can be:

 + a) purulent thrombophlebitis

 b) phlebothrombosis

 + c) septic endocarditis

 + d) septic thrombus autolysis

 e) aseptic thrombus autolysis

277. With respect to the lumen of a vessel, a thrombus may be:

 a) progressive

 b) perivascular

 + c) parietal

 + d) obturating

 e) regressive

278. A red (hemorrhagic) infarction is typical for:

 a) myocardium

 b) kidney

 + c) lungs

 d) liver

 e) spleen

279. A white infarction with a hemorrhagic corolla is typical for:

 a) intestines

 + b) myocardium

 c) skin

 d) liver

 d) the brain

280. Fatty lung embolism usually develops during:

 a) fatty degeneration of the liver

 + b) fracture of the tubular bones

 + c) crushing of subcutaneous tissue

 d) ulceration of atherosclerotic plaques

 e) nutritional obesity

281. White (ischemic) infarction is typical for:

 + a) spleen

 b) liver

 c) intestines

 d) skin

 e) lungs

282. In which 2 diseases are myocardial infarctions considered common:

 a) rheumatism

 + b) atherosclerosis

 c) syphilis

 d) Budd-Chiari disease

 + e) arterial hypertension

283. Highlight the wrong position in the characteristic of myocardial infarction:

 + a) triangular

 b) dense consistency

 c) white-yellow color

 d) thrombus from the endocardium

 e) red whisk

284. Highlight the wrong position in the characteristic of infarction of the kidney:

 a) triangular shape

 + b) a mushy consistency

 c) white-yellow color

 d) cause of thrombosis (thromboembolism)

 e) red whisk

285. What blood clots can be a source of thrombobacterial embolism:

 a) organized

 b) white

 c) mixed

 + d) septic

 e) aseptic

286. The cause of sudden death in thromboembolism of the pulmonary artery trunk is:

 a) insufficiency of collateral blood flow

 b) suppuration of pulmonary infarction

 + c) pulmonary coronary reflex

 d) hemorrhagic pulmonary infarction

 e) brown lung induction

287. Gas embolism can occur with:

 a) injured neck veins

 b) ammonia poisoning

 + c) rapid decompression

 d) carbon monoxide poisoning

 e) application of pneumothorax

288. Myocardial infarction is characterized by:

 a) wedge-shaped

 b) conical shape

 + c) irregular shape

 d) white color

 + d) white color with a hemorrhagic nimbus

289. The most serious consequences have a heart attack:

 a) spleen

 b) lungs

 c) kidneys

 d) bones

 + d) the brain

290. An unfavorable outcome of a heart attack is:

 a) organization

 + b) purulent fusion

 c) petrification

 d) encapsulation

 e) cyst formation

291. In the outcome of myocardial infarction, this usually is formed:

 a) cyst

 b) hemosiderosis

 c) abscess

 d) petrification

 + d) scar

292. In a mixed thrombus, there are:

 + a) a head that has the structure of a white blood clot

 b) the neck, which has the structure of a mixed blood clot

 + c) a body that has the structure of a layered thrombus

 d) a head that has the structure of a red blood clot

 + e) tail, which has the structure of a red blood clot

293. The following is usually formed in the outcome of a cerebral infarction:

 + a) cyst

 b) hemosiderosis

 c) abscess

 d) petrification

 e) scar

294. As a result of what embolism can metastasis develop?

 a) thromboembolism

 b) fat

 + c) tissue

 d) gas

 + d) microbial

295. Exudative inflammation includes:

 + a) fibrinous inflammation

 + b) putrefactive inflammation

 c) interstitial inflammation

 d) granulomatous inflammation

 + e) purulent inflammation

296. The development of diphtheria or croupous inflammation in the large intestine is determined by:

 a) the type of pathogen

 b) the severity of the current

 c) the degree of circulatory disorders

 + d) the depth of necrosis

 d) leukocyte activity

297. Note the type of exudate that underlies diphtheria inflammation:

 a) purulent

 b) serous

 + c) fibrinous

 d) hemorrhagic

 e) catarrhal

298. At what changes in the pericardium is the heart called “hairy”:

 a) organization of exudate

 + b) loss of fibrin masses

 c) the imposition of pus

 d) the development of fibrotic adhesions

 e) petrification of exudate

299. Under what changes in the pericardium is the heart called “carapace”:

 a) loss of fibrin masses

 + b) organization and petrification of exudate

 c) the imposition of purulent exudate

 d) the formation of fibrotic adhesions

 e) tumor growth

300. The most common cause of purulent inflammation is:

 a) viruses

 b) toxins

 c) the simplest

 + d) staphylococci

 e) chemicals

301. Phlegmon is characterized by:

 a) the presence of catarrhal inflammation

 b) the presence of fibrinous inflammation

 c) delimitation from neighboring tissues by a shaft of granulation tissue

 d) the presence of a pyogenic membrane

 + e) the presence of diffuse purulent inflammation

302. With microscopy, purulent exudate is diagnosed by a large number of:

 a) fibrin

 b) lymphocytes

 + c) neutrophilic white blood cells

 d) red blood cells

 d) macrophages

303. The initial phase of inflammation is:

 a) exudation

 b) proliferation

 + c) alteration

 d) phagocytosis

 e) pinocytosis

304. Indicate the morphological forms of inflammation:

 + a) proliferative

 b) mesenchymal inflammation

 c) mixed inflammation

 + d) exudative inflammation

 + e) productive inflammation

305. The main component of purulent exudate is:

 a) water

 b) fibroblasts

 + c) neutrophilic white blood cells

 d) microorganisms

 e) detritus

306. Phlegmon is most often observed:

 + a) in subcutaneous fat

 + b) in loose fibrous connective tissue

 c) in the substance of the brain

 d) in the liver

 d) in the myocardium

307. Hemorrhagic inflammation is observed with:

 + a) anthrax

 b) peptic ulcer

 + c) flu

 d) thyrotoxicosis

 + d) plague

308. Indicate the name of purulent inflammation:

 + a) abscess

 b) cyst

 c) granuloma

 d) hematoma

 e) anasarca

309. With diphtheria in the tonsils, inflammation develops:

 + a) diphtheria

 b) purulent

 c) croupous

 d) putrefactive

 e) catarrhal

310. The causes of hemorrhagic inflammation are:

 a) gonococcus

 + b) influenza virus

 + c) anthrax bacillus

 + d) Pasteurella plague

 d) streptococcus

311. Indicate the types and varieties of purulent inflammation:

 + a) abscess

 + b) soft phlegmon

 + c) solid phlegmon

 d) croupous inflammation

 e) diphtheria inflammation

312. It is usually not the cause of purulent inflammation:

 a) staphylococci

 + b) viruses

 c) Escherichia

 d) streptococci

 e) Klebsiella

313. Phlegmon refers to the following type of inflammation:

 a) catarrhal

 + b) purulent

 c) croupous

 d) putrefactive

 d) diphtheria

314. List the morphological forms of inflammation:

 a) dystrophic

 b) necrobiotic

 + c) exudative

 + d) proliferative

 + d) productive

315. Purulent exudate macroscopically looks like a liquid:

 a) transparent

 b) stained with blood

 c) slightly cloudy

 d) mucous appearance

 + d) thick yellow-green

316. In purulent exudate, unlike serous, prevail:

 a) desquamated cells of the integumentary epithelium

 b) desquamated mesothelial cells

 + c) neutrophils

 d) mucus

 + e) purulent bodies

317. Focal suppurative inflammation with tissue melting and cavity formation is called:

 + a) abscess

 b) cyst

 c) phlegmon

 d) granuloma

 d) empyema

318. What can occur as a result of increased vascular permeability at the level of the microvasculature:

 + a) exudation of blood plasma

 b) exicosis

 + c) emigration of blood cells

 + d) the formation of exudate and cellular infiltrate

 e) cadaveric hypostases

319. Specify the types of fibrinous inflammation:

 a) putrefactive

 + b) croupous

 + c) diphtheria

 d) proliferative

 e) productive

320. Indicate the type of exudative inflammation most characteristic of pharyngeal diphtheria:

 a) purulent

 b) catarrhal

 c) croupous

 + d) diphtheria

 e) putrefactive

321. Indicate the complication of chronically current purulent inflammation:

 a) plethora

 + b) secondary amyloidosis

 c) edema

 d) systemic hyalinosis

 e) cell proliferation

322. Fibrinous inflammation includes:

 a) purulent

 + b) croupous

 c) serous

 d) putrefactive

 e) catarrhal

323. The causes of nonspecific inflammation are usually:

 + a) streptococci

 b) Mycobacterium tuberculosis.

 + c) meningococci

 d) pale treponema

 + d) staphylococci

324. Where croupous inflammation is usually localized:

 a) the oral cavity

 b) tonsils

 c) pharynx

 + d) trachea

 + d) bronchi

325. What is the form of inflammation in which cell proliferation is most pronounced:

 a) alternative inflammation

 b) exudative inflammation

 + c) proliferative inflammation

 d) parenchymal inflammation

 + e) productive inflammation

326. In acute suppurative inflammation, the following can be observed:

 + a) fistulas

 + b) lymphangitis

 + c) thrombophlebitis

 d) "hairy heart"

