

ONTÜSTIK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ		SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»
Department of Pathology and Forensic Medicine Test tasks for midterm assessment for the discipline " General Pathology"		63-11-2025 Page 1 of 40

CONTROL AND MEASURING TOOLS

Test tasks for midterm assessment

Discipline: General pathology

Course code: GP 2223

Name and code of the OP: 6B 10115 "Medicine"

Number of academic hours (credits): 60 hours/ 2 credits

Course and semester of study: 2nd year, 4semester

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Compiled by: Berdalieva G.B.

<question> The founder of pathophysiology as an experimental science is .

<variant> V.V. Pashutin

<variant> I.P. Pavlov

<variant> Claude Bernard

<variant> I.I. Mechnikov

<variant> R. Virchow

<question> The founder of the method of comparative pathology is considered to be:

<variant> I.I. Mechnikov

<variant> I.P. Pavlov

<variant> K. Bernard

<variant> V.V. Pashutin

<variant> Ch. Brown-Sequard

<question> Duration of the acute course of the disease:

<variant> 5-14 days

<variant> no more than 4 days

<variant> 15-40 days

<variant> several months

<variant> several years

<question> The appearance of non-specific signs of the disease is characteristic:

<variant> prodromal period

<variant> latent period

<variant> incubation period

<variant> the height of the disease

<variant> outcome of the disease

<question> The presence of all the signs of the disease is characteristic For:

<variant> the height of the disease

<variant> prodromal period

<variant> incubation period

<variant> latent period

<variant> outcome of the disease

<question> Duration of clinical death:

<variant> 5-6 min

<variant> 1-2 min

<variant> 30-60 min

<variant> 1-2 hours

<variant> 1-2 days

<question> First successfully implemented a method of human resuscitation :

<variant> V.A. N Egovsky

<variant> A.A. Kulyabko

<variant> F. A. Andreev

<variant> S.S. Bryukhonenko

<variant> S. I. Chechulin

<question> Electrodes and a microcannula are implanted in the hypothalamic region of a rabbit. Over the course of one year, the functional activity of the hypothalamus is determined when narcotic drugs are administered into the cannula<variant>

This experiment pertains to the group:

<variant> chronic experiments

<variant> acute experiments

<variant> experimental observations

<variant> non-material modeling

<variant> formalized modeling

<question> And trophy of the alveolar processes of the jaw in connection with the extraction of teeth as a result of trauma is an example of:

<variant> pathological condition

<variant> pathological process

<variant> pathological reaction

<variant> complications of the disease

<variant> diseases

<question>The patient has had no pulse in the carotid artery for 2 minutes, the pupils are dilated and do not react to light, there is no consciousness, there is no breathing, blood pressure is not determined, heart sounds are not heard. When performing cardiopulmonary resuscitation on such a patient, the ratio of chest compressions and airway breaths should be:

<variant> 30:2

<variant> 5:1

<variant> 15:1

<variant> 10:2

<variant> 2:1

<question>Deterioration of peripheral circulation, decreased urine production, increased microthrombosis in the vessels, as a consequence of worsening hypoxia are observed in the ... period of post-resuscitation disease.

<variant>3

<variant>4

<variant>1

<variant>2

<variant>5

<question>Clinical signs of the pre-agonal period of dying are:

<variant > tachypnea

<variant > Cheyne-Stokes and Biott respiration

<variant > clear consciousness

<variant > arterial hypertension

<variant > lowering body temperature to ambient temperature

<question> The first period of postresuscitation disease is characterized by the resumption of cardiac function, blood circulation, respiration, and EEG. What characterizes cardiac output and arterial pressure during this period?

<variant >cardiac output decreases, blood pressure is unstable

<variant >cardiac output increases, blood pressure decreases

<variant >cardiac output decreases, blood pressure decreases

<variant >cardiac output increases, blood pressure increases

<variant >cardiac output decreases blood pressure increases

<question> The period of post-resuscitation disease, which is characterized by temporary and relative stabilization of the main functions of the body and improvement of the general condition of the patient:

<variant>2

<variant>3

<variant>4

<variant>5

<variant>1

<question> Pathological physiology studies:

<variant > Functions of a sick organism

<variant > Functions of the main systems and organs of a healthy organism

<variant > Metabolic processes in a healthy organism

<variant > Manifestations of diseases

<variant > Structural features of a healthy organism

<question> The tasks of pathophysiology include:

<variant > Formation of medical thinking

<variant > Clinical manifestations of the disease

<variant > Study of the characteristics of the course of the disease in a specific patient

<variant > Differential diagnostics of diseases

<variant > Description of macro- and micropreparations

<question>The most frequently used methods in medical and biological research are:

<variant>Rats

<variant>Rabbits

<variant>Dogs

<variant>Monkeys

<variant> Guinea pigs

<question>The main principles of working with laboratory animals are:

<variant> Euthanasia (killing in a humane way)

<variant> No anesthesia during manipulations

<variant> Failure to maintain room temperature

<variant> Killing animals without anesthesia

<variant>High humidity in the room

<question>Advantages of animal experimentation over clinical observation:

- <variant> Conducting experimental therapy
- <variant> Study of the role of social factors in the origin of the disease
- <variant> Conducting functional methods of disease research
- <variant> Conducting biochemical methods of disease research
- <variant> Conducting statistical studies of the obtained results
- <question> Formalized (intangible) modeling includes:
 - <variant> Computer modeling
 - <variant> Isolated Organ Method
 - <variant> Parabiosis method
 - <variant> Irritation method
 - <variant> Animal modeling
- <question> Clinical signs of the agonal period of dying are:
 - <variant> Absence of consciousness
 - <variant> Hyperreflexia
 - <variant> Clear consciousness
 - <variant> Arterial hypertension
 - <variant> Stop breathing and heartbeat
- <question> ... is a direction in etiology, according to which hereditary traits play a major role in the occurrence of diseases.
 - <variant> Constitutionalism
 - <variant> Monocausalism
 - <variant> Polyetiologism
 - <variant> Eugenism
 - <variant> Racism
- <question> An urgent protective and compensatory reaction of the body is.
 - <variant> sneezing
 - <variant> hypertrophy
 - <variant> phagocytosis
 - <variant> fever
 - <variant> antibody formation
- <question> The correct sequence of the main stages of dying is ...
 - <variant> preagony, terminal pause, agony, clinical death, biological death
 - <variant> terminal pause, preagony, agony, clinical death, biological death
 - <variant> preagony, agony, terminal pause, clinical death, biological death
 - <variant> preagony, terminal pause, agony, biological death, clinical death
 - <variant> preagony, agony, clinical death, terminal pause, biological death
- <question> Etiotropic disease prevention can include.
 - <variant> isolation of the patient
 - <variant> immunization of the patient
 - <variant> hardening
 - <variant> healthy lifestyle
 - <variant> therapeutic physical training
- <question> Impact on ... is the basis of pathogenetic therapy.
 - <variant> leading link in the pathogenesis of the disease
 - <variant> the cause of the disease
 - <variant> individual manifestations of the disease
 - <variant> reactivity of the organism
 - <variant> conditions of occurrence of the disease
- <question> After a course of radiation therapy (total radiation dose 6 Gy), the patient developed increased bleeding and hemorrhages in the mucous membranes and skin. Blood tests showed anemia, thrombocytopenia, and leukopenia. This form of acute radiation sickness is characterized by:
 - <variant> lesions of the hematopoietic system
 - <variant> vascular tone disorders
 - <variant> death of intestinal epithelium
 - <variant> parenchymatous organ lesions
 - <variant> severe hemodynamic disturbances
- <question> In heat stroke, a significant increase in body temperature increases neuromuscular excitability, which leads to the development of convulsions and increased contractile thermogenesis, which potentiates the increase in temperature and further increase in the excitability of nerve centers and muscles. This is an example of an essential feature of pathogenesis:

- <variant> vicious circle in pathogenesis
- <variant> main link in pathogenesis
- <variant> local and generalized in pathogenesis
- <variant> specific and non-specific mechanisms of development
- <variant> relationships between local and general reactions in pathogenesis
- <question> The initial link in pathogenesis is:
- <variant> primary damage at different levels
- <variant> cause and effect relationships
- <variant> stereotypicity of the pathological process
- <variant> dynamism of the pathological process
- <variant> protective and compensatory mechanisms
- <question> After suffering from flu, a patient developed shortness of breath, pain in the heart area, and swelling in the legs. Body temperature is 38.7 degrees Celsius . Examination revealed acrocyanosis, myocardial hypertrophy, and atrial fibrillation. The following can be considered relatively stable protective and compensatory mechanisms in this case:
- <variant> switching to a high level of thermoregulation
- <variant> pain in the heart area
- <variant> myocardial hypertrophy
- <variant> atrial fibrillation
- <variant> shortness of breath
- <question> Physical etiological factors include:
- <variant> Noise
- <variant> Malnutrition
- <variant> Helminths
- <variant> Viruses
- <variant> Prions
- <question> Chemical etiological factors include:
- <variant> Pesticides
- <variant> X-ray irradiation
- <variant> Accelerations
- <variant> Electric current
- <variant> Compression
- <question> Mechanical etiological factors include:
- <variant> Stretching
- <variant> Vanadium and chromium salts
- <variant> Organophosphorus compounds
- <variant> Viruses
- <variant> Candida
- <question> Etiotropic therapy of inflammation includes the use of:
- <variant> Antibiotics
- <variant> Membrane stabilizers
- <variant> Antimediator drugs
- <variant> Preparations that improve microcirculation
- <variant> Antioxidants
- <question> Compensatory reactions in humans when the ambient temperature increases are:
- <variant> Dilation of peripheral vessels
- <variant> Decreased breathing
- <variant> With narrowing of peripheral vessels
- <variant> Increased muscle tone
- <variant> Muscle tremors
- <question> Changes in the body at the stage of compensation (adaptation) of hyperthermia:
- <variant> Increased respiratory rate
- <variant> Vasodilation of internal organs
- <variant> Muscle tremors
- <variant> Increased muscle tone
- <variant> Bradycardia
- <question> At a height 6500 m above sea level, the climber lost consciousness, cyanosis was noted, breathing was rare . The cause, the leading link in pathogenesis and the vicious circle in the pathogenesis of the disease that developed can be:
- <variant> Decrease in pO_2 in atmospheric air

- <variant> Reduction of pCO_2 in atmospheric air
- <variant> Increase in barometric pressure
- <variant> Hyperoxemia
- <variant> Acidosis
- <question> A tourist caught in heavy rain developed pneumonia. The cause of this disease is:
- <variant> Pneumococci
- <variant> Male gender
- <variant> Age 30 years
- <variant> Hypothermia
- <variant> Normosthenic constitution
- <question> In altitude sickness it has a compensatory and adaptive value:
- <variant> Erythrocytosis
- <variant> Cramps
- <variant> Cyanosis
- <variant> Impaired coordination of movements
- <variant> Bradypnea
- <question> The course of diseases in newborns and infants is characterized by:
- <variant> General intoxication of the body
- <variant> Activation of the complement system
- <variant> Expressed localization of the process
- <variant> Pronounced lesions in organs
- <variant> Increased phagocytic activity of leukocytes
- <question> K ... reactivity includes a stronger effect of hypoxia on adults than on newborns.
- <variant> age
- <variant> species
- <variant> biological
- <variant> sexual
- <variant> individual
- the body's response to a stimulus.
- <variant> perverted
- <variant> reduced
- <variant> weak
- <variant> increased
- <variant> adequate
- the body's response to a stimulus.
- <variant> reduced
- <variant> perverted
- <variant> strong
- <variant> increased
- <variant> adequate
- the body's response to a stimulus.
- <variant> adequate
- <variant> reduced
- <variant> weak
- <variant> increased
- <variant> perverted
- the body's response to a stimulus.
- <variant> absence
- <variant> decrease
- <variant> increase
- <variant> perversion
- <variant> adequacy
- <question> It corresponds to the classification of the constitution and according to Chernorutsky.
- <variant> normosthenic
- <variant> sanguine
- <variant> athletic type
- <variant> muscle type
- <variant> strong, balanced, mobile type
- <question> ... corresponds to the classification of the constitution and according to Hippocrates.
- <variant> Choleric

- <variant> Hypersthenic
- <variant> Athletic type
- <variant> Muscular type
- <variant> Strong, balanced, mobile type
- <question> ... corresponds to the classification of the constitution and according to Pavlov.
- <variant> Strong, balanced, mobile type
- <variant> Phlegmatic
- <variant> Melancholic
- <variant> Choleric
- <variant> Asthenic
- <question> Women are less resistant than men to.
- <variant> drug action
- <variant> acute blood loss
- <variant> hypoxia
- <variant> low temperature
- <variant> fasting
- <question> The more frequent development of gastric ulcer in people with the first blood group is related to... reactivity.
- <variant> group
- <variant> non-specific
- <variant> specific
- <variant> species
- <variant> individual
- the body's response to a stimulus.
- <variant> increased
- <variant> reduced
- <variant> weak
- <variant> perverted
- <variant> adequate
- <question> Non-specific pathological reactivity includes reactivity in ... conditions .
- <variant> shock
- <variant> immunodeficiency
- <variant> immunosuppressive
- <variant> immune-proliferative
- <variant> allergic
- <question> ... corresponds to the classification of the constitution and according to Chernorutsky.
- <variant> Asthenic
- <variant> Sanguine
- <variant> Athletic type
- <variant> Muscular type
- <variant> Strong, balanced, mobile type
- <question> Hibernation in animals is related to ... reactivity
- <variant> types oh
- <variant> group oh
- <variant> individual
- <variant> specific
- <variant> pathological
- <question> MoreThe higher resistance of frogs to hypoxia than rats is related to ... reactivity.
- <variant> species
- <variant> group
- <variant> individual
- <variant> age
- <variant> specific
- <question> ... reactivity refers to various changes in life activity in people under the influence of the same factors.
- <variant> individual
- <variant> group
- <variant> sexual
- <variant> age
- <variant> species
- <question> The characteristics of pathology in old age include:
- <variant> Higher incidence of tumor development

- <variant> Hyperergic course of diseases
- <variant> Bright symptoms of diseases
- <variant> Expressed immune response
- <variant> Lack of precise localization of pain sensation
- <question> An example of active resistance is:
- <variant> Acute phase response
- <variant> Histoematal barriers
- <variant> Skin and mucous membranes
- <variant> Dense covers of insects, turtles
- <variant> HCl content in gastric juice
- <question> According to M. Chernorutsky, a hypersthenic is characterized by:
- <variant> Horizontal position of the heart
- <variant> Narrow chest
- <variant> Acute epigastric angle
- <variant> Tall
- <variant> High basal metabolic rate
- <question> According to M. Chernorutsky, an asthenic is characterized by:
- <variant> Acute epigastric angle
- <variant> Horizontal position of the heart
- <variant> Wide chest
- <variant> Tendency to obesity
- <variant> Tendency to increase blood pressure
- <question> The method of studying the pedigrees of families in which hereditary diseases are frequently encountered is called .
- <variant> clinical- genealogical
- <variant> biochemical
- <variant> twins
- <variant> cytogenetic name
- <variant> population- statistical
- <question> Hypertension belongs to the group of ... diseases .
- <variant> multifactorial
- <variant> actually hereditary
- <variant> monogenic
- <variant> chromosomal
- <variant> arising only due to environmental factors
- <question> Mutation of a structural gene underlies development
- <variant> sickle cell anemia
- <variant> alkaptonuria
- <variant> albinism
- <variant> afibrinogenemia
- <variant> phenylketonuria
- <question> Sex chromosome set in Klinefelter syndrome - .
- <variant> XXY
- <variant> XO
- <variant> XXX
- <variant> UO
- <variant> XY
- <question> WhensyndromeKlinefelterCan identify ... Barr.
- <variant> about the bottom of the body
- <variant> zero taurus
- <variant> two calves
- <variant> three calves
- <variant> four calves
- <question> Two clumps of sex chromatin in the cell nuclei (Barr bodies) are found at.
- <variant> trisomy X syndrome
- <variant> Klinefelter syndrome
- <variant> Shereshevsky-Turner syndrome
- <variant> Down syndrome in girls
- <variant> Down syndrome in boys

<question> Karyotype 22A XO is characteristic of the syndrome.