 + d) cellulite

327. Catarrhal inflammation is characterized by:

 + a) isolation and draining of exudate

 b) film formation

 c) the formation of ulcers and erosion

 d) deformation of the lumen

328. What are the types of purulent inflammation:

 a) croupous

 b) putrefactive

 c) granulomatous

 + d) phlegmon

 + d) abscess

329. A precancerous change in the epithelium in chronic catarrh is:

 a) atrophy

 + b) dysplasia

 c) dystrophy

 d) desquamation

 e) everything is right

330. Depending on the nature of the course, inflammation is classified into:

 + a) acute

 b) fibrinous

 + c) chronic

 d) specific

 e) non-specific

331. A typical outcome of acute catarrhal inflammation is:

 a) sclerosis and deformity

 b) ulceration and perforation

 c) organization and petrification

 d) the development of a cancerous tumor

 + d) resorption and regeneration

332. An exudate containing few leukocytes and a lot of fluid is called:

 + a) serous

 b) hemorrhagic

 c) purulent

 d) putrefactive

 e) fibrinous

333. Examples of exudative inflammation are:

 a) parenchymal inflammation

 + b) purulent inflammation

 + c) catarrhal inflammation

 d) interstitial inflammation

 e) granulomatous inflammation

334. Where is diphtheria inflammation usually located?

 + a) pharynx

 + b) tonsils

 + c) esophagus

 d) stomach

 e) intestines

335. An exudate containing a large number of neutrophilic white blood cells is called:

 a) serous

 b) hemorrhagic

 + c) purulent

 d) putrefactive

 e) fibrinous

336. The successive phases of the inflammatory process are:

 a) coagulation

 + b) alteration

 + c) exudation

 d) infiltration

 + d) proliferation

337. Exudate containing a large amount of fibrin is called:

 a) serous

 b) hemorrhagic

 c) purulent

 d) putrefactive

 + d) fibrinous

338. For tuberculous granulomas are characteristic:

 a) neutrophils

 + b) lymphocytes

 + c) epithelioid cells

 d) eosinophils

 e) mast cells

339. Syphilis can be:

 a) idiopathic

 + b) acquired

 c) senile

 + d) congenital

 + d) visceral

340. Specific inflammation include:

 a) rheumatism

 + b) syphilis

 + c) scleroma

 d) trichinosis

 + e) tuberculosis

341. A cell of inflammatory infiltrate of histiogenic nature is:

 a) monocyte

 b) neutrophilic white blood cell

 c) lymphocyte

 d) eosinophilic white blood cell

 + d) epithelioid

342. For tuberculous granulomas are characteristic:

 a) Virchow cells

 + b) Pirogov-Langhans cells

 c) Mikulich cells

 + d) coagulation necrosis

 e) collicative necrosis

343. For secondary syphilis are characteristic:

 a) solitary gums

 b) solid chancre

 c) gummy infiltrate

 d) millionth gum

 + d) syphilis

344. Specific inflammation includes:

 + a) leprosy

 b) echinococcosis

 c) sarcoidosis

 + d) tuberculosis

 + d) scleroma

345. The morphological type of productive inflammation is:

 + a) granulomatous

 b) putrefactive

 c) purulent

 d) serous

 e) hemorrhagic

346. For syphilitic mesortitis, a lesion is characteristic:

 a) aortic bifurcation

 + b) ascending aorta

 + c) aortic arch

 d) abdominal aorta

 e) adventitia of the aorta

347. Productive inflammation is called inflammation with:

 a) severe alteration

 b) the formation of granulomas

 + c) the predominance of proliferation

 d) proliferation of fibrous tissue

 e) pronounced exudation

348. The most typical course of productive inflammation is:

 a) acute

 + b) chronic

 c) subacute

 d) lightning fast

349. Proliferate in the focus of productive inflammation:

 + a) macrophages

 b) neutrophilic white blood cells

 c) reticulocytes

 d) basophilic white blood cells

 e) red blood cells

350. Specify the cells characteristic of syphilitic granuloma:

 a) Virchow cells

 + b) lymphocytes

 c) hyaline balls

 + d) plasmocytes

 e) Mikulich cells

351. A typical outcome of a productive interstitial inflammation is:

 a) edema

 b) calcification

 + c) sclerosis

 d) ossification

 e) suppuration

352. For secondary syphilis are characteristic:

 a) gum

 + b) roseola

 + c) papules

 + d) pustules

 d) abscesses Dubois

353. The granuloma is the center:

 a) purulent inflammation

 b) accumulations of lymphoid cells

 + c) the accumulation of cells capable of phagocytosis

 d) caseous necrosis

 e) fibrous tissue

354. Signs characteristic of specific inflammation include:

 + a) the formation of granulomas

 b) the predominance of exudative tissue reaction

 + c) the predominance of a productive tissue reaction

 + d) chronic undulating course

 e) polyetiologic disease

355. Highlight non-infectious granuloma:

 a) tuberculosis

 b) with scleroma

 + c) oleogranuloma

 d) with leprosy

 e) syphilitic

356. Highlight infectious granuloma:

 a) oleogranuloma

 b) lipogranuloma

 + c) syphilitic

 d) around a foreign body

 e) with asbestosis

357. In productive inflammation, prevails:

 a) alterations

 b) reactions of the microvasculature

 + c) cell proliferation

 d) exudation

 e) cell atypism

358. Specific inflammations include:

 a) sarcoidosis

 + b) tuberculosis

 + c) leprosy

 d) echinococcosis

 e) typhoid fever

359. An immune granuloma develops with:

 a) alveococcosis

 + b) tuberculosis

 c) asbestosis

 d) silicosis

 e) a foreign body

360. Tell me where productive inflammation with the formation of polyps can occur:

 a) the brain

 b) the liver

 + c) stomach

 + d) intestines

 d) anus

361. Choose the wrong position for syphilitic granuloma:

 a) solitary

 + b) non-infectious

 c) immune

 d) in the end, a rough scar

 e) specific

362. In the outcome of tuberculous inflammation may occur:

 + a) encapsulation

 + b) petrification

 c) leprosy

 d) gum

 + d) sclerosis

363. In visceral syphilis, it is most often affected:

 a) respiratory system

 b) the gastrointestinal tract

 + c) cardiovascular system

 d) genitourinary organs

 e) endocrine glands

364. A complication of syphilitic mesortitis is:

 a) aneurysm of the abdominal aorta

 b) cardiosclerosis

 + c) aneurysm of the thoracic aorta

 d) aortic heart disease

 e) myocardial infarction

365. Productive inflammation is characteristic of:

 a) flu

 b) anthrax

 + c) rheumatism

 + d) scleromas

 + e) tuberculosis

366. A typical localization of inflammatory polyps is:

 a) serous membranes

 b) meninges

 c) mucous membranes of the anogenital region

 + d) mucous membranes of the nasal cavity

 e) everywhere

367. A typical localization of genital warts is:

 a) serous membranes

 b) meninges

 + c) mucous membranes of the anogenital region

 d) mucous membranes of the bronchi

 e) mucous membranes of the nasal cavity

368. Congenital syphilis is divided into:

 + a) early

 b) primary

 c) secondary

 + d) late

 e) returnable

369. Around animal parasites usually occurs:

 a) alternative inflammation

 b) exudative inflammation

 + c) productive inflammation

 d) specific inflammation

 + e) non-specific inflammation

370. What is "proliferation"

 a) cell death

 + b) cell reproduction

 c) cell damage

 d) a synonym for regeneration

 d) the outcome of inflammation

371. Highlight non-immune granuloma:

 a) with tuberculosis

 b) with leprosy

 c) with syphilis

 + d) around a foreign body

 d) with rhinoscleroma

372. Genital warts are very characteristic for:

 a) tuberculosis

 + b) gonorrhea

 c) pneumonia

 d) peritonitis

 + d) syphilis

373. Leproma is characterized by:

 + a) macrophages

 b) Mikulich cells

 + c) lymphocytes

 d) zoeinophils

 + d) plasmocytes

374. During tuberculosis, the granuloma is:

 a) macrophagic

 b) necrotic

 + c) epitheliocellular

 d) regenerative

 e) giantocellular

375. A specific granuloma develops with:

 a) rheumatism

 b) echinococcus

 + c) tuberculosis

 d) around the suture material

 e) yersiniosis

376. For granulomatous diseases characterized by:

 a) acute course

 b) more often full recovery

 + c) violation of immune homeostasis

 d) necessarily the manifestation of exudation

 d) necessarily the formation of caseous necrosis

377. When myocardial infarction is observed:

 a) restitution

 + b) substitution

 c) hyperplasia of cardiomyocytes

 + d) cardiomyocyte hypertrophy

 + d) organization of necrosis

378. An increase in the volume of functional structures with an increase in function is called:

 a) dystrophy

 b) atrophy

 c) dysplasia

 d) metaplasia

 + e) hypertrophy

379. In uncomplicated bone fractures, the following occurs:

 + a) preliminary callus

 b) bone and cartilage callus

 + c) primary bone fusion

 d) exostosis

 e) false joint

380. An increase in the number of cellular elements is called:

 a) dystrophy

 + b) hyperplasia

 c) dysplasia

 d) metaplasia

 e) hypertrophy

381. Vicar hypertrophy can develop in:

 a) heart

 + b) lung

 + c) kidney

 d) liver

 e) bladder

382. Choose the type of hypertrophy:

 + a) working

 b) cerebral

 c) neurotic

 d) dysfunctional

 d) pressure

383. Glandular endometrial hyperplasia refers to hypertrophy:

 a) working

 b) correlative

 c) vicar

 + d) neurohumoral

384. The type of hypertrophy in heart disease is:

 + a) working

 b) correlative

 c) vicar

 d) neurohumoral

385. The following forms of general pathological atrophy are distinguished:

 a) senile atrophy

 + b) cancer cachexia

 + c) cerebral cachexia

 + d) pituitary cachexia

 e) neurotic atrophy

386. Cellular regeneration is characteristic of:

 a) endocrine organs

 + b) hematopoietic tissue

 + c) lymphoid tissue

 + d) serous membranes

 d) autonomic nervous system

387. The type of myocardial hypertrophy in hypertension is:

 + a) working

 b) correlative

 c) vicar

 d) neurohumoral

388. Myocardial hypertrophy occurs due to:

 + a) increase in the size of myocytes

 b) increase in the number of myocytes

 c) edema of the stroma

 d) myocyte dystrophy

389. The following types of regeneration are distinguished:

 a) atrophic

 b) fabric

 + c) physiological

 + d) pathological

 e) organ

390. The cause of physiological myocardial hypertrophy is:

 a) heart disease

 b) cardiosclerosis

 + c) great physical activity

 d) hypertension

 e) toxic myocarditis

391. For cardiac hypertrophy in the compensation stage of the above, only:

 a) a decrease in heart size

 + b) thickening of the wall of the ventricles

 c) myogenic cavity dilatation

 d) flabby myocardial consistency

 e) fatty degeneration of myocytes

392. Regenerative hypertrophy due to cell hyperplasia is characteristic of:

 + a) liver

 b) myocardium

 + c) kidney

 d) the brain

 + e) pancreas

393. In a hypertrophic myocardium with decompensation develops:

 a) atrophy of myocytes

 b) regeneration

 c) myocyte hyperplasia

 d) myocyte hypertrophy

 + d) myocyte dystrophy

394. With decompensation in the heart develops:

 a) an increase in the number of myocytes

 b) atrophy of myocytes

 c) an increase in the size of myocytes

 + d) dystrophy of myocytes

395. In what organ does vicar hypertrophy develop:

 a) heart

 b) the uterus

 c) the stomach

 d) the bladder

 + e) kidneys

396. After the removal of one kidney in another is observed:

 + a) vicar hypertrophy

 b) metaplasia

 + c) replacement hypertrophy

 d) histological accommodation

 e) vaccine hypertrophy

397. For the decompensation phase of a hypertrophied heart from the above, only:

 + a) myocardial sagging

 b) tonogenic expansion of the chambers

 c) an increase in the wall thickness of the ventricles

 d) increase in heart weight

 e) an increase in the size of myocytes

398. Neurohumoral hypertrophy develops in:

 a) heart with hypertension

 + b) mammary glands during pregnancy

 c) the bladder with prostatic hyperplasia

 d) the kidney when removing the second kidney

 e) the wall of the stomach with pyloric stenosis

399. The following types of regeneration are distinguished:

 a) neurohumoral

 b) compensatory

 + c) physiological

 + d) reparative

 + e) pathological

400. Intravital decrease in the volume of functioning structures is called:

 a) hypertrophy

 b) hypoplasia

 c) hyperplasia

 d) dysplasia

 + d) atrophy

401. Local atrophy includes:

 + a) dysfunctional

 b) cerebral cachexia

 c) cancer cachexia

 d) nutritional exhaustion

 e) pituitary cachexia

402. Organizations include:

 + a) wound healing

 b) prosoplasia

 + c) replacement of the necrosis site with connective tissue

 d) histological accommodation

 + d) encapsulation

403. General atrophy includes:

 + a) nutritional exhaustion

 b) atrophy from inaction

 c) neurotic atrophy

 d) all of the above

 d) atrophy from pressure

404. When atrophy from pressure can occur:

 + a) usury

 b) ichthyosis

 + c) hydronephrosis

 d) onychogryphosis

 + d) hydrocephalus

405. Local atrophy includes:

 a) vicar

 b) cerebral

 c) cancer

 d) pituitary

 + d) from insufficient blood supply

406. An example of pressure atrophy is atrophy:

 a) bone marrow radiation sickness

 b) muscle fracture

 + c) kidneys in the presence of stones

 d) myocardium with atherosclerosis of the coronary artery

407. The processes of adaptation are most clearly represented:

 a) hypertrophy

 + b) atrophy

 c) regeneration

 + d) tissue remodeling

 + d) metaplasia

408. An example of atrophy from the action of physical factors is atrophy:

 + a) bone marrow in radiation sickness

 b) muscle fracture

 c) kidneys in the presence of stones

 d) adrenal cortex when taking corticosteroids

409. An example of atrophy from circulatory failure is

 + a) focal myocardial atrophy in coronary artery atherosclerosis

 b) atrophy of the adrenal cortex when taking corticosteroids

 c) muscle atrophy in bone fracture

 d) atrophy of the optic nerve when removing the eye

410. The transition of one type of tissue to another, related to it, is called:

 a) dysplasia

 + b) metaplasia

 c) anaplasia

 d) malignancy

 e) hyperplasia

411. Brown atrophy is typical for:

 a) stomach

 b) kidney

 c) lungs

 + d) liver

 e) prostate gland

412. In violation of the outflow of cerebrospinal fluid in the brain develops:

 a) swelling and swelling

 b) meningitis

 + c) hydrocephalus

 d) encephalitis

 e) tumor

413. Connective tissue metaplasia is possible in:

 + a) bone

 b) epithelial

 c) muscle

 d) hematopoietic

 e) nervous

414. With metaplasia, an epithelium develops in the mucous membrane of the bronchi:

 a) cylindrical

 b) cubic

 c) prismatic

 + d) multilayer flat

 e) atrial

415. Metaplasia of the bronchial epithelium develops against the background of:

 a) lymphostasis

 b) acute inflammation

 c) plethora

 + d) chronic inflammation

 e) necrosis

416. Against the background of metaplasia of the epithelium of the bronchi develops:

 a) dystrophy

 + b) cancer

 c) atrophy

 d) inflammation

 e) necrosis

417. The growth of connective tissue in the pathological focus is called:

 a) metaplasia

 b) petrification

 c) encapsulation

 d) dysplasia

 + d) organization

418. Fouling of the connective tissue of the pathological focus is called:

 a) metaplasia

 b) petrification

 + c) encapsulation

 d) dysplasia

 e) organization

419. Focal sclerosis at the site of the pathological focus is called:

 a) cyst

 b) cirrhosis

 c) cardiosclerosis

 d) petrification

 + d) scar

420. According to the mechanism of occurrence, the following types of hypertrophy are distinguished:

 a) true

 + b) vicar

 + c) working

 d) false

 + d) neurohumoral

421. The following types of local atrophy are distinguished:

 a) atrophy in Simmonds disease

 + b) atrophy from insufficient blood supply

 + c) dysfunctional atrophy

 + d) neurotic atrophy

 e) atrophy with cerebral cachexia

422. Severe organ sclerosis with remodeling and deformation is called:

 a) scar

 b) diffuse fibrosis

 c) diffuse sclerosis

 d) focal fibrosis

 + d) cirrhosis

423. Violation of cell proliferation and differentiation with the appearance of cell atypia in some cells is called:

 a) hyperplasia

 + b) dysplasia

 c) metaplasia

 d) organization

 e) anaplasia

424. Examples of tissue remodeling may include:

 + a) collateral circulation

 b) atrophy

 c) dystrophy

 d) necrosis

 + d) histological accommodation

425. Highlight the type of wound healing:

 a) by organizing

 + b) primary intention

 c) by encapsulation

 d) by metaplasia

 e) all of the above

426. Compensatory-adaptive processes go through the following phases:

 a) updates

 + b) formation

 c) substitution

 + d) fixing

 + d) exhaustion

427. The restoration of structural elements of tissue instead of the dead is called:

 a) organization

 b) dysplasia

 + c) regeneration

 d) anaplasia

 e) metaplasia

428. What is granulation tissue?

 a) fibrous connective tissue

 + b) young connective tissue

 c) mature connective tissue

 d) vessel-poor tissue

 e) cell-poor tissue

429. Indicate where predominantly intracellular regeneration is observed:

 a) smooth muscle

 + b) striated muscle

 c) liver

 + d) myocardium

 e) kidneys

430. Organization is ...

 + a) wound healing

 b) mummification

 + c) encapsulation

 d) mutation

 e) impregnation

431. Among the regulatory mechanisms of regeneration are distinguished:

 + a) humoral

 + b) functional

 c) physiological

 + d) immunological

 e) pathological

432. Indicate where exclusively intracellular regeneration is observed:

 a) autonomic nervous system

 + b) CNS

 c) smooth muscles

 d) skeletal muscle

 e) peripheral nervous system

433. Vicarial hypertrophy is characteristic of:

 a) spleen

 b) the brain

 + c) kidney

 + d) adrenal glands

 e) liver

434. What tissue can regenerate by type of restitution?

 a) nervous

 b) cartilage

 c) muscle

 d) myocardium

 + d) blood

435. The causes of Symmonds disease can be:

 a) myxedema

 + b) pituitary atrophy

 c) pituitary cell hypertrophy

 + d) hemorrhages in the pituitary gland

 + d) embolism of the pituitary arteries

436. Epidermal metaplasia occurs in:

 a) the mucous membrane of the esophagus

 + b) bronchial mucosa

 c) skin

 + d) pancreas

 e) bone marrow

437. For scar tissue characteristic:

 a) the abundance of proliferating connective tissue cells

 b) the abundance of chromotropic fibers

 + c) the abundance of collagen fibers

 d) the abundance of blood vessels

 e) intense leukocyte infiltration

438. Depending on the mechanism of occurrence, the following types of hypertrophy are distinguished:

 + a) vicar

 b) neurotic

 + c) working

 d) dysfunctional

 + d) neurohumoral

439. The following forms of general atrophy are distinguished:

 + a) nutritional exhaustion

 b) neurotic atrophy

 + c) atrophy in Simmonds disease

 d) atrophy from insufficient blood supply

 + e) malnutrition in cancer cachexia

440. Compensatory cardiac hypertrophy develops with:

 a) DIC

 + b) hypertension

 shocked

 d) toxic myocardial dystrophy

 e) acute myocarditis

441. Cellular regeneration is characteristic of:

 a) myocardium

 + b) hematopoietic tissue

 c) striated muscles

 + d) lymphoid tissue

 e) CNS ganglion cells

442. With respect to the lumen of a hollow organ, tumor growth can be:

 a) expansive

 + b) exophytic

 + c) endophytic

 d) infiltrating

 e) multicentric

443. Undifferentiated cancer includes:

 a) glandular cancer

 + b) mucous cancer

 + c) brain cancer

 d) liver cell cancer

 + d) colloid cancer

444. Highlight the signs inherent in fibrous cancer:

 a) grows mainly expansively

 b) has only tissue atypism

 + c) early metastases

 + d) is undifferentiated cancer

 d) develops from fibrous tissue

445. Highlight the types of tumor growth depending on the degree of differentiation:

 + a) invasive

 + b) appositional

 c) hematogenous

 + d) infiltrating

 + d) expansive

446. Highlight the signs characteristic of a malignant tumor:

 + a) invasive growth

 + b) the presence of cellular atypism

 c) lack of metastases

 + d) recurrence

 e) slow growth

447. List the varieties of adenomas:

 + a) cystadenoma

 b) glandular

 + c) acinar

 d) non-keratinized

 + d) tubular

448. Highlight the signs inherent in solid cancer:

 a) late metastases

 b) grows expansively

 + c) is an undifferentiated form of cancer

 + d) has tissue atypism

 + d) has cellular atypism

449. Due to the general effect of a malignant tumor on the body, the following are often detected:

 + a) a change in the activity of enzymes in the blood

 b) a decrease in ESR

 + c) anemia

 d) an increase in the amount of protein in the blood

 + d) a decrease in blood lipids

450. What are the types of metastasis of malignant tumors?

 a) recurrent

 + b) hematogenous

 c) general and local

 + d) contact

 + d) mixed

451. Among the named forms of cancer, distinguish differentiated:

 a) skirr

 + b) adenocarcinoma

 + B) squamous keratinized

 d) colloidal

 e) small cell

452. Where is the adenoma usually located:

 a) in the mucosa of the bladder

 b) in the mucosa of the esophagus

 c) in the lymph nodes

 + d) in the mammary gland

 + e) in the adrenal glands

453. Highlight microscopic forms of cancer:

 + a) small cell

 b) giant cell

 + c) cerebral

 d) fibrinoid

 + d) squamous

454. Highlight the signs inherent in papilloma:

 + a) tissue atypism

 b) cell atypism

 c) metastasis

 d) invasive growth

 e) cancer pearls

455. Secondary changes in a malignant tumor can be represented:

 + a) petrification

 b) malignancy

 + c)