<variant > Shereshevsky-Turner

<variant > Alzheimer's

<variant > Klinefelter

<variant > Down

<variant > X trisomy

<question> Two Barr bodies are found in the nuclei of somatic cells.

<variant > patients with X-trisomy syndrome

<variant > healthy men

<variant > patients with Shchereshevsky-Turner syndrome

<variant > healthy woman

<variant > patients with Klinefelter syndrome

<question> Hereditary enzymopathies, in which intermediate metabolic products accumulate, include:

<variant > Galactosemia

<variant > Hemophilia C

<variant > Hemophilia A

<variant > Hemophilia B

<variant > Color blindness

<question> Early manifestations of opiate withdrawal syndrome include.

<variant> sweating

<variant> fever

<variant> hyperthermia

<variant> drowsiness

<variant> pupil constriction

<question> Late manifestations of opiate withdrawal syndrome include.

<variant> tremor of fingers

<variant> hypothermia

<variant> constipation

<variant> bradycardia

<variant> hypotension

<question> Hereditary diseases associated with mutations in the genes of repair enzymes include:

<variant > xeroderma pigmentosum

<variant > hemophilia a

<variant > Down syndrome

<variant > albinism

<variant > sickle cell anemia

<question> Hereditary enzymopathies, in which intermediate metabolic products accumulate, include:

<variant > Phenylketonuria

<variant > Hemophilia C

<variant > Hemophilia A

<variant > Hemophilia B

<variant > Color blindness

<question> A chromosomal disease is:

<variant > Klinefelter syndrome

<variant > Phenylketonuria

<variant > Sickle cell anemia

<variant > Hemophilia

<variant > Albinism

<question> Diseases that are inherited in a sex-linked manner include:

<variant > Color blindness

<variant > Hemophilia C

<variant > Albinism

<variant > Agammaglobulinemia

<variant > Brachydactyly

<question> Karyotype 22A XX X is typical for .

<variant > X trisomy

<variant > b Gierke's disease

<variant > with Itsenko-Cushing syndrome

<variant > Down syndrome

<variant > with Alzheimer's syndrome

<question> A teenager, 16 years old, with signs of mental retardation - slanted eyes, open mouth, flat bridge of the nose. The teenager will have the following number of Barr bodies:

- <variant> 0
- <variant> 1
- <variant> 2
- <variant> 3
- <variant> 4

<question> A teenager, 13 years old, with signs of mental retardation - slanted eyes, open mouth, flat bridge of the nose. The teenager will have the following karyotype changes:

- <variant> 47 (23A + X Y)
- <variant> 46 (22 A + X Y)
- <variant> 47 (22 A + XX Y)
- <variant> 48 (22 A + XXX Y)
- <variant> 45 (22 A + X 0)

<question> A teenager, 15 years old, with signs of mental retardation - slanted eyes, open mouth, flat bridge of the nose. The teenager will be given the following diagnosis:

- <variant> Down syndrome
- <variant> Shereshevsky-Turner syndrome
- <variant> Phenylketonuria
- <variant> Klinefelter syndrome
- <variant> Color blindness

<question> Hereditary enzymopathies, in which intermediate metabolic products accumulate, include:

- <variant> Glycogenosis
- <variant> Hemophilia C
- <variant> Hemophilia A
- <variant> Hemophilia B
- <variant> Color blindness

<question> A young man with mild mental retardation has signs of hypogonadism and bilateral gynecomastia. Sex chromatin was found during the study of the buccal epithelium. Karyotype 22A + XXY. These signs are characteristic of the syndrome:

- <variant> Klinefelter
- <variant> Edwards
- <variant> Down
- <variant> cat cry
- <variant> Shereshevsky-Turner

<question> First of all, the disruption of cell membranes develops in case of ... damage.

- <variant> mechanical
- <variant> thermal
- <variant> chemical
- <variant> biological
- <variant> physical

<question> The consequence of lipid peroxidation in membranes is an increase in e.

- <variant> membrane permeability
- <variant> surface tension
- <variant> electrical strength of membranes
- <variant> potassium in cells
- <variant> macroergs in cells

<question> A decrease in the detoxification of toxins in the cell occurs due to damage.

- <variant> endoplasmic reticulum
- <variant> ribosomes
- <variant> mitochondria
- <variant> kernels
- <variant> lysosomes

<question> Specific damage to the genetic apparatus of the cell causes.

- <variant> and ionizing radiation
- <variant> thermal effect
- <variant> chemical substances
- <variant> cold exposure
- <variant> mechanical injury

<question> Endogenous causes of cell damage include:

- <variant> immune complexes

<variant > viruses

<variant > mechanical impacts

<variant > electromagnetic waves

<variant > heavy metal salts

<question> The patient has chronic renal failure. In the tests, urea is 40 mg/l. After diuretics , diuresis increased. The patient reduced the amount of protein she consumed, following a diet. In the tests, the urea level decreased to 30 mg/l. Choose the appropriate option that describes the cellular responses during treatment in this case.

<variant>and adaptation

<variant>a poptosis

<variant>necroptosis

<variant >necrosis

<variant >metabolic disorder

<question> A patient , previously unwell , undergoes regular medical examination. During examination, blood pressure is 150/95 mm Hg. Draw a conclusion, what will be observed in the myocardium if hypertension remains untreated for many years.

<variant>hypertrophy

<variant>dysplasia

<variant>hyperplasia

<variant >apoptosis

<variant >metaplasia

<question> In a 22-year-old woman at the 13th week of pregnancy, an ultrasound shows the dimensions of the uterus to be 8×5×4 cm. At the birth of a full-term baby, the dimensions of her uterus are 34×18×12 cm. Select the cellular process that occurred in the uterus<variant>

<variant >hypertrophy of smooth muscles of the myometrium

<variant >prophylaxis of myometrial fibroblasts

<variant >endometrial hypertrophy

<variant >glandular hyperplasia of the endometrium

<variant >vascular endothelial hyperplasia

<question> A 20 year old woman is breastfeeding her baby<variant> On examination, her breasts have increased slightly in size. Milk flows well from both nipples<variant> Select what process occurred in the mammary gland during pregnancy that allows breastfeeding.

<variant >focal hyperplasia

<variant >epithelial dysplasia

<variant >intracellular lipid deposition

<variant >metaplasia in the ducts

<variant >stromal hypertrophy

<question> A 16-year-old boy sustained blunt abdominal trauma when he struck a bridge support while driving a motor vehicle at high speed. Peritoneal lavage showed hemoperitoneum. At laparotomy, a small portion of the damaged left lobe of the liver was removed . Two months later, a CT scan of the abdomen showed that the liver had almost regained its size. Select the process that explains the tomographic findings.

<variant >hyperplasia

<variant >dysplasia

<variant >apoptosis

<variant >hypertrophy

<variant >steatosis

<question> A 15 year old boy sustained a fracture of his left femur in a motorcycle accident. His left leg was placed in a cast and immobilized for 6 weeks. Afterwards, the calf muscle in his left leg decreased in diameter. These changes in size are the result of ... in his calf muscles.