 + d) necrosis

 e) pinocytosis

456. Highlight the signs characteristic of a malignant tumor:

 a) expansive growth

 b) only tissue atypism

 + c) metastasis

 + d) rapid growth

 + e) recurrence

457. List the varieties of adenomas:

 + a) alveolar

 b) keratinized

 c) medullary

 + d) trabecular

 + d) papillary

458. Highlight the signs inherent in squamous cell carcinoma:

 a) expansive growth

 b) the predominance of stroma over the parenchyma

 c) the prevalence of the parenchyma over the stroma

 + d) cancer pearls may occur

 + d) is a differentiated cancer

459. Due to the general effect of a malignant tumor on the body, it is often detected:

 a) an increase in the number of red blood cells

 + b) increase in ESR

 + c) hypoproteinemia

 d) an increase in lipids in the blood

 + d) cachexia

460. What are the types of metastasis of malignant tumors?

 a) invasive

 + b) implantation

 c) hemosorption

 + d) lymphogenous

 e) intermediate

461. Highlight the varieties of adenomas:

 a) mesh

 b) teratoma

 + c) fibroadenoma

 + d) papillary

 e) adenocarcinoma

462. Papilloma can be complicated:

 + a) bleeding

 + b) inflammation

 c) resorption

 + d) malignancy with the development of squamous cell carcinoma

 e) malignancy with the development of adenocarcinoma

463. What types of tumor growth are distinguished in relation to the lumen of a hollow organ?

 a) invasive

 b) pin

 + c) endophytic

 + d) excitatory

 e) appositional

464. Highlight microscopic forms of cancer:

 a) mesenchymal

 + b) skirr

 c) osmotic

 + d) colloidal

 + d) epidermal

465. Highlight the signs inherent in adenoma:

 a) invasive growth

 + b) the presence of tissue atypism

 c) the presence of cellular atypism

 d) metastasis

 + e) expansive growth

466. In which organs and tissues can cancer develop:

 a) lymph nodes

 + b) the stomach

 + c) pancreas

 d) the spleen

 e) bones

467. What are the types of morphological atypism of the tumor:

 + a) cell

 + b) tissue

 c) organ

 d) biochemical

 e) mixed

468. Highlight microscopic forms of cancer:

 + a) mucous

 + b) solid

 + c) fibrous

 d) parenchymal

 + d) small cell

469. In what organs and tissues can an adenoma develop?

 + a) thyroid gland

 + b) pituitary gland

 c) the substance of the brain

 d) spleen

 e) bones

470. For tumors with locally destructive growth are characteristic:

 a) expansive growth

 + b) invasive growth

 c) lymphogenous metastasis

 d) hematogenous metastasis

 e) implantation metastasis

471. List the tumors developing from the glandular epithelium:

 a) papilloma

 + b) adenomatous polyp

 + c) mucous cancer

 + d) medullary cancer

 e) epidermal cancer

472. Highlight the signs inherent in mucous cancer:

 + a) develops from the glandular epithelium

 b) refers to differentiated cancer

 + c) grows invasively

 d) the stroma prevails over the parenchyma

 + e) cell atypism is detected

473. For papillomas are characteristic:

 + a) tissue atypism

 b) cell atypism

 c) invasive growth

 d) lymphogenous metastasis

 e) cancer pearls

474. Highlight among the named tumors benign:

 + a) adenoma

 + b) papilloma

 + c) polyp

 + d) fibroadenoma

 e) skyrr

475. For "cancer in place" are characteristic:

 a) invasive growth

 + b) cell atypism

 + c) tissue atypism

 d) infiltrating growth

 d) often localized in the bones

476. For malignant organ-specific tumors are characteristic:

 a) expansive growth

 b) slow growth

 + c) cell atypism

 + d) tissue atypisis

 + e) infiltrating growth

477. Select among the listed tumors organ-specific malignant:

+ a) nephroblastoma

 + b) chorionepithelioma

 + c) seminom

 d) hepatoma

 d) fibroadenoma

478. The benign organ-specific breast tumors include:

 a) Paget's disease

 b) syringoadenoma

 c) chorionepithelioma

 + d) pericanalicular fibroadenoma

 + b) intracanalicular fibroadenoma

479. Destructing cystic skid is transformed into:

 a) choroid papilloma

 + b) chorionic epithelium

 + c) chorionic carcinoma

 d) nephroblastic

 e) granulosa cell cancer

480. Organ-specific tumors of the adrenal gland include:

 a) folliculoma

 + b) pheochromocytoma

 + c) pheochromoblastoma

 d) thymoma

 d) fibroma

481. Isolate malignant organ-specific tumors:

 a) skirr

 b) polyp

 c) tekoma

 + d) seminoma

 + d) dysgerminoma

482. For tumors with locally destructive growth are characteristic:

 a) expansive growth

 + b) invasive growth

 c) lymphogenous metastasis

 d) hematogenous metastasis

 e) mixed pathway metastasis

483. Among the listed tumors, highlight the organ-specific malignant:

 + a) nephroblastoma

 b) solid adenoma

 + c) seminom

 d) hepatoma

 + d) chorionepithelioma

484. What are the malignant epithelial organ-specific tumors of the ovary:

 a) serous cystadenoma

 + b) serous cystadenocarcinoma

 c) malignant tecom

 + d) pseudomucinous cystcarcinoma

 d) dysgerminoma

485. For benign organ-specific tumors are characteristic:

 + a) expansive growth

 b) rapid growth

 c) destruction growth

 d) cell atypism

 + d) tissue atypism

486. Calculate among these tumors benign organ-specific:

 adenoma

 b) papilloma

 c) the seminoma

 + d) hepatoma

 e) Paget's disease

487. The source of organ-specific epithelial tumors in the kidney can be:

 a) glomerular capsule epithelium

 + b) tubule epithelium

 c) ureteral epithelium

 d) epithelium of the pelvis

 + d) metanephrogenic tissue

488. What are the organ-specific ovarian tumors arising from stroma of the genital cord:

 + a) tekoma

 + b) granulosa cell tumor

 c) serous cystadenoma

 d) mucinous cystadenoma

 e) pseudomucinous cystoma

489. Cancer of the thyroid gland usually develops against the background of:

 a) polyp

 b) papillomas

 c) basal cell carcinoma

 d) insulomas

 + d) adenomas

490. What are the tumors with locally destructive growth:

 + a) basal cell carcinoma

 b) cystadenoma

 c) dysgerminoma

 + d) basal cell carcinoma

 e) chorionepithelioma

491. What are the malignant organ-specific ovarian epithelial tumors:

 a) serous cystadenoma

 + b) pseudo-mucinous cystadenocarcinoma

 c) malignant tecom

 + d) serous cystadenocarcinoma

 d) dysgerminoma

492. Organ-specific tumors of the adrenal gland include:

 a) folliculoma

 + b) pheochromocytoma

 + c) pheochromoblastoma

 d) carcinoid

 + e) adrenocortical cancer

493. Which of the following tumors does not contain stroma:

 a) cystic drift

 b) malignant insuloma

 + c) chorionepithepioma

 d) choroid papilloma

 e) acne cancer

494. What are the types of metastasis of malignant tumors?

 a) invasive

 + b) implantation

 c) hemosorption

 + d) lymphogenous

 e) morphological

495. Among the named tumors, select benign:

 + a) fibroadenoma

 + b) pinealoma

 + c) tekoma

 d) dysgerminone

 d) seminoma

496. Characterize pheochromocytoma:

 + a) mature tumor

 b) malignant tumor

 c) from the cortical layer of the adrenal gland

 + d) from the adrenal medulla

 d) early metastases

497. What are the tumors from the integumentary epithelium:

 a) skirr

 b) mucous cancer

 + c) basal cell carcinoma

 + d) papilloma

 e) cystic drift

498. The benign mesenchymal tumors include:

 a) angiofibroma of the nasopharynx

 b) desmoid

 + c) skin fibroma

 d) chondrosarcoma

 e) leiomyosarcoma

499. For fibroma, the most characteristic are:

 a) invasive growth

 + b) expansive growth

 c) cell atypism

 + d) tissue atypism

 e) both cellular and tissue atypism

500. Benign tumors of mesenchymal origin include:

 + a) fibromyoma

 b) desmoid

 c) leiomyosarcoma

 d) liposarcoma

 e) osteosarcoma

501. Synovial sarcomas are characterized by:

 a) expansive growth

 + b) rapid growth

 c) late metastasis

 d) slow growth

 + e) invasive growth

502. Malignant mesenchymal tumors include:

 a) fibromyoma

 b) desmoid

 + c) leiomyosarcoma

 d) chondroma

 d) angiofibroma of the nasopharynx

503. Fibroma can be:

 a) spongy

 + b) dense

 c) compact

 + d) soft

 e) malignant

504. What are immature tumors of muscle origin:

 a) fibrosarcoma

 b) malignant chemodectoma

 + c) leiomyosarcoma

 + d) rhabdomyosarcoma

 e) malignant histiocytoma

505. For cavernous hemangioma of the liver is characteristic only:

 a) tissue and cell atypism

 + b) built from venous vessels

 c) immature cells

 d) metastasizes hematogenously

 e) malignant course

506. A malignant mesenchymal tumor is:

 + a) liposarcoma

 b) osteoma

 c) desmoid

 d) fibroma

 e) capillary hemangioma

507. A benign tumor from muscle tissue is:

 a) fibroma

 + b) leiomyoma

 c) fibrosarcoma

 d) leiomyosarcoma

 e) hemangioma

508. Highlight the wrong position regarding capillary hemangioma:

 a) mature tumor

 b) develops from blood vessels

 c) has local growth

 d) often found in the skin

 + d) metastasizes

509. The most common localization of leiomyoma is:

 a) skin

 b) soft tissue

 in the heart

 d) stomach

 + d) uterus

510. The histological type of fibrosarcoma is:

 a) soft

 b) juvenile

 c) dense

 d) desmoid

 + e) undifferentiated

511. For lipoma is characteristic:

 a) hematogenous metastasis

 b) lymphogenous metastasis

 c) cell atypism

 + d) tissue atypism

 + d) slow growth

512. The first metastases of sarcoma of soft tissues of the lower limb are localized in:

 a) bones

 b) liver

 c) regional lymph nodes

 + d) lungs

 e) kidneys

513. Mature mesenchymal tumors are usually characterized by:

 a) rapid growth

 + b) slow growth

 + c) expansive growth

 d) invasive growth

 e) infiltrating growth

514. Highlight the wrong position in the characteristic of cavernous hemangioma of the liver:

 a) has tissue atypism

 b) built from venous vessels

 c) mature cells

 + d) metastases hematogenously

 e) often asymptomatic

515. Benign tumors of fibrous tissue include:

 + a) fibroma

 b) adenoma

 c) lipoma

 + d) desmoid

 e) sarcoma

516. The most common localization of melanoma is:

 + a) skin

 b) the oral cavity

 into the eye

 d) lungs

 e) rectum

517. Highlight the wrong position in the characteristic of melanoma:

 a) malignant

 b) may be pigmentless

 c) metastasizes

 d) recurs

 + e) grows expansively

518. Immature mesenchymal tumors are usually characterized by:

 a) expansive growth

 + b) invasive growth

 + c) infiltrating growth

 + d) rapid growth

 e) slow growth

519. Highlight the tumor with the highest degree of malignancy:

 a) hemangioma

 + b) hemangiosarcoma

 c) liposarcoma

 d) desmoid

 e) differentiated fibrosarcoma

520. A sarcoma is an immature tumor that develops from:

 a) epithelium

 + b) tissues derived from mesenchyme

 c) hematopoietic tissue

 d) lymphatic tissue

 e) fibrous tissue

521. An immature tumor developing from blood vessels:

 a) hemangioma

 b) lymphangioma

 + c) hemangiosarcoma

 d) lymphangiosarcoma

 e) histiocytoma

522. An immature tumor developing from tissues of mesenchyme derivatives is:

 adenoma

 b) cancer

 c) papilloma

 + d) sarcoma

 e) carcinoma

523. A mature benign tumor developing from fibrous tissue is:

 adenoma

 b) papilloma

 + c) fibroma

 d) carcinoma

524. A mature tumor developing from blood vessels is:

 a) lymphangioma

 b) carcinosarcoma

 + c) hemangioma

 d) mesenchymoma

 e) hemangiosarcoma

525. The following applies to the manifestation of tissue atypism of the tumor:

 a) a diverse form of cells

 b) the diverse size of cell nuclei

 c) a diverse form of cell nuclei

 + d) the wrong ratio of cells and fibers

 e) violation of the structure of cells

526. Highlight the name of the tumor growth option in relation to the surrounding tissues:

 a) uncentric

 b) endophytic

 + c) infiltrative

 d) implantation

 e) exophytic

527. Highlight the name of the type of tumor growth in relation to the lumen of a hollow organ:

 a) uncentric

 + b) exophytic

 c) multicentric

 d) infiltrative

 e) appositional

528. Highlight tumors that metastasize:

 a) fibroma

 + b) osteoblastic sarcoma

 + c) osteolytic sarcoma

 d) enchondroma

 + d) angiosarcoma

529. What is the path of metastasis:

 a) uncentric

 b) infiltrative

 c) multicentric

 d) appositional

 + d) lymphogenous

530. Serous membranes can be a source of development:

 a) basal cell carcinoma

 + b) mesothelioma

 c) osteosarcomas

 d) meningiomas

 d) synoviomas

531. What is the path of metastasis:

 + a) implantation

 b) appositional

 c) infiltrative

 d) locally destructive

 e) expansive

532. Highlight the name of the type of tumor growth in relation to the lumen of the hollow organ:

 a) uncentric

 + b) endophytic

 c) multicentric

 d) infiltrative

 e) appositional

533. What principle underlies the unified international classification of tumors?

 a) anatomical

 b) histochemical

 c) topographic

 d) antigenic

 + d) histogenetic

534. Tumors of the peripheral nervous system develop from:

 a) paraganglia

 b) sympathy

 + c) lemmocytes

 + d) Schwann cells

 d) ganglioneurocytes

535. The type of tumor growth in relation to surrounding tissues is:

 a) exophytic

 b) uncentric

 c) endophytic

 d) multicentric

 + d) expansive

536. The type of tumor growth relative to the lumen of the organ is:

 a) expansive

 b) multicentric

 c) infiltrative

 + d) exophytic

 e) uncentric

537. What are the immature tumors of mesenchymal origin:

 a) fibroma

 + b) sarcoma

 c) lipoma

 d) leiomyoma

 e) cancer

538. Unlike cancer, sarcomas are characterized by:

 a) predominantly lymphogenous metastasis

 + b) predominantly hematogenous metastasis

 c) recurrence

 d) epithelial origin

 + e) mesenchymal origin

539. The main structural component of a tumor is:

 a) stroma

 b) necrosis

 + c) parenchyma

 d) hemorrhages

 e) blood vessels

540. Highlight the wrong position in the characteristic of a benign tumor:

 a) differentiated tumor cells

 b) does not recur

 c) expansive growth

 + d) has a general effect on the body

 e) does not metastasize

541. Highlight the wrong position in the characteristic of a malignant tumor:

 a) tumor cells undifferentiated

 b) metastasizes

 c) infiltrative growth

 d) has a general effect on the body

 + d) does not recur

542. What is the reason for humoral immunity?

 a) immune complexes

 + b) antibodies

 c) macrophages

 d) complement system

 e) T- and B-lymphocytes

543. What causes cellular immunity?

 a) immune complexes

 b) antibodies

 c) macrophages

 d) complement system

 + d) T- and B-lymphocytes

544. What should be attributed to the pathological condition of the immune system?

 a) hypersensitivity reactions

 b) autoimmune diseases

 c) immunodeficiency syndromes

 d) amyloidosis

 + e) all listed

545. Immune tissue damage is:

 a) apoptosis

 b) autolysis

 c) phagocytosis

 d) inflammation

 + e) hypersensitivity reactions

546. A manifestation of a systemic reaction of type I hypersensitivity (immediate type hypersensitivity) is:

 a) DIC

 + b) anaphylactic shock

 c) swelling

 d) common vasculitis

 e) hemorrhagic syndrome

547. What is the synonym for type IV hypersensitivity reactions:

 a) phagocytosis

 + b) delayed-type hypersensitivity reactions

 c) necrosis

 d) anaphylaxis

 e) apoptosis

548. The disease in which the classical delayed-type hypersensitivity reaction develops is:

 a) flu

 + b) tuberculosis

 c) scleroderma

 d) typhoid fever

 e) HIV infection

549. What morphological type of inflammation is characteristic of delayed-type hypersensitivity reactions:

 a) purulent

 b) intermediate

 c) fibrinous

 + d) granulomatous

 e) catarrhal

550. What is the essence of autoimmune diseases?

 a) the development of immunological tolerance

 b) genetically determined immunodeficiency

 + c) the development of immune responses against their own antigens

 d) violation of the structure of HLA antigens

 e) the accumulation in cells and tissues of unusual metabolic products

CLINICAL PATHOLOGY

551. Addison-Birmer Anemia is characterized by:

 a) isolated hemosiderosis of the lungs

 + b) endogenous deficiency of vitamin B-12 and / or folic acid

 + c) general hemosiderosis

 + d) megaloblastic type of hematopoiesis

 e) hyperproduction of gastromucoprotein

552. For hemolytic anemia due to extravascular hemolysis, a triad is characteristic:

 a) hepatomegaly

 + b) anemia

 + c) splenomegaly

 d) hyperemia

 + d) jaundice

553. The following types of erythropoiesis are distinguished:

 a) myeloblastic

 + b) erythroblastic

 + c) megaloblastic

 + d) normoblastic

 e) hematopoietic

554. The development of iron deficiency anemia may be due to:

 + a) insufficient intake of iron with food

 b) excessive resorption of iron in the intestine

 + c) the consequences of resection of the stomach or intestines

 d) appendectomy

 + e) an increased request of the pregnant woman’s body in the gland

555. Vitamin B-12 - folic acid deficiency anemia is characterized by:

 a) enhanced hematopoiesis

 + b) perverse erythropoiesis

 c) the development of hypochromic anemia

 + d) the development of hyperchromic anemia

 + d) inhibition of the function of the additional cells of the fundus of the stomach

556. Depending on the reasons, the following types of hemolytic anemia are distinguished:

a) pernicious

 + b) toxic

 + c) infectious

 + d) post-transfusion

 e) vitamin B-12 deficient

557. According to the morphological and functional state of the red bone marrow, the following anemias are distinguished:

 a) acute

 + b) hyporegenerative

 c) hyperregenerative

 + d) aplastic

 + d) dysplastic

558. Hereditary inferiority of the fundic glands of the stomach can lead to the development of:

 a) posthemorrhagic anemia

 + b) malignant anemia

 + c) Addison-Birmer disease

 d) hemolytic anemia

 + e) pernicious anemia

559. Post-hemorrhagic anemia with the course can be:

a) intravascular

 + b) sharp

 c) extravascular

 + d) chronic

 e) Vitamin B-12 deficient

560. Anemia that develops with leukemia is called:

 a) aleukemic

 + b) leukoanemia

 c) leukopenic

 + d) anemia due to the displacement of erythron by tumor cells

 e) hemolytic

561. The cause of hemolytic anemia, caused mainly by intravascular hemolysis of red blood cells, may be:

 + a) hemolytic poisons

 b) neurotoxic poisons

 + c) extensive burns

 + d) blood transfusion, incompatible in the ABO system

 + e) Rh incompatible blood transfusion

562. Classify anemia depending on the etiology and pathogenesis:

 a) adaptation

 + b) posthemorrhagic

 + c) hemolytic

 d) post-transfusion

 + e) anemia due to impaired blood formation

563. Pernicious anemia is:

 a) Addison's disease

 + b) Addison-Birmer disease

 c) acute posthemorrhagic anemia

 d) chronic posthemorrhagic anemia

 e) hemolytic anemia

564. Acute posthemorrhagic anemia is most often caused by:

 + a) corroding branches of the pulmonary artery with tuberculosis

 + b) rupture of the wall of the aortic aneurysm

 c) damage to the veins of the lower extremities

 + d) rupture of the tube during ectopic pregnancy

 e) tooth extraction

565. The most complete picture of the condition of the hematopoietic system can be obtained by studying:

 a) the composition of peripheral blood

 + b) puncture of red bone marrow

 c) punctate of the liver

 d) puncture of the lymph node

 e) puncture of the spleen

566. After heavy, but not fatal blood loss, the following changes occur:

 a) the bone marrow of the long bones becomes yellow

 + b) the bone marrow of the long bones becomes red

 c) there is a megaloblastic type of hematopoiesis

 d) foci of extramedullary hematopoiesis appear

 + e) in the peripheral blood, nucleated red blood cells may appear

567. Vitamin B-12 - folic acid deficiency anemia is:

 a) posthemorrhagic anemia

 + b) megaloblastic anemia

 c) leukoanemia

 + d) hyperchromic anemia

 e) hypochromic anemia

568. Hemolytic anemia, caused mainly by extravascular hemolysis, is divided into:

 a) thrombocytopathy

 + b) erythrocytopathy

 + c) hemoglobinopathies

 d) leukocytopathy

 + e) erythrocytofermentopathy

569. Post-hemorrhagic anemia with the course can be:

 a) intravascular

 + b) sharp.