<variant >and trophies

<variant >and plazii

<variant>dystrophies

<variant>hypertrophy

<variant>hypoplasia

<question> A 17 -year- old patient has been experiencing lethargy and decreased diuresis for the past week . Laboratory studies show that serum creatinine is 4.3 mg/L , urea is 40 mg/L. A renal biopsy was performed, and the sample was examined using electron microscopy. Select which of the morphological and cellular changes indicate the diagnosis of "Acute tubular necrosis".

<variant >nuclear fragmentation

<variant >mitochondrial edema

<variant >chromatin clumping

- <variant>membrane permeability disorder
- <variant>Ribosome disaggregation
- <question>UA woman with a 28-day menstrual cycle has 6 days of bleeding associated with her period . She has had regular cycles since menarche. Which of the following processes most likely occurs in her endometrial cells to initiate her next menstrual period?
- <variant>apoptosis
- <variant>atrophy
- <variant>caseous necrosis
- <variant>heterophagocytosis
- <variant>liquefactive necrosis
- <question>A patient diagnosed with pancreatic cancer has a decreased body mass index . Interstitial tissues atrophy by sequestration of organelles, and internal cell components are delivered to the cell's lysosomes or vacuoles and are degraded there. However, the tumor continues to grow in size . Which of the following processes most likely occurs in normal cells but is inhibited in cancer cells?
- <variant>and utophagy
- <variant>apoptosis
- <variant>aging
- <variant>changes in the intermediate substance
- <variant>karyorrhexis
- <question>In the stage of stable adaptation of chronic cell damage the following are observed:
- <variant> Maintaining intracellular homeostasis
- <variant> Increased function of remaining structures
- <variant> Cell necrosis
- <variant> Cell apoptosis
- <variant> Cell dystrophy
- <question> Activators of cell membrane peroxidation are:
- <variant> Hyperoxia
- <variant> Hypervitaminosis E
- <variant> Increase in proteins containing SH groups
- <variant> Activation of peroxidase
- <variant> Activation of superoxide dismutase
- <question>Increased permeability of cell membranes leads toTo.
- <variant> exit of potassium ions from the cell
- <variant> exit of sodium ions from the cell
- <variant> release of calcium ions from the cell
- <variant> activation of mitochondrial enzymes
- <variant> reduction of cell staining with dyes
- <question> In the pathogenesis of cell swelling, the following are important:
- <variant>Decreased activity of $\text{Na}^+/\text{K}^+-\text{ATPase}$
- <variant>With a decrease in the intracellular osmotic pressure of the cell
- <variant>Reduction of lipid peroxidation
- <variant>Decreased intracellular sodium
- <variant>Increased activity of $\text{Ca}^{2+}-\text{ATPase}$
- <question> Compensatory phenomena in hypoxic cell damage include:
- <variant> Activation of glycolysis
- <variant> Decreased activity of $\text{Na}/\text{K}^+-\text{ATPase}$
- <variant> Activation of phospholipase A_2
- <variant>Decreased activity of $\text{Ca}^{2+}-\text{ATPase}$
- <variant> Activation of POL
- <question> Erythrocytes were placed in a hypotonic solution. Observed changes:
- <variant> Osmotic hemolysis
- <variant> Shrinkage of red blood cells
- <variant> Destruction of erythrocytes due to activation of membrane phospholipases
- <variant> Appearance of crescent-shaped erythrocytes
- <variant> Destruction of erythrocytes due to activation of LPO
- <question> When animals were given phenylhydrazine, the number of red blood cells decreased, and free hemoglobin and methemoglobin appeared in the blood. In the pathogenesis of red blood cell destruction, an increase in free hemoglobin and methemoglobin in the blood, the following is important:
- <variant> Lipid peroxidation of erythrocyte membranes
- <variant> Osmotic damage to erythrocyte membranes

- <variant > Activation of erythrocyte membrane phospholipases
- <variant > Immune destruction of erythrocyte membranes
- <variant > Release of methemoglobin from destroyed myocytes
- <question > The most important mediator of the "acute phase response" is.
- <variant > interleukin-1
- <variant > leukotriene C₄
- <variant > platelet activating factor
- <variant > lymph node permeability factor
- <variant > g istamin
- <question > Relates to the stress-limiting system.
- <variant > GABAergic system
- <variant > g ipothalamus
- <variant > pituitary gland
- <variant > n adrenal glands
- <variant > with impatoadrenal system
- <question > Extreme conditions include.
- <variant > traumatic shock
- <variant > agony
- <variant > clinical death
- <variant > biological death
- <variant > preagony
- <question > Under the influence of stressors the following develops:
- <variant > involution thymus a
- <variant > adrenal hypotrophy
- <variant > thymic hypertrophy
- <variant > myocardial hypertrophy
- <variant > lymphoid tissue hyperplasia
- <question > The first stage of the general adaptation syndrome is.
- <variant > stage of anxiety
- <variant > with resistance stage
- <variant > with exhaustion stage
- <variant > a gonai
- <variant > p reagonal
- <question > The correct sequence of stages of development of the general adaptation syndrome according to G. Selye:
- <variant > stage of anxiety, stage of resistance, stage of exhaustion
- <variant > stage of anxiety, stage of exhaustion, stage of resistance
- <variant > exhaustion stage, anxiety stage, resistance stage
- <variant > exhaustion stage, resistance stage, anxiety stage
- <variant > resistance stage, anxiety stage, exhaustion stage
- <question > The mechanisms for the implementation of the general adaptation syndrome are associated with hyperproduction.
- <variant > glucocorticoids
- <variant > oxytocin
- <variant > androgens
- <variant > antidiuretic hormone
- <variant > melatonin
- <question > Hemodynamic changes in the erectile stage of shock:
- <variant > increase in circulating blood volume
- <variant > decrease in cardiac output
- <variant > decrease in blood flow velocity
- <variant > drop in blood pressure
- <variant > decrease in circulating blood volume
- <question > Types of shock by pathogenesis:
- <variant > humoral
- <variant > hemotransfusion
- <variant > traumatic
- <variant > cardiogenic
- <variant > anaphylactic
- <question > Hemodynamic changes in the torpid stage of shock:
- <variant > drop in blood pressure

- <variant > increase in cardiac output
- <variant > increase in blood flow velocity
- <variant > increase in circulating blood volume
- <variant > increased blood pressure
- <question> Pathological deposition of blood during shock is observed mainly in ...
- <variant > vessels of abdominal organs
- <variant > heart
- <variant > bone marrow
- <variant > vessels of the lower extremities
- <variant > lungs
- <question> The resistance stage of the general adaptation syndrome is characterized by:
- <variant > hyperplasia of the adrenal cortex
- <variant > and trophy of the anterior pituitary gland
- <variant > with a persistent decrease in the level of corticotropin in the blood
- <variant > low blood glucocorticoid levels
- <variant > with decreased activity of the sympathetic nervous system
- <question> The main role in the adaptation of the body under stress belongs to.
- <variant > glucocorticoids
- <variant > and insulin
- <variant > tiroxin
- <variant > and icesterone
- <variant > with omatotropin
- <question> The first stage of the general adaptation syndrome is called.
- <variant > and emergency
- <variant > with resistance stage
- <variant > with the exhaustion stage
- <variant > and gonad
- <variant > p regional
- <question> Under the influence of stressors the following develops:
- <variant > adrenal hypertrophy
- <variant > thymic hypertrophy
- <variant > adrenal hypotrophy
- <variant > myocardial hypertrophy
- <variant > lymphoid tissue hyperplasia
- <question> The erectile stage of shock is characterized by.
- <variant > increased activity of the sympathoadrenal system
- <variant > drop in blood pressure
- <variant > absence of pupillary reflex
- <variant > absence of corneal reflex
- <variant > for inhibition
- <question> The trigger mechanism in the pathogenesis of traumatic shock is.
- <variant > painful irritation
- <variant > hypovolemia
- <variant > toxemia
- <variant > septicopyemia
- <variant > increased vascular permeability
- <question> The patient was admitted 20 minutes after a severe car accident. The patient is conscious, speaks loudly and a lot, asks for help. Moans at times, tries to jump out of bed. The face is pale, covered in "cold" sweat. The pupils are dilated, the corneas are shiny. For this stage of this extreme condition characteristic :
- <variant > excitation of the sympathoadrenal system
- <variant > endotoxemia
- <variant > arterial hypotension
- <variant > suppression of the antinociceptive system
- <variant > bradycardia
- <question> The "acute phase response" in severe mechanical trauma is characterized by :
- <variant > hypoalbuminemia
- <variant > neutropenia
- <variant > positive nitrogen balance
- <variant > decrease in cortisol production adrenal glands
- <variant > hypolipidemia