 c) extravascular

 + d) chronic

 e) benign and malignant

570. What are anemia caused by impaired blood formation:

 + a) scarce

 b) posthemorrhagic

 c) hemolytic

 + d) hypoplastic

 + d) aplastic

571. The development of deficient anemia may be associated with a lack of:

 + a) iron

 b) vitamin B-1

 + c) vitamin B-12

 d) hydrochloric acid

 + d) folic acid

572. According to the nature of the course of anemia, they are divided into:

 a) hyporegenerative

 + b) sharp

 c) hypoplastic

 + d) chronic

 d) dysplastic

573. Depending on the cause, the following types of hemolytic anemia are distinguished:

 a) pernicious

 + b) toxic

 + c) infectious

 + d) post-transfusion

 e) vitamin B-12 deficiency

 + d) post-transfusion

574. The cause of anemia can be:

 + a) blood loss

 b) normopoietic function of bone marrow

 + c) insufficient erythropoietic bone marrow function

 + d) intravascular hemolysis

 + e) extravascular hemolysis

575. In accordance with the morphological and functional state of the red bone marrow, anemia can be divided into:

 + a) aplastic

 b) hemolytic

 + c) hyporegenerative

 d) posthemorrhagic

 + d) dysplastic

576. Vitamin B-12 folate deficiency anemia is accompanied by:

 a) leukocytosis

 + b) perverse erythropoiesis

 c) leukemic failure

 + d) the development of hyperchromic anemia

 + e) Gunther glossitis

577. Posthemorrhagic anemia can be:

 a) intravascular

 + b) sharp

 c) extravascular

 + d) chronic

 e) subacute

578. Iron deficiency anemia most often develops:

 a) after tooth extraction

 + b) after resection of the stomach

 c) after mastectomy

 + d) after bowel resection

 e) after nephrectomy

579. Aplastic anemias include:

 a) pernicious

 + b) radiation

 + c) toxic

 d) chronic posthemorrhagic

 + e) medication

580. The most complete picture of the condition of the hematopoietic system can be obtained by studying:

 a) biochemical blood test

 + b) bone marrow punctate

 c) punctate of the liver

 d) puncture of the lymph node

 e) medical history

581. The cause of hemolytic anemia, caused mainly by intravascular hemolysis of red blood cells, may be:

 + a) sepsis

 b) neurotoxic poisons

 + c) extensive burns

 + d) transfusion of blood that is not compatible with the ABO system

 + e) Rh incompatible blood transfusion

582. The development of iron deficiency anemia may be due to:

 + a) insufficient intake of iron with food

 b) hemosiderosis of the lungs

 + c) transferred by resection of the stomach or intestines

 d) hemolysis of red blood cells

 + e) pregnancy

583. Hemolytic anemia caused mainly by extravascular hemolysis is divided into:

 a) leukoanemia

 + b) erythrocytopathy

 + c) hemoglobinopathies

 d) thrombocytopathy

 + e) erythrocytofermentopathy

584. Hypo- and aplastic anemia can occur with:

 + a) replacement of red bone marrow with leukemic cells

 + b) skeletal bone cancer metastases

 c) cancer metastases to the lymph nodes

 + d) intoxication with barbiturates

e) rupture of an aortic aneurysm

585. Highlight options for lymphogranulomatosis:

 a) immunoblastic

 + b) lymphohistiocytic

 + c) mixed cell

 d) eosinophilic cell

 e) mushroom mycosis

586. Note the form of leukemia, which is characterized by a combination of staged clinical course, blast crisis in the finale, pyoid bone marrow, a sharp increase in the mass of the spleen and liver, diffuse leukemic infiltration in the liver along sinusoids:

 a) chronic lymphocytic leukemia

 b) acute erythromyeloblastic leukemia

 c) acute lymphoblastic leukemia

 + d) chronic myelogenous leukemia

 e) chronic erythromyelosis

587. Note leukemia arising from cells precursors of lymphopoiesis:

 + a) lymphoblastic leukemia

 + b) plasmoblastic leukemia

 c) chronic myelosis

 + d) chronic lymphocytic leukemia

 + d) paraproteinemic hemoblastosis

588. Given the number of leukocytes and leukemia cells in the blood, the following types of leukemia are distinguished:

 a) leukocyte

 + b) leukemic

 + c) subleukemic

 + d) leukopenic

 e) lymphopenic

589. Leukemia is characterized by:

 + a) immunological defenselessness

 + b) leukoanemia

 + c) neuroleukemia

 d) regional tumor processes in the hematopoietic tissue

 + d) frequent septic processes

590. Mark malignant lymphomas:

 a) myeloid leukemia

 + b) fungoid mycosis

 c) undifferentiated leukemia

 + d) Burkitt's tumor

 + e) Hodgkin's disease

591. Chronic leukemia is:

 a) blast forms of leukemia

 + b) “cytric” forms of leukemia

 c) leukemia from the cells of the first three classes of hematopoiesis

 + d) leukemia from cells of the 5th class of hematopoiesis

 d) leukemia from cells of the 4th class of hematopoiesis

592. Undifferentiated leukemia due to tumor proliferation:

 + a) class 1 hematopoietic cells

 + b) hematopoietic cells of class 2

 + c) class 3 hematopoietic cells

 d) hematopoietic cells of class 4

 e) hematopoiesis

593. Malignant lymphomas include:

 a) lymphocytic leukemia

 + b) lymphosarcoma

 + c) Hodgkin's disease

 + d) reticulosarcoma

 e) myeloma

594. Highlight systemic tumor diseases of the hematopoietic tissue:

 + a) hemoblastosis

 b) malignant lymphomas

 + c) leukemia

 d) leukoderma

 d) regional tumor diseases of the hematopoietic tissue

595. Hodgkin's disease is:

 a) skin lymphomatosis

 b) lymphosarcoma

 + c) lymphogranulomatosis

 d) reticulosarcoma

 e) chronic lymphocytic leukemia

596. Malignant lymphomas include:

 + a) lymphogranulomatosis

 b) chronic lymphocytic leukemia

 + c) lymphosarcoma

 d) acute lymphocytic leukemia

 e) chronic lymphadenitis

597. According to the classification, the following forms of chronic leukemia are distinguished:

 a) leukemia of myelocytic origin

 b) undifferentiated leukemia

 + c) leukemia of lymphocytic origin

 d) leukemia of lymphoblastic origin

 + d) leukemia of monocytic origin

598. Chronic leukemia of lymphocytic origin include:

 + a) chronic lymphocytic leukemia

 b) chronic myeloid leukemia

 c) true polycythemia

 d) histiocytosis

 + d) paraproteinemic leukemia

599. Depending on the degree of maturity of the tumor blood cells, leukemia is distinguished:

 a) leukopenic

 + b) sharp

 c) aleukemic

 + d) chronic

 e) leukemic

600. In acute myeloid leukemia is observed:

 a) the presence in the hemogram of all cellular forms of myelopoiesis

 + b) leukemic failure

 + c) pyoid bone marrow

 + d) pronounced hemorrhagic syndrome

 e) the safety of immunological homeostasis

601. For chronic myeloid leukemia are characteristic:

 + a) monoclonal (benign) stage of the disease

 b) the absence of signs of tumor progression

 + c) polyclone (malignant) stage of disease

 + d) frequent infectious diseases

 e) leukemic failure

602. Lymphogranulomatosis is:

 + a) Hodgkin's lymphoma

 b) non-Hodgkin's lymphoma

 c) Brill-Simmers disease

 d) di-Guglielmo disease

 e) Cesari's disease

603. Describe chronic lymphocytic leukemia:

 a) commonly found in children

 + b) usually found in middle-aged and elderly

 c) develops from the T-system of lymphopoiesis

 + d) develops from the B-system of lymphopoiesis

 + e) a relatively long benign course is characteristic

604. For chronic myeloid leukemia are characteristic:

 + a) a sharp increase in the spleen and liver

 b) porphyry spleen

 + c) the presence of the Philadelphia chromosome

 d) periportal location of leukemic infiltrates

 + e) diffuse liver infiltration by leukemia cells

605. Note options for diffuse lymphosarcoma:

 a) giant cell

 + b) lymphoblastic

 c) monoblastic

 + d) immunoblastic

 e) lymphohistiocytic

606. Note the options for lymphogranulomatosis:

 + a) variant with a predominance of lymphocytes

 + b) nodular sclerosis

 c) skin lymphomatosis

 + d) mixed cell variant

 + d) Hodgkin's sarcoma

607. Depending on the degree of differentiation of leukemia cells and the nature of the course of leukemia, they are divided into:

 a) acute

 b) subacute

 + c) acute

 + d) chronic

 e) subchronic

608. What are valvular rheumatic endocarditis:

 + a) acute warty

 + b) diffuse endocarditis

 + c) valvulitis

 d) polypous ulcerative

 + d) back-warty

609. The following clinical anatomical forms of rheumatism are distinguished:

 + a) cardiovascular

 + b) polyarthritic

 c) renal

 + d) cerebral

 + d) nodose

610. A group of connective tissue diseases with immune disorders include:

 + a) systemic lupus erythematosus

 + b) periarteritis nodosa

 c) obliterating izdoarteritis

 d) Lerish syndrome

 + d) dermatomyositis

611. In serous membranes with rheumatism develops:

 a) purulent inflammation

 + b) croupous inflammation

 + c) serous-fibrinous inflammation

 d) ichorotic inflammation

 e) hemorrhagic inflammation

612. What clinical anatomical form of rheumatism does minor chorea belong to?

 a) articular

 b) cardiovascular

 c) polyarthritic

 d) nodose

 + d) cerebral

613. What endocarditis causes thromboembolic complications?

 a) valvulitis

 + b) acute warty

 c) diffuse

 + d) back and warty

 e) fibroplastic

614. What are the clinical and anatomical forms of rheumatism:

 + a) nodose

 + b) knotty

 c) renal

 + d) cardiovascular

 e) visceral

615. Fibrinoid changes are characterized by:

 a) superficial disorganization of connective tissue

 + b) damage to the fibrous structures of collagen

 c) the reversibility of the process

 + d) homogenization of collagen fibers

 + e) the irreversibility of the process

616. The most common causes of death in patients with systemic lupus erythematosus are:

 a) liver failure

 + b) renal failure

 c) cerebral hemorrhages

 + d) infectious diseases

 e) acute respiratory failure

617. Recurrent-warty endocarditis is characteristic of:

 a) protracted septic endocarditis

 b) sepsis

 + c) rheumatism

 d) systemic lupus erythematosus

 e) scarlet fever

618. At the final stage of rheumatic granuloma formation, the following are characteristic:

 a) predominance of neutrophils

 + b) the predominance of fibroblasts

 + c) collagen fibers

 d) the presence of fibrinoid

 e) mucoid swelling

619. Combined heart disease is:

 + a) stenosis and mitral valve insufficiency

 + b) stenosis and aortic valve insufficiency

 c) mitral stenosis and aortic valve insufficiency

 d) malformation of bicuspid and tricuspid valves

 e) mitral insufficiency and aortic valve stenosis

620. The outcome of rheumatic endocarditis in the valve can be found:

 + a) the organization of thrombotic masses

 b) microbial colonies

 + c) valve deformation

 + d) sclerosis

 + e) petrification

621. Which organ is always affected by rheumatism:

 a) kidney

 b) skin

 + c) heart

 d) the brain

 e) lungs

622. A reliable diagnostic sign of systemic lupus erythematosus is the detection in the blood or organs:

 a) plasma cells

 b) Mikulich cells

 + c) lupus cells

 d) epithelioid cells

 e) Pirogov-Langhans cells

623. For decompensated heart disease are characteristic:

 a) concentric myocardial hypertrophy

 + b) eccentric myocardial hypertrophy

 + c) anasarca

 d) spleen hemomelanosis

 + e) cyanotic induction of the kidneys

624. What rheumatic endocarditis does the valve endothelium damage?

 + a) valvulitis

 b) acute warty

 c) return-warty

 d) acute ulcerative

 e) polypous ulcerative

625. What can be rheumatic endocarditis depending on localization?

 a) diffuse

 + b) valve

 + c) chordal

 d) fibrinous

 + d) parietal

626. What is the characteristic morphological change in the kidneys with systemic lupus erythematosus:

 a) fibroplastic nephritis

 + b) lupus nephritis

 c) lipoid nephrosis

 d) extracapillary glomerulonephritis

 d) pyelonephritis

627. Recently, an increase in the incidence of rheumatism has been noted:

 a) in infants

 b) newborns

 c) adolescents

 d) young men

 + d) adults

628. Rheumatic myocarditis is:

 + a) nodular productive

 b) diffuse productive

 + c) diffuse interstitial exudative

 + d) focal interstitial interstitial

 e) focal alternative

629. Fibroplastic endocarditis is characterized by:

 a) the formation of ulcers on the valve

 b) the presence of thrombotic overlaps on the valve

 + c) valve sclerosis

 + d) the productive nature of inflammation in the valve

 d) the abundance of leukocytes in the stroma of the valve

630. What are the diseases that relate to systemic diseases of the connective tissue:

 + a) Sokolsky-Buyo disease

 + b) ankylosing spondylitis

 + c) rheumatism

 d) atherosclerosis

 + d) dermatomyositis

631. What are the types of rheumatic valvular endocarditis:

 a) polypous ulcerative

 + b) acute warty

 + c) fibroplastic

 + d) back-warty

 e) acute ulcerative

632. In the development of rheumatism, the main role is played by:

 + a) B-hemolytic group A streptococcus

 b) diplococcus

 c) staphylococcus

 d) pneumococcus

 e) viruses

633. With systemic lupus erythematosus, mainly affected:

 a) heart

 + b) skin

 + c) vessels

 + d) kidneys

 e) lungs

634. In connection with atherosclerosis of the mesenteric arteries in the small intestine, the following can develop:

 a) white heart attack

 b) a white heart attack with a hemorrhagic nimbus

 c) chronic venous plethora

 + d) wet gangrene

 + e) hemorrhagic heart attack

635. Indicate the stage of development of myocardial infarction:

 a) hemorrhagic

 b) swollen

 + c) necrotic

 d) vascularization

 + d) organizations

636. Atherosclerosis is often sick:

 a) villagers

 + b) city dwellers

 + c) persons of intellectual labor

 d) persons of physical labor

 e) alcoholics

637. In acute occlusion of the arteries of the heart is observed:

 a) myocardial gangrene

 + b) myocardial infarction

 c) brown myocardial atrophy

 d) myocardial hypertrophy

 e) myocardial obesity

638. Which of the following factors are important in the development of atherosclerosis?

 a) hypoglycemia

 + b) hypercholesterolemia

 + c) hypertension

 d) hypercalcemia

 + e) hyperlipidemia

639. The manifestations of atherosclerosis include:

 a) metaplasia

 + b) calcification

 c) amyloidosis

 + d) fat spots and strips

 + d) fibrous plaques

640. For fibrous plaques, in contrast to fat spots, are characteristic:

 + a) plaques rise above the surface of intimacy

 b) plaques are at the level of intimacy

 + c) are white

 d) have a yellow color

 e) ulceration of plaques is determined

641. In the aorta, the stage of liposclerosis is noted:

 a) the formation of atheromatous masses

 + b) pronounced atherocalcinosis

 c) ulceration of the plaque

 + d) destruction of elastic and argyrophilic membranes

 e) pronounced aortic stenosis

642. Specify the forms of aortic aneurysms:

 + a) cylindrical

 + b) baggy

 c) bulbous

 + d) herniform

 e) pear-shaped

643. The following stages are distinguished in the development of myocardial infarction:

 a) exudative

 b) recurrent

 + c) necrotic

 + d) organizations

 e) myomalacia

644. Determine the stages of atherosclerosis the are accompanied by accumulation of lime in plaques:

 a) dolipid

 b) lipoidosis

 + c) ulceration

 + d) atheromatosis

 + d) liposclerosis

645. The size of myocardial infarction is determined by:

 + a) the degree of stenosing atherosclerosis

 b) the age of the patient

 + c) the possibility of collateral circulation

 + d) myocardial functional tension

 + d) the level of closure of the arterial trunk

646. Note the two most frequent localizations of cerebral hemorrhages with arterial hypertension:

 a) bark

 b) medulla oblongata

 + c) cerebellum

 + d) subcortical nodes

 d) the legs of the brain

647. Indicate the morphological signs of a hypertensive crisis:

 a) elastofibrosis of arteries

 + b) corrugation and destruction of the basement membrane of the endothelium

 + c) plasma impregnation of arterioles

 + d) the location of the endothelium in the form of a stockade

 e) hyalinosis of arterioles

648. What kind of myocardial infarction can develop pericarditis:

 a) subendocardial

 + b) subepicardial

 c) ventricular

 + d) transmural

 e) subventricular

649. What are the organs whose diseases often develop symptomatic hypertension:

 + a) kidneys

 + b) pituitary gland

 + c) the brain

 d) liver

 e) lungs

650. Note the three most frequent localizations of cerebral hemorrhages in arterial hypertension:

 a) bark

 + b) visual tubercle

 c) the legs of the brain

 + d) cerebellum

 + d) subcortical nodes

651. With coronary artery thrombosis in the myocardium is observed:

 a) gangrene

 + b) heart attack

 c) brown atrophy

 d) hemosiderosis

 e) obesity

652. Symptomatic hypertension is observed with:

 a) respiratory diseases

 b) liver diseases

 + c) kidney disease

 + d) diseases of the central nervous system

 + e) vascular disease

653. At what myocardial infarction the development of fibrinous pericarditis is possible:

 a) subendocardial

 + b) transmural

 + c) subepicardial

 d) nodular

 e) step

654. Indicate the factors that are directly involved in the pathogenesis of arterial hypertension:

 a) morphological

 + b) humoral

 + c) reflex

 d) dysontogenetic

 e) allergic

655. Mark the stages of arterial hypertension:

 + a) preclinical

 + b) stage of common changes in arteries

 c) ischemic

 d) necrotic

 + d) functional

656. Identify the pathological processes that can develop in the myocardium with arterial hypertension:

 + a) heart attack

 b) gangrene

 + c) myomalacia

 d) decubital necrosis

 e) vicar hypertrophy

657. What changes in the myocardium are found in stage 1 arterial hypertension:

 a) heart attack

 + b) hypertrophy of cardiomyocytes

 c) myocardial atrophy

 d) fatty degeneration of myocytes

 + e) myocardial stromal hyperplasia

658. At what kind of myocardial infarction and at what stage is it possible to develop a parietal thrombus in the heart:

 + a) subendocardial infarction

 b) subepicardial infarction

 + c) transmural infarction

 d) in the ischemic stage of a heart attack

 + e) in the necrotic stage of a heart attack

659. Indicate the "severe triad" of diseases of modern man:

 + a) essential hypertension

 b) myocarditis

 + c) atherosclerosis

 d) rheumatism

 + e) coronary heart disease

660 Acute inflammatory lung diseases include:

 + a) pleuropneumonia

 + b) interstitial pneumonia

 + c) bronchopneumonia

 d) acute pulmonary emphysema

 + d) croupous pneumonia

661. Indicate synonyms for croupous pneumonia:

 a) interstitial pneumonia

 + b) pleuropneumonia

 c) bronchopneumonia

 + d) lobar pneumonia

 e) peribronchial pneumonia

662. Bronchopneumonia, depending on the size of the foci, can be:

 a) shared

 + b) lobular

 c) acinar

 + d) miliary

 + d) segmental

663. Mark the forms of interstitial pneumonia:

 a) bronchopneumonia

 + b) peribronchial

 + c) interlobular

 + d) interalveolar

 e) croupous

664. The causative agents of croupous pneumonia are:

 + a) pneumococci

 b) streptococci

 c) staphylococci

 d) E. coli

 + e) Friedlander wand

665. Extrapulmonary complications of croupous pneumonia include:

 a) pleural empyema

 + b) purulent pericarditis

 + c) purulent meningitis

 d) true croup

 e) carnification

666. Mark the stages of croupous pneumonia according to Zinserling:

 + a) microbial edema

 b) the stage of the tide

 + c) stage of custody

 + d) stage of leukocyte infiltration

 e) stage of carnification

667. Complications of croupous pneumonia include:

 a) fibrinous pleurisy

 + b) carnification

 c) malignancy

 + d) pulmonary heart failure

 e) brown induction

668. In accordance with the size of the foci of inflammation, focal pneumonia can be:

 a) microbial

 b) uremic

 + c) miliary

 + d) acinous

 e) shared

669. Specify the forms of interstitial pneumonia:

 a) focal pneumonia

 b) pleuropneumonia

 + c) interlobular

 + d) interalveolar

 e) peritracheal

670. Specify the nature of inflammation in the first stage of croupous pneumonia:

 a) purulent

 b) purulent hemorrhagic

 c) fibrinous

 d) croupous

 + d) serous

671. The term "carnification" means:

 a) purulent-fibrinous inflammation in the pleura and lungs

 b) the formation of bronchiectasis

 c) brown lung induction

 + d) the organization of exudate

 e) acute destructive process in the lungs

672. Note the synonyms of bronchopneumonia:

 a) pleuropneumonia

 b) lobar pneumonia

 + c) focal pneumonia

 d) lobar pneumonia

 e) croupous pneumonia

673. Specify the variants of hepatitis with croupous pneumonia according to V.D. Zinserling:

 + a) red hepatization

 b) yellow hepatization

 + c) gray hepatization

 d) central

 e) peripheral

674. The stages of croupous pneumonia include:

 a) cerebral swelling

 + b) microbial edema

 + c) leukocyte infiltration

 + d) guardianship

 e) carnification

675. The causes of bronchopneumonia may be:

 + a) physical factors

 + b) chemical factors

 + c) viruses

 d) physiological regeneration of the epithelium of the bronchi and alveoli

 + d) microbial agents

676. Anthracosis of the lungs can be complicated:

 + a) bronchopneumonia

 b) pleuropneumonia

 + c) lung abscess

 + d) lung gangrene

 e) pulmonary infarction

677. Characterize basal cancer:

 + a) is more common peripheral

 b) is less common peripheral

 + c) the histological structure is often squamous

 d) the histological structure is often glandular

 d) develops from the epithelium of the trachea

678. In the lungs with chronic pneumonia, the following are detected:

 + a) carnification

 b) myomalacia

 c) mummification

 + d) bronchiectasis

 + d) panbronchitis

679. The following types of emphysema are distinguished:

 + a) chronic focal

 b) endobronchial

 c) polypous

 + d) primary panacinar

 + d) interim

680. Specify the microscopic types of lung cancer:

 a) hypernephroid

 + b) glandular

 + c) squamous

 d) basal cell

 + d) adenocarcinoma

681. Basal exophytic lung cancer is often accompanied by:

 + a) lung atelectasis

 b) lung collapse

 c) lobar pneumonia

 + d) the development of bronchiectasis

 + d) the development of lung abscess

682. By the nature of the exudate, pleurisy can be:

 + a) serous

 + b) fibrinous

 c) catarrhal

 + d) purulent

 + d) hemorrhagic

683. The following complications are characteristic of endophytic central lung cancer:

 a) lung collapse

 b) lung anthracosis

 + c) pleurisy

 + d) pericarditis

 e) paranephritis

684. A microscopic examination of the bronchial wall in chronic bronchitis reveals:

 a) the disappearance of goblet cells

 + b) atrophy of the muscle layer

 + c) epidermal epithelial metaplasia

 + d) the formation of polyps

 e) the formation of genital warts

685. Indicate the two most common causes of death in silicosis:

 a) uremia

 + b) pulmonary heart disease

 c) cerebral hemorrhage

 d) primary pulmonary hypertension

 + d) the accession of tuberculosis

686. The following types of emphysema are distinguished:

 a) atelectatic

 + b) vicar

 + c) interim

 + d) idiopathic panacinar

 e) deforming

687. According to morphological characteristics, the following forms of chronic bronchitis are distinguished:

 + a) deforming

 b) knobby

 c) plaque-like

 d) branched

 + d) polypous

688. Germination of stomach cancer into the portal of the liver with compression of the portal vein leads to:

 a) nutmeg liver

 + b) portal hypertension

 c) jaundice

 + d) ascites

 e) muscular cirrhosis of the liver

689. Kruckenberg cancer is a retrograde lymphogenous metastasis of the gastric mucosa in:

 a) supraclavicular lymph nodes

 b) lymph nodes of pararectal fiber

 C) the liver

 d) the pancreas

 + d) ovaries

690. In acute appendicitis, a histological examination reveals:

 a) sclerosis of the process wall

 b) obliteration of the lumen of the appendix

 + c) hemorrhages in the wall

 + d) edema

 + d) leukodiapadesis

691. For phlegmonous appendicitis is characteristic:

 a) obliteration of the proximal

 b) the implementation of the process of mucus

 + c) diffuse leukocyte wall infiltration

 d) extensive necrosis in the appendix

 + d) accumulation in the lumen of pus

692. Specify the type of edge of the ulcer facing the esophagus:

 + a) somewhat undermined

 + b) the mucous membrane hangs over the ulcer

 c) gentle

 d) has the form of a terrace

 e) step

693. The ulcer-destructive group of complications of gastric ulcer include:

 + a) penetration

 b) malignancy

 + c) perforation

 + d) bleeding

 e) pyloric stenosis

694. Pyloric stenosis is characterized by the development of:

 a) vomit the color of coffee grounds

 b) tarry stool

 + c) cachexia

 + d) gastric tetany

 e) obesity

695. The metastases of gastric cancer in the lymph nodes of pararectal fiber are:

 a) orthograde lymphogenous

 + b) retrograde lymphogenous

 c) "virkhovsky" metastases

 + d) "Schnitzler" metastases

 e) "Kruckenberg" metastases

696. Are there destructive forms of appendicitis?

 a) sharp simple

 b) sharp surface

 + c) phlegmonous

 + d) gangrenous

 + e) phlegmonous ulcerative

697. Chronic gastric ulcer is most often localized in:

 a) cardiac department

 b) subcardial division

 + c) antrum

 + d) the pyloric department

 e) fundal department

698. Diffuse gastric cancer is usually represented by:

 a) differentiated forms of cancer

 + b) undifferentiated forms of cancer

 c) adenocarcinoma

 + d) fibrous cancer

 + e) cricoid cell carcinoma

699. Complications of stomach cancer include:

 + a) bleeding

 + b) cachexia

 + c) perforation of the wall of the stomach

 d) mucocele

 e) penetration

700. The peak of the stage of yellow dystrophy of progressive massive liver necrosis is manifested by:

 a) compaction of the liver

 + b) sagging organ and wrinkled capsules

 + c) fatty degeneration and necrobiosis of hepatocytes in the center of the lobules

 d) a sharp expansion and plethora of sinusoids

 d) an increase in body volume

701. During cirrhosis of the liver, the following occurs:

 + a) portal hypertension

 + b) the development of intrahepatic portocaval anastomoses

 + c) the development of extrahepatic portocaval anastomoses

 + d) the development of ascites

 e) flabbiness of the liver

702. What are the clinical and morphological forms of viral hepatitis:

 + a) hepatitis with massive liver necrosis

 + b) chronic form

 c) cyclic anicteric form

 + d) cholangiostatic and cholangiolytic

 e) hepatosplenomegaly

703. According to morphogenesis, cirrhosis is distinguished:

 a) alcohol

 + b) post-necrotic

 c) necrotic

 + d) portal

 + e) biliary

704. Liver steatosis is characterized by:

 a) protein dystrophy of hepatocytes

 + b) fatty degeneration of hepatocytes

 c) mineral degeneration of hepatocytes

 d) hemosiderosis of the liver

 e) glycogen hepatocyte infiltration

705. Epidemic hepatitis is characterized by:

 a) injection route of transmission

 + b) fecal-oral route of transmission

 + c) short incubation period

 d) long incubation period

 + e) alimentary transmission

706. The outcome of viral hepatitis can be:

 + a) complete restoration of the structure to chronic

 + b) the transition of acute hepatitis to chronic

 c) transition to hepatosis

 + d) liver cirrhosis

 e) liver amyloidosis

707. Depending on the nature of the course, hepatitis happens:

 + a) acute

 b) subacute

 + c) chronic

 d) lingering

 e) terminal

708. What are two factors that most often lead to post-necrotic cirrhosis:

 + a) toxic liver dystrophy

 + b) viral hepatitis

 c) parasitic hepatitis

 d) alcoholic hepatitis

 e) bacterial hepatitis

709. Portal cirrhosis is usually the ending:

 + a) chronic hepatitis

 b) portal hypertension

 + c) fatty hepatosis

 d) liver glycogenosis

 e) toxic liver dystrophy

710. Type A viral hepatitis is characterized by:

 + a) fecal-oral transmission

 b) percutaneous transmission

 c) the development of the disease after injection

 + d) incubation period of 15-45 days

 d) the incubation period of 25-180 days

711. Glomerulopathies include:

 + a) glomerulonephritis

 b) myeloma kidney

 c) tubular fermentopathies

 d) polycystic kidney disease

 e) renal stone disease

712. Nephrotic syndrome is characterized by:

 a) jaundice

 b) physical inactivity

 + c) proteinuria

 + d) hyperlipidemia

 + e) edema

713. The main etiological factor of glomerulonephritis is:

 + a) B-hemolytic streptococcus

 b) hepatotropic virus A

 c) hepatotropic virus B

 d) meningococcus

 d) pneumococcus

714. Extracapillary glomerulonephritis is:

 + a) serous

 b) intracapillary

 c) parietal

 + d) fibrinous

 + d) hemorrhagic

715. Depending on the nature of the course, glomerulonephritis is:

 a) antibody

 b) bacterial

 c) abacterial

 + d) subacute

 + e) acute

716. Local factors of stone formation in kidney stone disease include:

 a) acquired disorders of mineral metabolism

 b) congenital disorders of mineral metabolism

 + c) urinary stasis

 + d) inflammatory processes in the urinary tract

 e) nephrosclerosis

717. A "thyroid" kidney is formed as a result of:

 a) renal amyloidosis

 b) bazedova goiter

 + c) chronic pyelonephritis

 d) acute pyelonephritis

 e) extracapillary glomerulonephritis

718. For chronic glomerulonephritis is characteristic:

 a) coarse surface of the kidneys

 b) primary shriveled kidneys

 + c) secondary shriveled kidneys

 d) a large greasy kidney

 e) large mottled kidney

719. What are the complications of acute renal failure:

 a) renal amyloidosis

 b) kidney cancer

 c) glomerulonephritis

 d) nephrolithiasis

 + e) total necrosis of the cortical layer of the kidney

720. What are the renal symptoms of glomerulonephritis:

 a) arterial hypertension

 + b) hematuria

 c) dysproteinemia

 d) swelling

 + d) proteinuria

721. A large lardaceous kidney is observed with:

 a) acute glomerulonephritis

 b) acute renal failure

 + c) renal amyloidosis

 d) acute glomerulonephritis

 e) chronic glomerulonephritis

722. What are the stages of renal amyloidosis:

 a) ischemic

 + b) proteinuric

 + c) nephrotic

 d) dystrophic

 e) necrotic

723. For extracapillary proliferative glomerulonephritis is characteristic:

 + a) glomerular capsule damage

 b) the primary lesion of the glomerular capillaries

 + c) proliferation of nephrothelium

 + d) proliferation of podocytes

 d) profuse leukocyte infiltration in the glomerulus

724. "Motley kidney" is observed with:

 a) arteriolosclerotic nephrosclerosis

 b) atherosclerotic nephrosclerosis

 + c) acute glomerulonephritis

 d) renal amyloidosis

 d) pyelonephritis

725. nesis, glomerulonephritis is:

 a) viral disease

 + b) infectious and allergic disease

 c) rickettsial disease

 d) fungal disease

 e) parasitic disease

726. According to the topography of the process, glomerulonephritis is:

 a) focal

 b) diffuse

 + c) intracapillary

 + d) extracapillary

 e) interstitial

727. What are the stages of acute renal failure:

 + a) shock

 b) latent

 c) azotemic

 + d) oligoanuric

 + d) restoration of diuresis

728. What are the extrarenal symptoms of glomerulonephritis:

 a) myocardial hypertrophy of the right ventricle of the heart

 b) hematuria

 c) oliguria

 + d) swelling

 + d) left ventricular myocardial hypertrophy

729. Depending on the involvement of the structural components of the kidney, glomerulonephritis can be:

 + a) with a tubular component

 b) with a glomerular component

 + c) with tubulo-interstitial component

 + d) with tubulo-interstitial-vascular component

 d) with the pelvis component

730. What are the diseases leading to secondary wrinkling of the kidneys:

 + a) pyelonephritis

 b) essential hypertension

 + c) glomerulonephritis

 d) atherosclerosis

 + d) amyloid nephrosis

731. Extracapillary glomerulonephritis is:

 + a) serous

 b) mesangial

 c) parietal

 d) purulent

 + d) hemorrhagic

732. For chronic glomerulonephritis is characteristic:

 a) an increase in kidney size

 b) primary shriveled kidneys

 c) lipoid nephrosis

 d) focal segmental glomerular sclerosis

 + e) reduction in kidney size

733. Primarily shriveled kidneys occur when:

 a) acute glomerulonephritis

 b) chronic glomerulonephritis

 + c) arterial hypertension

 + d) atherosclerosis

 e) renal amyloidosis

734. Tubulopathies include:

 a) glomerulonephritis

 + b) myeloma kidney

 c) tubulo-interstitial nephritis

 d) pyelonephritis

 + e) necrotic nephrosis

735. What are the phases of acute glomerulonephritis:

 + a) exudative

 b) oligoanuric

 + c) exudative-proliferative

 d) restoration of diuresis

 + d) proliferative

736. Glandular endometrial hyperplasia is observed:

 a) in young women

 + b) in women of mature age

 + c) in elderly women

 + d) with ovarian dysfunction

 + d) for menstrual irregularities

737. Diseases that occur after pregnancy include:

 a) ectopic pregnancy

 + b) placental polyp

 c) spontaneous miscarriage

 + d) birth infection of the uterus

 + d) chorionepithelium

738. The cause of an ectopic pregnancy may be:

 + a) inflammatory diseases of the fallopian tubes

 + b) cicatricial excesses of the fallopian tube

 + c) abnormalities of the development of the fallopian tubes

 d) uterine tube agenesis

 + d) tumors of the fallopian tubes

739. Obligatory precancer is:

 + a) atypical glandular endometrial hyperplasia

 + b) focal endometrial adenomatosis

 + c) endometrial adenomatous polyps

 d) uterine adenocarcinoma

 e) atrophic endometritis

740. With eclampsia in the liver, the following are detected:

 + a) hepatocyte dystrophy

 + b) hepatocyte necrosis

 c) leukemic cell infiltration

 + d) hemorrhages

 e) cell atypism

741. For chronic endometritis are characteristic:

 + a) lymphoid cell infiltration

 + b) plasmacytic infiltration

 + c) sclerosis

 d) exclusively neutrophilic cell infiltration

 e) leukemic infiltration

742. The following types of tubal pregnancy are distinguished:

 + a) ampullar

 b) intramural

 + c) isthmic

 + d) interstitial

 e) extratubular

743. Postpartum infection may occur:

 + a) endometritis

 + b) endomyometritis

 + c) sepsis

 d) gestosis

 e) chorionepithelioma

744. If it enters the abdominal cavity, the fetus may be exposed to:

 + a) autolysis

 + b) petrification

 + c) organizations

 d) malignancy

 + e) abdominal pregnancy may occur

745. The main danger of cystic drift is:

 a) in violation of the development of pregnancy

 b) in the death of the fetus

 + c) in the possible development of the destruction process in the uterus

 d) in the rapid increase in the size of the uterus

 + e) in the possible development of chorionepithelioma

746. Diseases of the female genital organs are classified into the following groups:

 + a) inflammatory

 b) immunopathological

 + c) dishormonal

 + d) tumor

 d) compensatory

747. What are the types of cervical pseudo-erosion:

 + a) simple

 + b) glandular

 + c) papillary

 + d) glandular papillary

 e) fibrocystic

748. Cerebral pituitary diseases include:

 a) Hashimoto's disease

 + b) Itsenko-Cushing's disease

 + c) Simmonds disease

 + d) Babinsky-Fröhlich disease

 e) Bazedova's disease

749. Addison disease is characterized by:

 a) adrenal hyperfunction

 + b) bronze skin color

 c) obesity

 d) hypertension

 + e) hypoglycemia

750. For Riedel's goiter are characteristic:

 a) soft gland consistency

 + b) gland fibrosis

 + c) atrophy of the parenchyma of the gland

 + d) gland hypofunction

 e) gland hyperfunction

751. Endocrine organs include:

 + a) thyroid gland

 b) spleen

 + c) pituitary gland

 + d) adrenal gland

 e) submandibular salivary gland

752. Diabetesmellitus has its own characteristics for old people, highlight them:

 + a) is benign

 b) is malignant

 c) leads to exhaustion

 + d) leads to obesity

 e) prone to ketoacidosis

753. What are the signs of Hashimoto Struma:

 a) follicular polymorphism

 b) resorption of colloid

 + c) lymphoid stromal infiltration

 + d) atrophy of the parenchyma

 + e) glandular sclerosis

754. The development of Basedova's disease is promoted by:

 a) lack of iodine in the biosphere

 + b) mental trauma

 + c) hereditary predisposition

 d) carbohydrate-rich food abuse

 + e) infectious diseases

755. Diseases with a predominant thyroid lesion include:

 a) Itsenko-Cushing's disease

 b) more Simmonds

 + c) Hashimoto Struma

 d) Addison's disease

 + e) Bazedova's disease

756. Parathyroid osteodystrophy may be due to:

 a) adrenal tuberculosis

 b) kidney disease

 c) damage to the colon

 + d) parathyroid adenoma

 + d) parathyroid hyperplasia

757. Typical causes of death for patients with diabetes are:

 + a) uremia

 + b) gangrene of the limb

 + c) myocardial infarction

 d) allergic shock

 + d) sepsis

758. In patients with Bazedovoy disease, the presence of:

 + a) liver cirrhosis

 b) obesity

 + c) left ventricular hypertrophy

 + d) exophthalmos

 e) melasma

759. The following types of colloidal goiter are distinguished:

 + a) proliferating

 b) tubular

 c) trabecular

 + d) macrofollicular

 + e) microfollicular

760. The outcome of diabetic microangiopathy is often:

 a) transmural myocardial infarction

 + b) polyneuritis

 + c) uremia

 + d) retinopathy

 e) sepsis

INFECTION

761. Complications of the flu that occur in the nervous system include:

 + a) peripheral neuritis

 b) neurofibromatosis

 + c) encephalitis

 + d) arachnoiditis

 e) epidural hematoma

762. PC infection is characterized by:

 + a) high contagiousness

 b) low contagiousness

 + c) primary damage to the respiratory system

 d) predominant lesion of the gastrointestinal tract

 d) the pathogen belongs to DNA-containing viruses

763. Complications of parainfluenza include:

 + a) sinusitis

 b) hepatitis

 c) pancreatitis

 + d) otitis media

 + e) eustacheitis

764. The causative agent, which infections belong to DNA-containing viruses?

 a) flu

 b) parainfluenza

 c) MS infection

 + d) adenovirus infection

 d) croupous pneumonia

765. Due to the cytopathic effect of influenza virus in the epithelium of the bronchi and trachea, the following occur:

 a) proliferation

 b) the formation of papillae

 + c) dystrophy

 + d) necrosis

 + e) desquamation

766. Parainfluenza is characterized by:

 + a) pillow-like growths of the epithelium of the bronchi

 + b) the presence in the alveoli of multinucleated cells

 c) specific inflammation

 d) extensive hemorrhage in the lungs

 e) the virus is more aggressive than the flu virus

767. With the generalization of RS infection in the organs, the following are often detected:

 + a) papillary growths of the epithelium

 + b) inflammatory changes

 + c) focal proliferation of ependyma

 d) purulent enterocolitis

 e) fibrinous pericarditis

768. For influenza encephalitis is characterized by:

 a) dysplasia of nerve cells

 + b) nerve cell dystrophy

 + c) lymphocytic infiltrates

 d) leukocyte infiltrates

 + e) small focal hemorrhages

769. Pulmonary complications of influenza include:

 + a) bronchiolitis

 + b) pneumofibrosis

 c) anthracosis

 + d) bacterial pneumonia

 e) lung cancer

770. Describe adenovirus infection:

 + a) the causative agent refers to DNA-containing viruses

 b) the causative agent refers to RNA-containing viruses

 + c) conjunctivitis often occurs

 d) intoxication, as a rule, is more pronounced than with influenza

 + d) the appearance of adenoviral cells is characteristic

771. The source of influenza infection may be:

 + a) a sick person

 b) rodents

 c) cattle

 d) insects

 e) birds

772. Flu death usually occurs from:

 + a) cardiopulmonary failure

 + b) pneumonia

 c) gastrointestinal bleeding

 d) myocardial infarction

 e) intestinal gangrene

773. PC infection is characterized by:

 + a) the pathogen refers to RNA-containing viruses

 b) the pathogen is a DNA-containing virus

 c) is found only in humans

 + d) generalization of infection is possible

 e) the contagiousness of the virus is negligible

774. The complications of adenovirus infection include:

 + a) tonsillitis

 + b) otitis media

 c) osteomyelitis

 d) iridocyclitis

 + d) pneumonia

775. The incubation period for influenza is usually:

 a) 1-2 days

 + b) 2-4 days

 c) 5-7 days

 d) 6-8 days

 d) 10-15 days

776. The characteristic pulmonary complications of influenza include:

 + a) carnification of exudate

 b) pneumothorax

 c) profuse pulmonary hemorrhage

 + d) bronchiectasis

 e) silicosis

777. PC infection is characterized by:

 a) necrotic tracheitis

 + b) proliferation of the epithelium of the bronchi

 + c) the formation of cell symplasts

 + d) the development of foci of acute emphysema

 + d) accession of a secondary infection

778. The death of patients with uncomplicated parainfluenza can occur from:

 + a) viral pneumonia

 b) lung collapse

 + c) asphyxia

 d) eustacheitis

 e) rhinitis

779. Due to the cytopathic effect of the influenza virus, in the epithelium of the bronchi and trachea occur:

 a) proliferation

 b) the formation of papillae

 + c) alternative changes

 d) metaplasia

 + e) desquamation

780. Pagrippa is characterized by:

 + a) pillow-like growths of the epithelium of the bronchi

 b) lung anthracosis

 c) cellular atypism of the epithelium of the trachea and bronchi

 d) dysplasia of the alveolar epithelium

 e) the virus is more aggressive than the flu virus

781. ARVI, which have the greatest practical significance, include:

 a) rickettsioses

 + b) parainfluenza

 + c) adenovirus infection

 d) yersiniosis

 e) whooping cough

782. The source of the disease with influenza can be:

 + a) a sick person

 b) rodents

 c) cattle

 + d) virus carrier

 e) birds

783. Death with influenza in most cases occurs from:

 + a) secondary infection

 + b) pneumonia

 c) profuse pulmonary hemorrhage

 d) lung cancer

 e) lung gangrene

784. The complications of adenovirus infection include:

 + a) renal amyloidosis

 + b) otitis media

 c) tracheal cancer

 d) silicoanthracosis of the lungs

+ d) pneumonia

785. The characteristic pulmonary complications of influenza include:

 + a) carnification of exudate

 b) hemothorax

 c) profuse pulmonary hemorrhage

 + d) bronchiectasis

 + e) pneumosclerosis

786. SARS that have the greatest practical significance include:

 + a) flu

 b) rabies

 + c) MS infection

 d) croupous pneumonia

 d) cholera

787. Complications of the flu that occur in the nervous system include:

 a) cerebral infarction

 b) neurofibromatosis

 + c) encephalitis

 + d) arachnoiditis

 e) epidural hematoma

788. What is the causative agent of DNA viruses?

 a) flu

 b) croupous pneumonia

 c) tuberculosis

 + d) adenovirus infection

 e) measles

789. Pathological changes in the body with HIV infection are due to:

 + a) adherent tumors

 + b) exposure to human immunodeficiency virus

 c) the presence in the body of antiviral antibodies

 + d) opportunistic infections

 + e) complications of therapy

790. Options for the course of AIDS include:

 a) skin

 + b) pulmonary

 c) mucous

 + d) neurological

 + d) gastrointestinal

791. Indicate the ways of HIV infection:

 a) airborne

 + b) sexual

 c) alimentary

 + d) transplacental

 + e) parenteral

792. The stages of HIV infection include:

 + a) virus carrier

 + b) pre-AIDS

 + c) AIDS

 d) lymphohistiocytic

 e) with suppression of lymphoid tissue

793. The third stage of HIV infection is called:

 + a) presID

 b) AIDS

 c) asymptomatic infection

 d) persistent generalized lymphadenopathy

 e) acute infection

794. Seroconversion window for HIV infection is a period of time ...

 a) from the moment of infection to death

 + b) from the moment of infection to the appearance of anti-HIV antibodies

 c) from the moment anti-HIV antibodies appear until opportunistic infections appear

 d) from the moment anti-HIV antibodies appear until the appearance of HIV-associated tumors

 e) from the onset of lymphadenopathy to the death of the patient

795. “Constitutional conditions” in HIV infection include:

 + a) chronic fatigue syndrome

 + b) fever of unknown origin

 + c) weight loss

 d) opportunistic infections

 e) persistent generalized lymphadenopathy

796. Options for the course of AIDS include:

 + a) pulmonary

 + b) gastrointestinal

 c) urogenital

 + d) neurological

 e) skin

797. HIV encephalitis is characterized by:

 a) purulent inflammation

 + b) dystrophic changes in neurons

 + c) vasculitis

 + d) vacuolar encephalopathy

 e) extensive cerebral infarction

798. How many stages are there in HIV infection?

 a) two

 b) three

 + c) four

 d) five

 d) six

799. HIV infection occurs:

 a) by airborne droplets

 + b) parenteral route

 + c) sexually

 d) translumbally

 d) ascending urinogenous way

800. The AIDS-associated symptom complex includes:

 a) seroconversion window

 + b) opportunistic infections

 + c) constitutional conditions

 d) asymptomatic infection

 e) congenital immunodeficiency

801. Genitourinary tuberculosis can be a manifestation of:

 + a) progression of primary tuberculosis

 b) smooth-flowing primary tuberculosis

 + c) hematogenous tuberculosis

 + d) hematogenous generalization of the primary tuberculosis complex

 e) infiltrative pulmonary tuberculosis

802. Liver tuberculosis can develop:

 + a) with the progression of the primary tuberculosis complex

 b) with a smooth course of the primary tuberculosis complex

 + c) with primary tuberculosis intoxication

 + d) as a manifestation of hematogenous tuberculosis with extrapulmonary localization

 e) with pulmonary tuberculosis

803. Which of the following forms of tuberculosis respond well to modern therapy?

 a) chronic fibro-cavernous tuberculosis

 + b) acute focal pulmonary tuberculosis

 c) chronic pulmonary consumption

 + d) primary tuberculosis

 + e) tuberculoma

804. List extrapulmonary complications of fibrocavernous pulmonary tuberculosis:

 + a) exhaustion

 b) systemic hyalinosis

 c) hemomelanosis of the spleen and liver

 + d) dysproteinemia, hypoproteinemia

 e) hypertrophy of the left ventricle of the heart

805. The foci of reinfection differ from the primary affect:

 + a) multiplicity

 b) loneliness

 + c) naturalization by natural channels

 d) generalization of the lymphatic vessels

 e) the complete absence of anti-tuberculosis immunity

806. Pulmonary complications of chronic fibro-cavernous pulmonary tuberculosis include:

 a) primary tuberculosis intoxication

 + b) bronchogenic metastasis

 c) hypertrophy of the right ventricle of the heart

 + d) pulmonary hemorrhage

 + d) tuberculous empyema of the pleura

807. What are the types of progression of the primary tuberculosis complex:

 a) bronchogenic generalization

 + b) hematogenous generalization

 + c) lymphogenous generalization

 + d) increase in primary affect

 e) perineural generalization

808. The types of hematogenous forms of tuberculosis include:

 a) acute focal pulmonary tuberculosis

 + b) generalized hematogenous tuberculosis

 + c) adrenal tuberculosis

 + d) acute total miliary tuberculosis

 e) acute cavernous pulmonary tuberculosis

809. The favorable course of the primary tuberculosis complex is indicated by:

 a) development in the field of primary affect of caseous pneumonia

 b) increased perifocal inflammation with its transition to a specific

 + c) resorption of the area of ​​perifocal inflammation

 + d) the appearance of the Gon focus

 e) signs of tuberculosis militarization

810. Signs of chronic hematogenous disseminated pulmonary tuberculosis are:

 + a) the predominance of productive tissue reactions

 b) the predominance of exudative tissue reactions

 + c) the development of diffuse pneumosclerosis and emphysema

 d) the tendency of foci of tuberculosis to decay

 + e) hypertrophy of the right ventricle of the heart

811. Primary tuberculosis complex consists of:

 + a) primary affect

 b) distant lymphadenitis

 + c) regional lymphadenitis

 + d) lymphangitis

 e) non-specific bronchopneumonia

812. Hematogenous tuberculosis includes:

 + a) generalized hematogenous tuberculosis

 + b) chronic total miliary tuberculosis

 + c) Landusi form

 d) hematogenous generalization of the primary tuberculosis complex

 e) acute focal pulmonary tuberculosis

813. Progression of the primary intestinal tuberculosis complex can lead to:

 + a) ulcerative enterocolitis

 + b) peritonitis

 + c) amyloidosis of internal organs

 d) to profuse pulmonary hemorrhage

 e) to bowel cancer

814. Cold sore abscess is a manifestation of:

 a) tuberculosis of the skin

 b) tuberculosis

 + c) tuberculous spondylitis

 d) intestinal tuberculosis

 e) adrenal tuberculosis

815. With fibro-cavernous and cirrhotic pulmonary tuberculosis in the heart occurs:

 + a) hypertrophy of the muscle of the right ventricle

 b) hypertrophy of the muscle of the left ventricle

 + c) pulmonary heart

 + d) myogenic heart dilatation

 e) myocardial infarction

816. A sharply positive reaction with tuberculin indicates:

 + a) the presence of a progressive tuberculosis process in the body

 + b) tuberculosis infection

 c) the lack of anti-tuberculosis immunity

 + d) the presence of sensitivity to tuberculosis antigen

 e) on the biological healing of existing tuberculosis

817. Hematogenous tuberculosis includes:

 a) tuberculous leptomeningitis, identified against the background of a "flowering" primary tuberculosis complex

 + b) acute miliary pulmonary tuberculosis

 + c) chronic miliary pulmonary tuberculosis

 + d) typhobacillosis

 + e) tuberculous leptomeningitis detected against the background of Gon's focus

818. Gon's hearth indicates:

 a) acute course of primary tuberculosis

 b) transferred hematogenous tuberculosis

 c) a favorable course of banal bacterial pneumonia

 d) secondary tuberculosis

 + e) transferred primary tuberculosis

819. General miliary tuberculosis can be a manifestation of:

 + a) hematogenous tuberculosis

 b) secondary tuberculosis

 + c) progression of the primary tuberculosis complex

 d) the progression of staphylococcal bronchopneumonia

 e) focal pulmonary tuberculosis

820. From the morphological point of view, the primary tuberculous affect in the lung is:

 a) a focus of neoplasm

 + b) the focus of caseous bronchopneumonia

 c) lobar pneumonia

 d) interstitial pneumonia

 e) manifestation of secondary tuberculosis

821. Hematogenous tuberculosis includes:

 a) tuberculous leptomeningitis in combination with the primary tuberculosis complex

 + b) miliary pulmonary tuberculosis without the presence of a primary tuberculosis complex