<question> The "acute phase response" to microbial infection is characterized by :

- <variant >neutrophilia
- <variant >increase in serum content gland
- <variant >positive nitrogen balance
- <variant >hypoalbuminemia
- <variant >hyperlipidemia

<question> Types of shock by etiology:

- <variant > traumatic
- <variant > orthostatic
- <variant > torpid
- <variant > erectile
- <variant > psychogenic

<question> Manifestations of the "acute phase response" caused by the action of interleukin-1 include:

- <variant > Appearance of acute phase proteins in the blood
- <variant > Stabilization of cell membranes
- <variant > Positive nitrogen balance

<variant > Decrease in body temperature

<variant > Decreased ACTH secretion

<question> In the pathogenesis of diseases of maladaptation under stress the following is important:

- <variant > Long-term increase in the concentration of catecholamines in the blood
- <variant > Activation of the GABA - ergic system
- <variant > Activation of the endogenous opioid system
- <variant > Activation of the serotonergic system
- <variant > Formation of a functional system

<question> Symptoms of the erectile stage of shock are:

- <variant > Excitement
- <variant > Arterial hypotension
- <variant > Decreased cardiac output
- <variant > CNS inhibition
- <variant > Depression of the vasomotor center

<question> A 15 -year-old patient received second-degree burns. Consciousness is confused, BP 90/60, pulse 130 bpm , weak filling. Name the condition that developed in the patient.

- <variant > Burn shock
- <variant > Anaphylactic shock
- <variant > Traumatic shock
- <variant > Hemorrhagic shock
- <variant > Cardiogenic shock

<question> After the insulin injection, the patient experienced a loss of consciousness . Blood glucose 2 mmol/l. What is the condition ? developed in the patient ?

- <variant > Hypoglycemic coma
- <variant > Hyperglycemic coma
- <variant > Uremic coma
- <variant > Hepatic coma
- <variant > Toxic coma

<question> After the insulin injection, the patient experienced a loss of consciousness . Blood glucose 2 mmol/l. What type of hypoxia developed in the patient?

- <variant > Substrate hypoxia
- <variant > Tissue hypoxia
- <variant > Hemic hypoxia
- <variant > Exogenous hypoxia
- <variant > Circulatory hypoxia

<question> The local pathogenetic factor of edema is :

- <variant > increase in hydrostatic pressure of blood
- <variant > increased tissue pressure
- <variant > decrease in vessel wall permeability

- <variant > decrease in hydrostatic pressure of blood
- <variant > increase in blood oncotic pressure
- <question> The leading role in the pathogenesis of allergic edema is played by ... factor:
- <variant> vascular
- <variant> fabric
- <variant> hemodynamic
- <variant > neuroendocrine
- <variant > oncotic
- <question> The triggering pathogenetic factor for the development of cardiac edema is :
- <variant > increase in venous blood pressure
- <variant > increase in colloid osmotic pressure of tissues
- <variant > increased permeability of the vascular wall
- <variant > decrease in blood oncotic pressure
- <variant > decreased lymphatic drainage
- <question> Hypo-osmolar dehydration occurs when.
- <variant > diarrhea
- <variant > diabetes insipidus
- <variant > diabetes mellitus
- <variant > esophageal atresia
- <variant > water fasting
- <question> In the development of inflammatory and allergic edema, the leading role is played by .
- <variant > increased permeability of the vascular wall
- <variant > increase in blood oncotic pressure
- <variant > decrease in blood oncotic pressure
- <variant > decreased lymphatic drainage
- <variant > increase in venous blood pressure
- <question> The leading role in the development of liver edema is played by .
- <variant > decrease in blood oncotic pressure
- <variant > increased permeability of the vascular wall
- <variant > increase in blood oncotic pressure
- <variant > decreased lymphatic drainage
- <variant > increased venous blood pressure
- <question> When excessive fluid intake occurs against the background of increased production of antidiuretic hormone, the following occurs:
- <variant > hypoosmolar hyperhydration
- <variant > hyperosmolar hyperhydration
- <variant > isoosmolar hyperhydration
- <variant > hypoosmolal dehydration
- <variant > isosmolal dehydration
- <question> Hypernatremia occurs when there is excessive secretion of:
- <variant > aldosterone
- <variant > thyroid hormones
- <variant > natriuretic hormone
- <variant > antidiuretic hormone
- <variant > somatomedin
- <question> Iron deficiency in the body can lead to the development of:
- <variant > iron deficiency anemia
- <variant > sickle cell anemia
- <variant > In ₁₂ -deficiency anemia
- <variant > autoimmune hemolytic anemia
- <variant > hereditary microspherocytosis
- <question> Increased permeability of the vascular wall is the leading factor in the pathogenesis of the following edemas:
- <variant > Quincke's edema
- <variant > Edema in heart failure
- <variant > Edemain case of liver failure
- <variant > Renaledema
- <variant > Liver o tekov
- <question> The production of aldosterone is stimulated by :
- <variant > Hypovolemia
- <variant > Hypervolemia

- <variant > Hypernatremia
- <variant > Erythropoietin
- <variant > Hyperkalemia
- <question> Neuroendocrine factor plays an important role in the pathogenesis of edema:
- <variant > Heart
- <variant > Toxic
- <variant > Inflammatory
- <variant > Hungry
- <variant > Allergic
- <question> The patient has dry skin and mucous membranes, decreased tissue turgor, and thirst. The type of water imbalance by changes in blood osmotic pressure is :
- <variant > Hyper osmolar hypohydria
- <variant > Hyposmolar hypohydria
- <variant > Hyper osmolar hyper hydria
- <variant > Hyposmolar hyper hydria
- <variant > Iso-osmolar hypohydria
- <question> Hypoosmolal hypohydria develops when:
- <variant > Uncontrollable vomiting
- <variant > Increased production of aldosterone
- <variant > Hyperventilation of the lungs
- <variant > Diabetes mellitus
- <variant > Swallowing disorders
- <question> Hyperosmolal hypohydration develops when:
- <variant > Diabetes mellitus
- <variant > Multiple vomiting
- <variant > Intestinal fistulas
- <variant > Diarrhea
- <variant > Aldosterone deficiency
- <question> Hyperosmolal hypohydration is characterized by:
- <variant > The appearance of a feeling of thirst
- <variant > Lack of thirst
- <variant > Hypervolemia
- <variant > Hyposmia of the extracellular sector
- <variant > Cell hyperhydration
- <question> Hypoosmolal hypohydration is characterized by:
- <variant > Intracellular hyperhydria
- <variant > Intracellular hypohydria
- <variant > Reducing blood viscosity
- <variant > Movement of water from the cell to the extracellular space
- <variant > Thirst
- <question> Dehydration due to a disruption in the intake of water into the body develops when:
- <variant > «Hydrophobia»
- <variant > Repeated vomiting
- <variant > Long-term diarrhea
- <variant > Hyperventilation syndrome
- <variant > Excessive sweating
- <question> Dehydration due to excessive removal of water from the body develops when:
- <variant > Hyperventilation
- <variant > No feeling of thirst
- <variant > «Hydrophobia»
- <variant > Esophageal stenosis
- <variant > Difficulty swallowing
- <question> The glycogen content in the liver increases with.
- <variant > glycogenoses
- <variant > diabetes mellitus
- <variant > hypoxia
- <variant > physical activity
- <variant > fasting
- <question> It has a hypoglycemic effect.

<variant>insulin

<variant>glucagon

<variant>thyroxine

<variant>estradiol

<variant>oxytocin

<question> To the presenter V pathogenesis is emotional hyperglycemia is:

<variant> increased glycogenolysis

<variant> increase in glycogenesis

<variant> inhibition of gluconeogenesis

<variant> disruption of glucose utilization by the cell

<variant> increase in renal glucose reabsorption

<question> Pancreatic insulin deficiency develops when.

<variant> destruction of beta cells of the islets of Langerhans

<variant> strong binding of insulin to plasma proteins

<variant> blockade of insulin by antibodies in the blood

<variant> increased secretion of counter-insular hormones

<variant> increased insulinase activity

<question> Hormonal hyperglycemia develops when .

<variant> excess glucagon

<variant> glucocorticoid deficiency

<variant> excess parathyroid hormone

<variant> excess vasopressin

<variant> somatotropin deficiency

<question> The patient was diagnosed with a hormonally active tumor of the medulla of the right adrenal gland. The development of hyperglycemia in this case is associated with:

<variant> activation of glycogenolysis

<variant> activation of glycogenesis

<variant> amylolytic enzyme deficiency

<variant> inhibition of gluconeogenesis

<variant> insulin deficiency

<question> The patient was admitted to the clinic unconscious. Examination revealed a blood plasma glucose level of 1.5 mmol/l. Etiotropic treatment of this condition includes the administration of ...

<variant> glucose

<variant> vitamins

<variant> antioxidants

<variant> adrenergic blockers

<variant> electrolyte solutions

<question> Neurogenic hyperglycemia is observed in .

<variant> increased adrenaline production

<variant> glycogenoses

<variant> in carbohydrate food consumption

<variant> increased production of acetylcholine

<variant> and activation of the parasympathetic nervous system

<question> The cause of chronic hypoglycemia is:

<variant> Insulinoma

<variant> Insulin overdose

<variant> Hyperproduction of glucocorticoids

<variant> Hyperproduction of somatotropin

<variant> Heavy muscular work

<question> The cause of chronic hypoglycemia is:

<variant> Glycogenoses

<variant> Insulin overdose

<variant> Hyperproduction of glucocorticoids

<variant> Hyperproduction of somatotropin

<variant> Heavy muscular work

<question> Hormonal hyperglycemia develops when:

<variant> Excess thyroxine

<variant> Glucocorticoid deficiency

<variant> Excess parathyroid hormone

<variant> Excess vasopressin

- <variant> Somatotropin deficiency
- <question> Pancreatic insulin deficiency can be caused by:
 - <variant> Atherosclerosis of pancreatic vessels
 - <variant> Formation of antibodies to insulin
 - <variant> Increased activity of liver insulinase
 - <variant> Insulin receptor blockade
 - <variant> Increase in free fatty acids in the blood
- <question> The pathogenesis of hyperglycemia due to insulin deficiency is based on:
 - <variant> Inhibition of glycogenogenesis
 - <variant> Lowering the "renal threshold" for glucose
 - <variant> Impaired reabsorption of glucose in the renal tubules
 - <variant> Increased reabsorption of glucose in the intestine
 - <variant> Cori Cycle Disruption
- <question> The pathogenesis of hyperglycemia due to insulin deficiency is based on:
 - <variant> Decreased glucose utilization by cells
 - <variant> Lowering the "renal threshold" for glucose
 - <variant> Impaired reabsorption of glucose in the renal tubules
 - <variant> Increased reabsorption of glucose in the intestine
 - <variant> Cori Cycle Disruption
- <question> Blood sugar is 20 mmol/l, the amount of glucose in the urine is 3 mmol/l. Name these changes :
 - <variant> Hyperglycemia, glycosuria
 - <variant> Normoglycemia, glucosuria
 - <variant> Hypoglycemia , glucosuria
 - <variant> Normoglycemia, normal glucose levels in urine
 - <variant> Hypoglycemia , normal glucose level in urine
- <question> Glycogenogenesis predominates over glycogenolysis in the liver.
 - <variant> glycogenoses
 - <variant> hepatitis
 - <variant> liver cirrhosis
 - <variant> hepatosis
 - <variant> hypoxia
- <question> Violation of the intermediate metabolism of carbohydrates leads to an increase in the formation of
 - <variant> pyruvic acid
 - <variant> arachidonic acid
 - <variant> alpha -ketoglutaric acid
 - <variant> beta -hydroxybutyric acid
 - <variant> glutamic acid
- <question> It is important in the pathogenesis of hyperlactate acidemia.
 - <variant> activation of anaerobic glycolysis
 - <variant> increase in glycogenolysis
 - <variant> activation of lipolysis
 - <variant> enhancement of glycogenesis
 - <variant> enhancing oxidation in the Krebs cycle
- <question> Hormonal hyperglycemia develops when.
 - <variant> insulin deficiency
 - <variant> glucocorticoid deficiency
 - <variant> excess parathyroid hormone
 - <variant> excess vasopressin
 - <variant> somatotropin deficiency
- <question> In the pathogenesis of extrapancreatic insulin deficiency the following is important:
 - <variant> insulin receptor blockade
 - <variant> genetic defect of insulin synthesis
 - <variant> decreased liver insulinase activity
 - <variant> formation of antibodies to beta cells of the islets of Langerhans
 - <variant> disruption of blood supply to the pancreas
- <question> Blood glucose - 3.6 mmol/l, urine glucose - 7%, daily diuresis - 4200 ml, urine specific gravity - 1041. This is typical for:
 - <variant> renal diabetes
 - <variant> diabetes mellitus

- <variant> norms
- <variant> diabetes insipidus
- <variant> impaired glucose tolerance
- <question> Violation of the intermediate metabolism of carbohydrates leads to an increase in the formation of nia.
- <variant> lactic acid
- <variant> arachidonic acid
- <variant> alpha-ketoglutaric acid
- <variant> beta-hydroxybutyric acid
- <variant> glutamic acid
- <question> In the pathogenesis of hyperlactate acidemia, it is important
- <variant> liver dysfunction
- <variant> increase in glycogenolysis
- <variant> activation of lipolysis
- <variant> enhancement of glycogenesis
- <variant> enhancing oxidation in the Krebs cycle
- <question> Hormonal hyperglycemia develops when
- <variant> excess glucagon
- <variant> glucocorticoid deficiency
- <variant> excess parathyroid hormone
- <variant> excess vasopressin
- <variant> somatotropin deficiency
- <question> The cause may be non - pancreatic insulin insufficiency
- <variant> about the formation of antibodies against insulin
- <variant> necrosis of the insular apparatus
- <variant> low carbohydrate intake
- <variant> cytotoxic effect of alloxan
- <variant> previous pancreatitis
- <question> Macrophages with a large amount of lipids in the cytoplasm are called.
- <variant> foam cells
- <variant> macrophages
- <variant> labrocytes
- <variant> Ito cells
- <variant> stellate endothelial cells
- <question> Paraproteinemia is
- <variant> qualitatively altered gamma globulins
- <variant> qualitatively altered albumins
- <variant> albumin reduction
- <variant> change in the ratio of protein fractions
- <variant> increase in immunoglobulins
- <question> Obesity occurs with increased production
- <variant> insulin
- <variant> somatotrophic hormone
- <variant> thyroxine
- <variant> thyroid stimulating hormone
- <variant> androgens
- <question> A positive nitrogen balance in the body develops with hypersecretion tions.
- <variant> STG
- <variant> Glucocorticoids
- <variant> Norepinephrine
- <variant> Thyroxine
- <variant> Aldosterone
- <question> The indicator characterizing changes in the qualitative composition of blood plasma proteins is :
- <variant> Paraproteinemia
- <variant> Hypoproteinemia
- <variant> Hyperazotemia
- <variant> Hypoalbuminemia
- <variant> Hyperproteinemia
- <question> Negative nitrogen balance in the body occurs.