 + c) tuberculous meningitis without the presence of a primary tuberculosis complex

 d) miliary tuberculosis in combination with the primary tuberculosis complex

 e) the growth and progression of primary tuberculous affect

822. The adverse course of the primary tuberculosis complex is indicated by:

 a) calcification of its foci

 + b) decay in the foci of inflammation

 c) fibrosis of foci

 + d) the appearance of miliary tuberculosis

 e) encapsulation of foci

823. Indicate the signs of chronic hematogenously disseminated pulmonary tuberculosis:

 a) unilateral lung damage

 + b) bilateral lung damage

 + c) the symmetry of the lesions in both lungs

 d) the appearance of multiple tuberculosis caverns

 + d) the presence of diffuse pneumosclerosis

824. Secondary tuberculosis includes:

 + a) acute cavernous pulmonary tuberculosis

 + b) fibro-focal pulmonary tuberculosis

 c) miliary tuberculosis of the lungs

 + d) infiltrative pulmonary tuberculosis

 e) tuberculous polyserositis

825. Primary tuberculosis is now more common:

 a) in newborns

 b) in early childhood

 c) at school age

 + d) in adults

 + e) in older age groups

826. Chronic fibrocavernous tuberculosis can develop from:

 + a) acute cavernous pulmonary tuberculosis

 + b) chronic hematogenous disseminated pulmonary tuberculosis

 + c) primary pulmonary consumption

 d) acute focal pulmonary tuberculosis

 e) acute miliary pulmonary tuberculosis

827. Describe primary tuberculous affect:

 a) consists of many lesions

 b) localized in the lung parenchyma

 + c) localized mainly under the pleura

 + d) combined with lymphangitis and lymphadenitis

 + e) in its center there is caseous necrosis

828. The composition of the primary tuberculosis complex includes:

 + a) tuberculous lymphangitis

 b) lobar fibrinous pneumonia

 + c) primary tuberculous affect

 + d) lympho-iron component

 e) tuberculous vasculitis

829. The morphological substrate of hematogenous tuberculosis is:

 a) primary tuberculosis complex

 + b) miliary pulmonary tuberculosis

 c) tuberculous lymphadenitis

 d) tuberculous vasculitis

 e) foci of Abrikosov

830. The centers of reinfection are also called:

 + a) acute focal pulmonary tuberculosis

 + b) foci of Abrikosov

 c) foci of Assman-Redeker

 d) primary tuberculous affect

 e) foci of Gon

831. The wall of the chronic tuberculous cavity consists of:

 a) areas of unchanged lung tissue

 + b) necrosis zones

 + c) zones of specific granulation tissue

 d) the focus of bronchopneumonia

 + d) connective tissue capsule

832. Caseous pneumonia can be:

 + a) acinous

 + b) nodose

 + c) lobular

 + d) lobar

 e) interim

833. The manifestations of hematogenous tuberculosis can include:

 a) fibro-cavernous pulmonary tuberculosis

 + b) acute miliary pulmonary tuberculosis

 + c) generalized hematogenous tuberculosis

 + d) chronic miliary pulmonary tuberculosis

 e) acute focal pulmonary tuberculosis

834. Hematogenous generalization of the primary tuberculosis complex can occur:

 + a) the development of general miliary tuberculosis

 + b) the development of tuberculous meningitis

 + c) the development of miliary pulmonary tuberculosis

 d) the formation of foci of Gon

 e) the formation of foci of Abrikosov

835. Types of secondary tuberculosis include:

 + a) infiltrative pulmonary tuberculosis

 b) primary tuberculosis complex

 + c) lobar caseous pneumonia

 + d) cavernous forms of tuberculosis

 e) large focal pulmonary tuberculosis with "stamped" caverns

836. Signs of progression of the tuberculosis process in the cavity wall include:

 a) thickening of the fibrous capsule

 b) thinning of the necrotic layer

 + c) expansion of the zone of specific granulation tissue

 + d) expansion of the necrosis zone

 d) the collapse (subsidence) of the cavity of the cavity

837. Extrapulmonary complications of chronic fibro-cavernous tuberculosis are:

 + a) exhaustion

 b) obesity

 + c) cachexia

 + d) anemia

 + d) amyloidosis

838. Signs of hematogenous disseminated pulmonary tuberculosis include:

 + a) foci of tuberculous inflammation rarely decompose

 b) the presence of foci of Gon

 + c) hypertrophy of the muscle of the right ventricle of the heart

 + d) the presence of "stamped" caverns in the lung

 e) the presence of foci of Abrikosov

839. Secondary tuberculosis forms include:

 a) acute focal tuberculosis of the kidneys

 + b) acute focal pulmonary tuberculosis

 + c) acute cavernous pulmonary tuberculosis

 + d) cirrhotic pulmonary tuberculosis

 e) croupous pneumonia

840. Indicate in what way the spread of infection in secondary tuberculosis is carried out:

 a) hematogenous

 b) lymphogenous

 + c) bronchogenic

 d) perineural

 e) implantation

841. Non-specific complications of cholera include:

 a) post-cholera uremia

 + b) sepsis

 + c) erysipelas

 d) cholera typhoid

 + d) pneumonia

842. Common changes typical of typhoid fever include:

 + a) rash

 b) granular dystrophy of the parenchymal organs

 c) fatty degeneration of parenchymal organs

 + d) typhoid granulomas in the lungs

 + e) typhoid granulomas in the bone marrow

843. Infection from the primary focus may spread:

 + a) lymphogenous

 + b) hematogenous

 + c) intracanalicular

 + d) perineural

 + e) contact

844. The following forms of salmonellosis are distinguished:

 + a) typhoid

 + b) intestinal

 + c) septic

 d) allergic

 e) gastrointestinal

845. Indicate how many stages are distinguished in the development of cholera:

 a) one

 b) two

 + c) three

 d) four

 e) five

846. Typhoid fever is especially contagious:

 a) from the first week of the disease

 + b) from the second week of the disease

 c) from the third week of the disease

 d) from the fourth week of the disease

 e) from the fifth week of the disease

847. The intestinal complications of amoebiasis include:

 + a) perforation of an ulcer

 b) penetration of chronic gastric ulcer

 + c) cicatricial stenosis of the intestine

 + d) peritonitis

 e) liver abscesses

848. The first stage of typhoid fever is based on:

 a) acute alterative inflammation

 b) acute exudative inflammation

 + c) acute productive inflammation

 d) chronic proliferative inflammation

 e) chronic exudative inflammation

849. Typhoid Cholera is characterized by:

 a) pronounced clinical and morphological manifestations of the algid period

 b) pronounced manifestations of exsicosis

 + c) the disappearance of manifestations of exsicosis

 d) the presence of serous hemorrhagic gastroenteritis

 + d) the presence of diphtheria colitis

850. Typhoid fever can be a source of infection:

 a) clothes louse

 b) tick

 c) dog

 d) pig

 + d) a sick person

851. The types of coexistence of micro- and macroorganisms include:

 + a) symbiosis

 b) dysbiosis

 + c) commensalism

 + d) parasitism

 e) chemotaxis

852. The second stage of typhoid fever is characterized by:

 a) the formation of scars in the ileum

 + b) necrosis of typhoid granulomas

 + c) necrosis of group follicles

 + d) necrosis of solitary follicles

 + d) dystrophy of the intramural nerve ganglia

853. In prolonged cases of intestinal coli infection, the following are detected:

 + a) ulcers located along the line of attachment of the mesentery

 b) ulcers located in the lymphoid apparatus of the intestine

 c) small foci of swelling of the mucous membrane

 d) chronic ulcers of the stomach and duodenum

 + e) distinct atrophy of the intestinal lymphoid apparatus

854. For cholera enteritis is characteristic:

 + a) serous inflammation

 b) purulent inflammation

 c) croupous inflammation

 d) diphtheria inflammation

 + d) serous hemorrhagic inflammation

855. With dysentery, the stages are distinguished:

 + a) catarrhal colitis

 b) catarrhal enteritis

 c) cerebral swelling

 + d) fibrinous colitis

 + e) ulcerative colitis

856. In the second stage of typhoid fever, the following can be observed:

 a) acute ulcers in the ileum

 + b) typhoid exanthema

 + c) necrosis of solitary follicles

 + d) dystrophic changes in the intramural nerve ganglia

 + e) necrosis of group follicles

857. In the pathogenesis of cholera, the following are of decisive importance:

 a) the propagation of vibrios in the epithelium of the intestine

 + b) the reproduction of vibrios on the surface of the intestinal epithelium

 c) the effect of endotoxin

 + d) the effect of exotoxin

 + d) blockade of the "sodium pump" of the cell

858. Intestinal coli infection can be complicated:

 + a) bacterial pneumonia

 + b) otitis

 + c) vascular collapse

 + d) purulent meningitis

 + d) sepsis

859. In the algide period of cholera, the death of patients usually occurs due to:

 + a) dehydration

 b) peritonitis

 + c) coma

 + d) uremia

 e) intestinal bleeding

860. Indicate changes in the spleen in typhoid fever:

 + a) increased in size

 b) reduced in size

 c) provides lean scraping of pulp

 + d) gives abundant pulp scraping

 e) called "big greasy"

861. In terms of etiology, infectious diseases are classified into:

 + a) viral and bacterial

 b) anthroponoses

 c) anthropozoonoses

 + d) rickettsioses and parasitic infections

 + e) fungal and protozoal infections

862. The stage of cerebral swelling in group follicles in typhoid fever is characterized by:

 a) the formation of ulcers

 + b) reticular cell proliferation

 c) proliferation of eosinophils

 + d) the formation of macrophages

 e) necrosis of typhoid granulomas

863. In the pathogenesis of salmonellosis, the following are of primary importance:

 a) the release of exotoxin

 + b) endotoxin release

 c) the allocation of exo and endotoxin

 d) intraepithelial reproduction of the pathogen

 e) endocytobiosis

864. Pronounced manifestations of exicosis with cholera are inherent:

 a) stages of cholera enteritis

 b) stages of cholera gastroenteritis

 + c) algid period

 d) cholera typhoid

 d) the incubation period of cholera

865. Extraintestinal complications of typhoid fever include:

 + a) pneumonia

 + b) waxy necrosis of the rectus abdominis muscles

 + c) purulent perichondritis of the larynx

 + d) intramuscular abscesses

 + e) osteomyelitis

866. The classification of infectious diseases is based on the following symptoms:

 + a) biological

 + b) transmission mechanism

 + c) etiological

 d) the predominance of metabolic disorders

 + d) the nature of clinical anatomical manifestations

867. Infection with intestinal coli infection occurs:

 + a) by alimentary route

 b) by airborne droplets

 + c) contact-household way

 d) through damaged skin

 e) with blood and serum transfusions

868. Amoebiasis is characterized by:

 a) catarrhal enteritis

 b) serous hemorrhagic gastroenteritis

 c) purulent colitis

 + d) chronic ulcerative colitis

 e) acute diphtheria colitis

869. The death of patients with typhoid fever usually occurs from:

 a) cerebral hemorrhage

 + b) intestinal bleeding

 + c) pneumonia

 + d) sepsis

 + d) peritonitis

870. Endocytobiosis plays a decisive role in the pathogenesis of:

 a) intestinal coli infection

 b) salmonellosis

 c) cholera

 + d) dysentery

 e) amoebiasis

871. Biologically, infections are classified into:

 a) viral

 + b) anthroponoses

 + c) anthropozoonoses

 d) dysproteinoses

 + e) biocenoses

872. Local changes in dysentery are mainly localized in:

 a) ileum

 b) the cecum

 c) transverse colon

 + d) rectum and sigmoid colon

 e) the small intestine and stomach

873. The most characteristic sign of the third stage of typhoid fever is the formation of:

 + a) acute intestinal ulcers

 b) chronic intestinal ulcers

 c) clean intestinal ulcers

 d) typhoid granulomas

 d) chronic duodenal ulcers

874. What inflammation underlies the second stage of dysentery?

 a) serous

 + b) fibrinous

 c) purulent

 d) putrefactive

 e) hemorrhagic

875. What part of the colon is mainly affected by amoebiasis and balantidiasis?

 a) direct

 b) sigmoid

 c) descending colonic

 d) transverse

 + e) blind

876. In the first stage of typhoid fever, there is:

 a) the formation of clean ulcers

 + b) the formation of typhoid granulomas

 c) necrosis of group follicles

 + d) development of catarrhal enteritis

 + e) reticular cell proliferation

877. Death in the acute period of intestinal coli infection occurs from:

 a) cachexia

 + b) toxicosis

 + c) exsicosis

 + d) vascular collapse

 e) symptomatic hypertension with cerebral hemorrhages

878. Specific complications of cholera include:

 + a) cholera typhoid

 b) cholera enteritis

 c) profuse diarrhea

 + d) postcholeral uremia

 e) cholera gastroenteritis

879. What are the causes of peritonitis in typhoid fever?

 a) rupture of the liver capsule

 + b) rupture of the capsule of the spleen

 + c) perforation of a small intestine ulcer

 d) perforation of chronic gastric ulcer

 e) perforation of a chronic duodenal ulcer

880. Extraintestinal complications of dysentery include:

 a) the appearance in the lung foci of Gon

 + b) liver abscesses

 + c) pyelonephritis

 + d) arthritis

 e) croupous pneumonia

881. In the pathogenesis of diphtheria, the main importance is:

 a) endotoxin release

 + b) exotoxin release

 c) the allocation of exo and endotoxin

 d) intraepithelial reproduction of the pathogen

 e) serological variant of streptococcus

882. True croup is:

 a) diphtheria inflammation of the tonsils and pharynx

 b) diphtheria inflammation of the larynx

 + c) croupous inflammation of the larynx

 d) croupous inflammation of the bronchial tree

 e) croupous inflammation of the pharynx and tonsils

883. The most significant manifestation of the second period of scarlet fever is:

 a) lamellar peeling of the skin

 b) pityriasis peeling of the skin

 c) late paralysis of the heart

 d) necrotic nephrosis

 + d) glomerulonephritis

884. In the mucous membrane of the upper respiratory tract with measles, the following can be observed:

 + a) catarrhal inflammation

 b) diphtheria inflammation

 c) pityriasis peeling

 + d) metaplasia of the epithelium in a stratified squamous

 e) ichthyosis

885. Indicate the most likely causes of death with diphtheria of the pharynx and tonsils:

 + a) early and late heart failure

 + b) diaphragm paralysis

 c) cerebral coma

 d) true croup

 e) false croup

886. Scarlet fever is called extra buccal if the primary affect is localized in:

 a) pharynx

 b) tonsils

 + c) skin

 + d) genital tract

 + d) lungs

887. Local changes in measles occur:

 a) on the skin

 + b) in the throat

 + c) in the trachea

 + d) in the bronchi

 + e) in the conjunctiva

888. At what locations of diphtheria the most toxic toxic changes are most pronounced:

 + a) diphtheria of the pharynx

 + b) tonsils diphtheria

 c) diphtheria of the larynx

 d) diphtheria of the trachea

 e) bronchial diphtheria

889. Diphtheria exotoxin mainly affects:

 a) lungs

 + b) peripheral nerves

 + c) adrenal glands

 + d) heart

 e) intestines

890. For severe septic forms of scarlet fever are characteristic:

 a) catarrhal sore throat

 + b) purulent-necrotic tonsillitis

 c) lymphoid hyperplasia

 + d) myeloid metaplasia of lymphoretic tissue

 + e) purulent-necrotic changes in the soft tissues of the neck

891. Generalized forms of meningococcal infection include:

 a) meningococcal nasopharyngitis

 + b) meningococcal sepsis

 + c) meningococcal meningitis

 d) meningococcillis

 + e) meningococcemia

892. The consequence of viremia and generalization of measles virus is the development of:

 a) false croup

 + b) enanthema

 + c) exanthema

 d) true croup

 + d) giant cell pneumonia

893. The most pronounced changes in diphtheria of the pharynx and tonsils are localized in the following nerves:

 + a) wandering

 b) oculomotor

 + c) sympathetic

 + d) glossopharyngeal

 + e) aperture

894. Scarlet fever infection occurs:

 + a) by airborne droplets

 + b) contact-household way

 c) during transfusion of blood and serum

 d) through damaged skin

 e) transmissively

895. Measles exanthema is characterized by:

 a) catarrhal inflammation of the mucous membranes of the respiratory tract

 + b) papular skin rash

 + c) parakeratosis

 d) metaplasia of the cylindrical epithelium in the stratified squamous

 e) false croup

896. Specify the forms of scarlet fever:

 a) allergic

 b) idiopathic

 + c) toxic

 + d) septic

 + d) toxic-septic

897. The cause of heart failure with diphtheria can be:

 a) purulent myocarditis

 + b) alternative myocarditis

 c) postinfarction cardiosclerosis

 + d) paralysis of the vagus nerve

 e) myocardial infarction

898. In the kidneys with diphtheria, the following can occur:

 a) amyloidosis

 + b) necrotic nephrosis

 c) glomerulonephritis

 d) pyelonephritis

 + d) massive necrosis of the cortical layer

899. The primary scarlet fever complex consists of the following components:

 a) primary effect

 + b) primary affect

 + c) lymphangitis

 + d) lymphadenitis

 e) exanthema and enanthema

900. These organs are mainly affected during measles:

 a) the gastrointestinal tract

 + b) upper respiratory tract

 c) genitourinary organs

 + d) conjunctiva of the eyes

 + d) skin

901. Diphtheria infection occurs:

 a) through damaged skin

 b) by alimentary means

 c) during transfusion of blood and serum

 d) transmissively

 + d) by airborne droplets

902. In severe septic form of scarlet fever can be observed:

 + a) pharyngeal abscess

 + b) brain abscess

 + c) otitis media

 + d) phlegmon neck

 + e) temporal bone osteomyelitis

903. Measles virus has the following properties:

 a) increases the barrier function of the epithelium

 + b) reduces the phagocytic activity of leukocytes

 c) increases the phagocytic activity of leukocytes

 + d) reduces the titer of anti-infective antibodies

 d) increases the titer of anti-infective antibodies

904. When examining a patient in the first period of scarlet fever, you can find:

 + a) catarrhal sore throat

 b) fibrinous tonsillitis

 + c) necrotic tonsillitis

 d) putrid tonsillitis

 e) chronic tonsillitis

905. Reflection of viremia and generalization of measles virus are:

 + a) giant cell pneumonia

 + b) measles encephalitis

 c) false croup

 + d) enanthema

 + d) exanthema

906. In the kidneys with diphtheria, the following can be observed:

 a) pyelonephritis

 b) glomerulopathy

 + c) necrotic nephrosis

 d) glomerulonephritis

 e) pyonephrosis

907. In the nerve ganglia with diphtheria observed:

 + a) hemorrhages

 + b) cell dystrophy and necrosis

 c) metaplasia

 d) amyloidosis

 e) induction

908. For rash with scarlet fever, unlike measles, the following features are inherent:

 a) large-spotted papular character

 + b) small-dot character, bright red color

 c) initially appears behind the ears, then on the face, neck, trunk, limbs

 + d) covers the entire surface of the body, with the exception of the nasolabial triangle

 e) initially appears on the hips and buttocks

909. Diphtheria exotoxin mainly affects:

 a) CNS

 + b) peripheral and autonomic nervous systems

 + c) adrenal system

 + d) cardiovascular system

 e) digestive system

910. In the adrenal glands with diphtheria, the following can be observed:

 + a) hemorrhages

 + b) cell dystrophy and necrosis

 c) necrotic nephrosis

 d) late paralysis

 e) early paralysis

911. Clinical and morphological forms of scarlet fever include:

 + a) toxic

 + b) septic

 c) allergic

 d) primary and secondary

 e) local and general

912. For meningococcal meningitis, it is typical:

 a) catarrhal inflammation

 b) hemorrhagic inflammation

 + c) purulent inflammation

 d) putrefactive inflammation

 e) productive inflammation

913. In severe septic form of scarlet fever can be observed:

 + a) purulent-necrotic lymphadenitis

 b) catarrhal tonsillitis

 + c) neck vessel arrosion

 + d) phlegmon neck

 + e) purulent meningitis

914. Indicate the localization of enanthema in measles:

 a) on the entire surface of the body, with the exception of the nasolabial triangle

 b) on the lips

 c) in the nose

 + d) on ​​the mucous membrane of the cheeks

 e) on the skin of the face

915. The descending croup is ...

 a) croupous inflammation of the pharynx

 b) croupous tonsillitis

 c) croupous inflammation of the larynx

 + d) croupous inflammation of the bronchi

 e) croupous inflammation of the pharynx

916. The causative agent of measles is:

 a) RNA-containing virus variants A, B, C

 b) PC virus

 c) DNA virus

 + d) Myxovirus-containing RNA virus

 d) RNA-containing virus related to paramyxoviruses

917. Highlight myocarditis characteristic of diphtheria:

 a) purulent

 + b) interstitial

 c) productive

 + d) alternative

 e) serous hemorrhagic

918. In severe toxic form of scarlet fever occurs:

 a) leukemia

 + b) lymphoid hyperplasia

 + c) pronounced dystrophic changes in parenchymal organs

 + d) necrotic tonsillitis

 e) chronic tonsillitis

919. Local measles changes include:

 a) enanthema

 b) exanthema

 + c) catarrhal pharyngo-tracheobronchitis

 d) Bilshovsky-Filatov-Koplik spots

 + d) false croup

920. The primary complex for scarlet fever is presented:

 + a) regional lymphadenitis

 + b) lymphangitis

 + c) affect

 d) generalized lymphadenopathy

 e) reinfect

921. Depending on the localization of the septic focus, the following types of sepsis are distinguished:

 a) septicemia

 b) chroniosepsis

 + c) tonsillogenic

 + d) uterine

 + d) otogenic

922. The so-called peripheral signs of septic endocarditis include:

 + a) Lukin-Libman spots

 b) Wakez-Osler syndrome

 + c) Osler nodules

 d) Dubois abscesses

 + e) spots of Jainway

923. For septicopyemia, in contrast to septicemia, the most characteristic are:

 a) serous myocarditis

 + b) leukocyte infiltration of the spleen pulp

 c) atrophy of the spleen and lymph nodes

 d) increased hematopoiesis in the bone marrow

 + e) metastatic abscesses

924. The manifestation of septicopyemia in umbilical sepsis can be:

 + a) purulent meningitis

 b) left ventricular myocardial hypertrophy

 + c) abscesses in the liver and kidneys

 + d) abscesses in the lungs and myocardium

 e) chroniosepsis

925. In the presence of purulent endometritis as a septic focus, the first thrombobacterial emboli should be expected in:

 a) ovaries

 b) liver

 c) kidneys

 + d) lungs

 d) myocardium of the left ventricle

926. What inflammation underlies anthrax carbuncle?

 a) serous

 b) purulent

 + c) hemorrhagic

 d) putrefactive

 e) catarrhal

927. Umbilical sepsis can be complicated:

 + a) disseminated intravascular coagulation syndrome

 b) acquired immunodeficiency syndrome

 + c) viral bacterial pneumonia

 + d) purulent otitis media

 + e) purulent osteomyelitis

928. In cases where umbilical sepsis cured, in the umbilical vessels you can find:

 a) thrombophlebitis

 + b) deformation of the walls of arteries with calcification

 c) atherocalcinosis

 + d) obliteration of veins

 e) thromboarteritis

929. Specify the clinical and anatomical forms of sepsis:

 a) surgical

 + b) septicemia

 c) umbilical

 + d) septicopyemia

 e) otogenic

930. With septic (bacterial) endocarditis in the heart valves, there is:

 a) acute warty endocarditis

 b) recurrent-warty endocarditis

 + c) polypous ulcerative endocarditis

 d) fibroplastic parietal endocarditis with eosinophilia

 e) diffuse endocarditis

931. Septicopyemia is characterized by:

 + a) the presence of thrombobacterial embolism

 b) the absence of thrombobacterial embolism

 + c) the presence of purulent metastases

 + d) the presence of regional lymphangitis and lymphadenitis

 e) the presence of pronounced signs of hyperergy

932. The manifestations of DIC syndrome with umbilical sepsis include:

 + a) hemorrhages in the skin

 + b) hemorrhages in the serous and mucous membranes

 + c) melena

 d) meningitis

 + d) cerebral hemorrhages

933. Which of these microorganisms can cause sepsis:

 + a) bacteria

 + b) mushrooms

 c) animal parasites

 d) viruses

 + d) mycobacteria

934. Septic (bacterial) endocarditis is divided into:

 + a) acute

 + b) subacute

 + c) prolonged

 d) repeated

 e) continuously recurring

935. Local changes in sepsis include:

 + a) septic focus

 b) interstitial septic nephritis

 c) interstitial septic myocarditis

 + d) lymphangitis and phlebitis near the entrance gate of infection

 e) interstitial septic hepatitis

936. In umbilical vessels with sepsis, the following can be observed:

 a) omphalitis

 + b) purulent thromboarteritis

 c) nodular periarteritis

 + d) purulent thrombophlebitis

 + e) purulent arteritis

937. Hemorrhagic syndrome with influenza due to:

 + a) increased vascular permeability

 b) a pletor

 c) anemia

 d) metaplasia of the yellow bone marrow to red

 e) vasculitis

938. Unlike other infectious diseases, sepsis has the following features:

 + a) polyetiologic

 b) monoethiological

 + c) stencil of clinical manifestations of the disease

 d) the cyclical course of the disease

 e) strict definiteness of the terms of the incubation period

939. The primary pulmonary form of anthrax is characterized by the development of:

 + a) hemorrhagic tracheitis

 b) purulent-ulcerative tracheitis

 c) serous bronchitis

 + d) hemorrhagic bronchitis

 + d) serous hemorrhagic pneumonia

940. The following clinical and anatomical forms of anthrax are distinguished:

 + a) skin

 b) genital

 + c) intestinal

 d) renal

 + d) primary pulmonary

941. In the adrenal glands with umbilical sepsis develop:

 a) hyperplasia of the cells of the cortical or brain layer

 + b) necrosis

 + c) hemorrhages

 + d) delipidization

 e) depigmentation

942. Which of the above clinical anatomical forms are characteristic for anthrax?

 a) toxic-septic

 b) toxic

 + c) conjunctival

 + d) primary septic

 + d) intestinal

943. With prolonged septic endocarditis in the microvasculature are observed:

 + a) fibrinoid necrosis of the walls of blood vessels

 b) purulent fusion of the walls of blood vessels

 + c) aneurysms

 + d) plasmorrhagia

 e) amyloidosis

944. For sepsis, unlike other infectious diseases, characterized by:

 a) sepsis is a contagious disease

 + b) sepsis is not a contagious disease

 c) after the sepsis is persistent immunity

 + d) sepsis does not have a specific pathomorphological substrate

 e) cyclical course is characteristic of sepsis

945. A septic focus in umbilical sepsis can be:

 + a) phlebitis of the umbilical vessels

 b) aneurysm of the umbilical vessels

 + c) umbilical arteritis

 d) orchitis

 + d) omphalitis

946. With the course of sepsis, they are classified into:

 + a) acute

 b) latent

 + c) subacute

 d) subchronic

 + e) chronic

947. Omphalitis with umbilical sepsis can be:

 + a) ulcerative necrotic

 b) catarrhal

 + c) purulent-necrotic

 d) abacterial

 e) productive

948. The spread of infection from the septic focus with umbilical sepsis is carried out:

 a) by airborne droplets

 + b) hematogenous route

 + c) by contact

 d) perineural way

 e) transplacental way

949. Which of these valves are most commonly affected by prolonged septic endocarditis?

 + a) mitral

 + b) bicuspid

 + c) aortic

 d) tricuspid

 e) pulmonary valve

950. For septicemia are characteristic:

 a) abscesses in various organs

 b) metastatic abscesses

 + c) hyperergic tissue reaction

 + d) allergic vasculitis

 e) thromboembolic syndrome

951. Mark clinical anatomical forms of sepsis

 a) cryptogenic

 + b) septicopyemia

 + c) septic (bacterial) endocarditis

 + d) septicemia

 e) toxic-septic

952. Sepsis is classified taking into account the following symptoms:

 a) the prevalence of the process

 + b) etiology

 + c) the nature of the entrance gate of infection

 d) the influence of genetic factors

 + d) clinical and morphological features

953. Clinical and morphological forms of umbilical sepsis include:

 + a) septicopyemia

 + b) septicemia

 c) chroniosepsis

 d) septic (bacterial) endocarditis

+ d) granulomatous sepsis

954. The classification of septic (bacterial) endocarditis is based on the following criteria:

 + a) the nature of the course of the disease

 b) the influence of genetic factors

 c) the prevalence of the process

 + d) the presence or absence of background disease

 e) the nature of metabolic disorders

955. Clinical and anatomical forms of umbilical sepsis include:

 a) protracted septic endocarditis

 b) polypous ulcerative endocarditis

 + c) septicemia

 + d) septicopyemia

 e) Chernogubov’s disease

956. Which of the following microorganisms most often cause umbilical sepsis?

 + a) staphylococci

 + b) Pseudomonas aeruginosa

 c) viruses

 d) pneumococci

 + e) E. coli

957. Septicemia is characterized by:

 a) the presence of a pronounced septic focus

 b) the presence of purulent metastases

 + c) the absence of purulent metastases

 + d) lymphoid hyperplasia

 + e) hematopoietic tissue hyperplasia

958. In sepsis, the following can be observed in the brain:

 + a) swelling of the substance of the brain

 + b) brain swelling

 + c) purulent inflammation

 + d) dystrophy of nerve cells

 e) multiple aneurysms of the arteries

959. Which two microorganisms currently play a major role in the development of septicopyemia?

 a) viruses

 b) E. coli

 + c) staphylococcus

 + d) Pseudomonas aeruginosa

 e) rickettsia

960. Specify the types of sepsis depending on the location of the septic focus:

 + a) odontogenic

 + b) umbilical

 + c) tonsilogenic

 + d) otogenic

 + d) uterine

PERINATAL PATHOLOGY

961. The period of kimatogenesis is classified into:

 a) progenesis

 + b) blastogenesis

 + c) embryogenesis

 + d) early fetal period

 + d) late fetal period

962. The duration of blastogenesis is:

 + a) two weeks

 b) three weeks

 c) four weeks

 d) five weeks

 e) six weeks

963. Hematopathies are divided into:

 a) primary

 + b) spontaneous

 c) secondary

 + d) inherited

 e) idiopathic

964. The syndromes caused by abnormalities in the autosome system include:

 a) Shereshevsky-Turner syndrome

 b) Klinefelter syndrome

 + c) Down syndrome

 + d) Patau syndrome

 + d) Edwards syndrome

965. According to the degree of prevalence in the body, congenital malformations are classified into:

 + a) isolated

 + b) system

 c) primary

 + d) multiple

 e) secondary

966. Defects of the central nervous system include:

 a) apus

 + b) acrania

 + c) microgyria

 d) hydrocele

 e) pyocephaly

967. Defects of the facial skull include:

 a) syndactyly

 b) sympathy

 + c) synotia

 + d) cyclopia

 + d) heiloschis

968. Urogenital defects include:

 + a) monarchism

 + b) anorchism

 + c) hypospadias

 + d) epispadias

 e) heiloschis

969. Defects of the osteoarticular system include:

 + a) focomelia

 + b) amelia

 + c) sympus

 + d) sympathy

 e) cyclopia

970. Amelia is the absence of:

 a) fingers

 b) toes

 c) fingers and toes

 + d) upper and lower extremities

 e) hands and feet

971. The sympus is:

 a) joint of the fingers

 b) toe joint

 + c) fusion of the lower extremities

 d) fusion of the upper limbs

 e) lack of upper and lower limbs

972. After completion of which week of pregnancy does the calculation of the perinatal period begin?

 a) 20 weeks

 + b) 22 weeks

 c) 24 weeks

 d) 25 weeks

 d) 28 weeks

973. The perinatal period is classified into:

 + a) antenatal

 + b) intrapartum

 + c) early neonatal

 d) late neonatal

 e) prenatal

974. Prematurity is childbirth during pregnancy:

 a) 280 days

 b) 270-290 days

 c) 260-293 days

 + d) less than 259 days

 d) 260-280 days

975. Specify the forms of hemolytic disease of the newborn:

 a) hemorrhagic

 + b) edematous

 c) ischemic

 + d) icteric

 + d) anemic

976. Birth injuries contribute to:

 + a) premature discharge of water

 + b) leg presentation of the fetus

 + c) tissue tissue

 + d) lateral position of the fetus

 + e) low water

977. The cause of asphyxia of the newborn may be:

 a) placental hypoplasia

 b) the nodes of the umbilical cord

 + c) neonatal pneumopathy

 + d) immaturity of the surfactant system

 e) placenta previa

978. Indicate the forms of cytomegalovirus infection:

 a) primary and secondary

 + b) congenital and acquired

 c) granulomatous and ischemic

 + d) localized and generalized

 e) early and late

979. Asphyxia of the fetus may be due to:

 a) immaturity of the surfactant system

 b) pneumopathy

 + c) placental hypoplasia

 + d) placenta previa

 e) violation of the act of independent breathing

980. The following forms of listeriosis are distinguished:

 + a) pyemic

 b) cardiopathic

 c) encephalopathic

 d) primary and secondary

 + d) granulomatous

981. Extracranial birth injury includes:

 a) internal cephalohematoma

 + b) external cephalohematoma

 c) epidural hematoma

 d) fracture of the spine

 + e) birth tumor of the 3rd degree

982. The icteric form of hemolytic disease of the newborn is characterized by:

 a) a decrease in the liver and spleen in size

 + b) bilirubin encephalopathy

 + c) nuclear jaundice

 d) pronounced swelling of the tissues

 e) obligatory fatal outcome of the disease

983. The Gatchinson Triad includes defeat:

 a) the brain

 + b) hearing organ

 + c) organ of vision

 + d) teeth

 e) liver

984. The forms of sepsis of the perinatal period include:

 a) chroniosepsis

 + b) septicemia

 + c) septicopyemia

 d) prolonged septic endocarditis

 + d) granulomatous sepsis

985. Indicate the complications of birth injury to the liver:

 a) ascites

 + b) hemoperitoneum

 c) hemolytic disease of the newborn

 + d) anemia

 d) varicose veins of the esophagus

986. Pneumopathies of the newborn include:

 a) pneumonia

 + b) atelectasis

 + c) hyaline lung membranes

 d) pneumonitis

 + e) edematous hemorrhagic syndrome

987. In the lungs with asphyxia are observed:

 + a) hyaline membranes

 + b) atelectasis

 c) pneumosclerosis

 d) bullous emphysema

 + e) edematous hemorrhagic syndrome

988.In the pathogenesis of intrauterine pneumonia, the following are important:

 a) infection of the umbilical wound

 b) pneumopathy

 + c) aspiration of amniotic fluid

 + d) untimely rupture of the amniotic fluid

 + e) prematurity

989. Asphyxia of the newborn may be due to:

 + a) underdevelopment of the respiratory center

 + b) immaturity of lung tissue

 c) pathology of the placenta

 + d) birth injury to the skull

 e) pathology of the umbilical cord

990. In what period can hemolytic disease develop?

 a) progenesis

 b) gametogenesis

 + c) antenatal

 + d) neonatal

 + d) postnatal

991. Birth injury to the spleen may be complicated by:

 a) hemomelanosis

 b) cyanotic induction of the spleen

 + c) hemoperitoneum

 + d) anemia

 e) ascites

992. The internal cephalohematoma is ...

 a) leptomeningic hemorrhage

 b) cerebral hemorrhage

 c) subaponeurotic hematoma

 d) subdural hematoma

 + d) epidural hematoma

993. The causes of antenatal asphyxia of the fetus may be:

 + a) maternal diseases

 + b) pathology of the umbilical cord

 c) immaturity of the respiratory center

 d) mismatch of the fetal head to the birth canal of the mother

 + e) placental pathology

994. Listeria may cause:

 + a) granulomatous sepsis

 + b) stillbirth

 + c) prematurity

 + d) septicopyemia

 e) nuclear jaundice

995. Congenital toxoplasmosis is characterized by:

 + a) microcephaly

 + b) hydrocephalus

 + c) foci of calcification in the brain

 d) granulomatous sepsis

 + d) chorioretinitis

996. The fetal period is classified into:

 a) primary

 b) secondary

 c) tertiary

 + d) early

 + d) late

997. Blastopathies include:

 + a) impaired egg implantation in the uterus

 + b) ectopic pregnancy

 + c) aplasia of the amnion

 d) pneumonia

 + e) twin malformations

998. Fetopathies are characterized by:

 + a) rarity of congenital malformations

 + b) generalized infection

 + c) hemorrhagic syndrome

 d) twin deformities

 + e) lagging morphological and functional maturation of organs

999. Due to birth defects, there may be:

 + a) hereditary

 + b) exogenously determined

 + c) of an unknown etiology

 d) primary and secondary

 + e) multifactorial

1000. The appearance in the brain of gaps or cysts lined with ependyma is called:

 a) internal hydrocephalus

 b) external hydrocephalus

 c) microcephaly

 d) encephalocele

 + e) porencephaly