- <variant> in case of burn disease
- <variant> in hyperinsulinism
- <variant> during the growth period of the organism
- <variant> during pregnancy
- <variant> with excess of anabolic hormones
- <question> A positive nitrogen balance in the body develops when .
- <variant> excess insulin
- <variant> excess glucocorticoids
- <variant> protein starvation
- <variant> tumor cachexia
- <variant> diabetes mellitus
- <question> A positive nitrogen balance in the body develops with hypersecretion tions.
- <variant> Androgens
- <variant> Glucocorticoids
- <variant> Norepinephrine
- <variant> Thyroxine
- <variant> Aldosterone
- <question> Hormonal obesity develops when .
- <variant> hypercortisolism
- <variant> hypoparathyroidism
- <variant> hyperparathyroidism
- <variant> insulin deficiency
- <variant> hypergonadism
- <question> Negative nitrogen balance in the body occurs when .
- <variant> burn disease
- <variant> hyperinsulinism
- <variant> intensive growth of the organism
- <variant> pregnancy
- <variant> excess of anabolic hormones
- <question> The indicator characterizing changes in the qualitative composition of blood plasma proteins is :
- <variant> Dysproteinemia
- <variant> Hypoproteinemia
- <variant> Hyperproteinemia
- <variant> Hypoalbuminemia
- <variant> Hyperazotemia
- <question> A 4-year-old child has weight loss, frequent colds, and anemia. The examination revealed the following changes in protein metabolism:
- <variant> Hypoproteinemia
- <variant> Paraproteinemia
- <variant> Relative hyperproteinemia
- <variant> Afibrinogenemia
- <variant> Absolute hyperproteinemia
- <question> A 7-year-old child has weight loss, frequent colds, and anemia. The examination revealed the following changes in protein metabolism:
- <variant> Dysproteinemia
- <variant> Paraproteinemia
- <variant> Relative hyperproteinemia
- <variant> Afibrinogenemia
- <variant> Absolute hyperproteinemia
- <question> For hyper-beta-lipoproteinemia (type II a) the following is characteristic:
- <variant> Increased LDL
- <variant> Atherosclerotic vascular damage in old age
- <variant> Hyperchylomicronemia
- <variant> Increase in LPP
- <variant> Increase HDL
- <question> In a patient with gallstone disease, the content of neutral fat and fatty acids in the feces exceeds 5 g per day. This indicates the development of the following change :
- <variant> steatorei
- <variant> I am the creator

<variant > amilore i

<variant > lipuri i

<variant > ketonuri i

<question> A patient who abuses alcohol has been found to have fat accumulation in the cytoplasm of hepatocytes. This indicates the development of a typical form of lipid metabolism pathology :

<variant > fatty infiltration

<variant > obesity

<variant > lipodystrophy i

<variant > ketosis

<variant > alimentary hyperlipemia

<question> In a patient with liver cirrhosis, the plasma protein electropherogram shows a significant increase in the gamma-globulin fraction with a simultaneous decrease in the amount of albumin. This indicates the development of the following change :

<variant > dysproteinemia

<variant > paraproteinemia I

<variant > hyperproteinemia

<variant > defectproteinemia

<variant > positive nitrogenbalance

<question> Hypoxia that develops when the partial pressure of oxygen in the inhaled air decreases is called

<variant > exogenous

<variant > circulatory

<variant > fabric

<variant > hemic

<variant > endogenous

<question> The indicators pO_2 Hg 70 mm and pCO_2 Hg 58 mm in arterial blood are characteristic of ... type of hypoxia .

<variant > respiratory

<variant > fabric

<variant > exogenous hypobaric

<variant > circulatory

<variant > hemic

<question> Hypoxia that occurs due to the development of disorders in the blood system is called .

<variant > hemic

<variant > exogenous

<variant > circulatory

<variant > fabric

<variant > ischemic

<question> Carbon monoxide poisoning leads to the development of... hypoxia.

<variant > hemic

<variant > circulatory

<variant > respiratory

<variant > fabric

<variant > exogenous

<question> Carbon monoxide poisoning results in the formation of .

<variant > carboxyhemoglobin

<variant > deoxyhemoglobin

<variant > methemoglobin

<variant > sulfhemoglobin

<variant > carbhemoglobin

<question> Nitrite poisoning results in the formation of .

<variant > methemoglobin

<variant > deoxyhemoglobin

<variant > oxyhemoglobin

<variant > carbhemoglobin

<variant > carboxyhemoglobin

<question> Hypoxia that develops due to pathology of the cardiovascular system is called .

<variant > circulatory

<variant > respiratory

<variant > exogenous

<variant > hemic

<variant > fabric

<question> Hypoxia that develops with local and general circulatory disorders is called .

<variant > circulatory

<variant > hemic

<variant > vasodilatation

<variant > mixed

<variant > endogenous

<question> Hypoxia that develops as a result of disturbances in the oxygen utilization system is called .

<variant > fabric

<variant > exogenous normobaric

<variant > exogenous hypobaric

<variant > circulatory

<variant > respiratory

<question> Deficiency of vitamins B1 ,B2 , PP leads to the development of... hypoxia.

<variant > fabric

<variant > circulatory

<variant > respiratory

<variant > exogenous

<variant > hemic

<question> Thyroid hormone deficiency leads to the development of ... hypoxia.

<variant > fabric

<variant > circulatory

<variant > hemic

<variant > respiratory

<variant > exogenous

<question> Cyanide poisoning leads to the development of ... hypoxia.

<variant > fabric

<variant > hemic

<variant > circulatory

<variant > respiratory

<variant > exogenous

<question> The circulatory-hemic type of hypoxia is characteristic of

<variant > acute blood loss

<variant > dehydration

<variant > pneumonia

<variant > hemolytic anemia

<variant > carbon monoxide poisoning

<question> The most sensitive to lack of oxygen are .

<variant > structures of the nervous system

<variant > bones

<variant > muscles

<variant > connective tissue

<variant > kidneys

<question> An urgent compensatory reaction to hypoxia is.

<variant > ejection of deposited blood

<variant > bradycardia

<variant > myocardial hypertrophy

<variant > hypertrophy of the respiratory muscles

<variant > activation of erythropoiesis

<question> Characteristic changes in the gas composition of the blood during exogenous hypobaric hypoxia are:

<variant > hypoxemia, hypocapnia

<variant > normoxemia, hypocapnia

<variant > hypoxemia, normocapnia

<variant > hypoxemia, hypercapnia

<variant > normoxemia, hypercapnia

<question> Partial pressure of O₂ in arterial blood of 62 mm Hg, saturation of hemoglobin with oxygen in arterial blood of 68%, partial pressure of CO₂ in arterial blood of 52 mm Hg are characteristic of:

<variant > respiratory type hypoxia

<variant > hemic type of hypoxia

<variant > tissue type hypoxia

<variant > circulatory type of hypoxia

- <variant> hypobaric form of exogenous hypoxia
- <question> Compensated acidosis and alkalosis correspond to a pH value equal to ...
- <variant> 7.35-7.45
- <variant> 7.2-7.8
- <variant> 7.0-8.0
- <variant> 7.45-7.50
- <variant> 7.0-7.4
- <question> The pH value of arterial blood, equal to 7.49, corresponds to .
- <variant> uncompensated alkalosis
- <variant> compensated acidosis
- <variant> compensated for alkalosis
- <variant> gas at acidosis at
- <variant> non - gas acidosis
- <question> The pH value of arterial blood, equal to 7.35, corresponds to .
- <variant> compensated for acidosis
- <variant> uncompensated alkalosis
- <variant> compensated for alkalosis
- <variant> gas at acidosis at
- <variant> non - gas acidosis
- <question> The basis of gas acidosis is.
- <variant> accumulation of carbon dioxide in the body
- <variant> mineral acid poisoning
- <variant> excess non-volatile acids
- <variant> increased release of CO₂ from the body
- <variant> excess bases in the blood
- <question> Loss of large amounts of gastric juice due to uncontrollable vomiting can lead to .
- <variant> excretory alkalosis
- <variant> excretory acidosis
- <variant> gas alkalosis
- <variant> exogenous alkalosis
- <variant> exogenous acidosis
- <question> Long-term use of acids with food leads to the development of .
- <variant> exogenous acidosis
- <variant> endogenous acidosis
- <variant> metabolic acidosis
- <variant> metabolic alkalosis
- <variant> gas acidosis
- <question> Gas alkalosis is characterized by .
- <variant> hypocapnia
- <variant> hypercapnia
- <variant> hypoventilation of the lungs
- <variant> hyperventilation of the lungs
- <variant> gas acidosis
- <question> The most important thing in compensating non-gas acidosis is... a buffer.
- <variant> hydrocarbonate
- <variant> sulfate
- <variant> hemoglobin
- <variant> protein
- <variant> phosphate
- <question> The consequences of hyperventilation of the lungs can be:
- <variant> gas alkalosis, hypocapnia
- <variant> gas acidosis, hypercapnia
- <variant> gas acidosis, hypocapnia
- <variant> non-gas alkalosis, normocapnia
- <variant> metabolic acidosis, normocapnia
- <question> The patient has pH 7.32, pCO₂ 56 mmHg, SB 23.0 mmol/l, BB 48.8 mmol/l, BE +2.1 mmol/l. The cause of this typical form of acid-base balance pathology may be:
- <variant> airway obstruction
- <variant> hyperventilation
- <variant> altitude sickness

<variant > severe fever
<variant > hyperthyroidism
<question> There is an absolutely sufficient number of collaterals in.

<variant > skeletal muscles

<variant > spleen

<variant > cardiac muscle

<variant > kidneys

<variant > in the brain

<question> Organs with functionally insufficient collaterals include:
you.

<variant > brain, heart

<variant > spleen

<variant > skeletal muscles

<variant > kidneys

<variant > liver

<question> Acetylcholine, bradykinin, histamine contribute to the development of:

<variant > arterial hyperemia

<variant > stasis

<variant > ischemia

<variant > thrombosis

<variant > embolism

<question> A sign of arterial hyperemia is:

<variant > increase in tissue temperature

<variant > blueness of the tissue

<variant > slowing down of blood flow velocity

<variant > cyanosis of a tissue area

<variant > reduction in tissue volume

<question> With arterial hyperemia, it is observed.

<variant > redness of a tissue area

<variant > cyanosis of a tissue area

<variant > decrease in tissue turgor

<variant > decrease in temperature of a tissue area

<variant > decrease in body temperature

<question> A sign of ischemia is:

<variant > pain

<variant > increase in tissue temperature

<variant > blueness of the tissue

<variant > increase in blood flow velocity

<variant > pulsation of small vessels

<question> A blood clot in an artery can lead to the development of .

<variant > ischemia

<variant > arterial hyperemia

<variant > obstructed blood outflow

<variant > congestive stasis

<variant > venous hyperemia

<question> A blood clot in a vein can lead to development.

<variant > venous hyperemia

<variant > ischemic stasis

<variant > arterial hyperemia

<variant > ischemia

<variant > true capillary stasis

<question> The most common cause of endogenous embolism is:

<variant > detached thrombus

<variant > air bubble introduced during trauma to large veins

<variant > foreign body

<variant > fat droplets

<variant > tumor cells

<question> Venous hyperemia is characterized by .

<variant > cyanosis and edema

<variant > increase in tissue temperature

- <variant > redness of tissue
- <variant > reduction in tissue volume
- <variant > tissue fading
- <question> What arterial and venous hyperemia have in common is .
- <variant > increase in blood supply to the organ
- <variant > cyanosis of a tissue area
- <variant > decrease in tissue turgor
- <variant > decrease in temperature of a tissue area
- <variant > increase in tissue temperature
- <question> The cause of obstructive ischemia may be .
- <variant > arterial embolism
- <variant > tissue activity enhancement
- <variant > vasoconstrictor nerve damage
- <variant > compression of the vessel by the tumor
- <variant > acceleration of blood flow
- <question> The consequence of arterial thrombosis is .
- <variant > heart attack
- <variant > arterial hyperemia
- <variant > obstruction of blood outflow
- <variant > venous hyperemia
- <variant > congestive stasis
- <question> The cause of venous hyperemia is .
- <variant > venous valve insufficiency
- <variant > arteriosclerosis
- <variant > dilation of arterioles
- <variant > arterial thrombosis
- <variant > arteriole narrowing
- <question> Venous hyperemia is characterized by .
- <variant > slowing down of blood flow velocity
- <variant > redness of tissue
- <variant > increase in tissue temperature
- <variant > reduction in tissue volume
- <variant > tissue fading
- <question> Compression ischemia occurs when .
- <variant > compression of arteries from outside
- <variant > rupture of arteries
- <variant > blockage of arteries by a thrombus
- <variant > arterial spasm
- <variant > blockage of arteries by embolus
- <question> Contributes to thrombosis .
- <variant > decrease in blood flow velocity
- <variant > hemodilution
- <variant > hypoproteinemia
- <variant > decrease in blood viscosity
- <variant > thrombocytopenia
- <question> The cause of gas embolism is .
- <variant > rapid decrease in barometric pressure
- <variant > damage to small arteries
- <variant > increase in barometric pressure
- <variant > damage to large veins
- <variant > damage to large arteries
- <question> Air embolism can develop with injury.
- <variant > jugular vein
- <variant > cubital vein
- <variant > portal vein
- <variant > femoral vein
- <variant > hepatic vein
- <question> Increased transudation of fluid in the vessels of the microcirculatory bed is associated with .
- <variant > increasing the permeability of the vascular wall
- <variant > increased lymphatic drainage

- <variant > increase in blood oncotic pressure
- <variant > reduction of colloid osmotic pressure of tissues
- <variant > by decreasing the hydrodynamic pressure of the blood
- <question> The leading link in the pathogenesis of venous hyperemia is .
- <variant > obstruction of blood outflow
- <variant > increased blood flow
- <variant > stop blood flow
- <variant > increase in the number of functioning capillaries
- <variant > decrease in linear blood flow velocity
- <question> Extravascular microcirculation disorders include.
- <variant > tissue basophil reaction
- <variant > eosinophil degranulation
- <variant > basophil degranulation
- <variant > marginal state of leukocytes
- <variant > platelet agglutination
- <question> Extravascular microcirculation disorders include.
- <variant > lymph formation disorder
- <variant > thrombosis
- <variant > embolism
- <variant > jerky blood flow
- <variant > pendulum blood flow
- <question> Thrombosis is promoted by .
- <variant > thrombocytosis
- <variant > hemodilution
- <variant > hypoproteinemia
- <variant > decrease in blood viscosity
- <variant > thrombocytopenia
- <question> In an experiment, a ligature was placed on a vessel in a rabbit. A slowdown in blood flow in arterioles and venules, a pendulum-like blood flow, and a decrease in arteriovenous pressure difference were detected. These signs indicate the development of :
- <variant > compression venous hyperemia
- <variant > obstructive venous hyperemia
- <variant > congestive venous hyperemia
- <variant > neurotonic arterial hyperemia
- <variant > neuromyolytic arterial hyperemia
- <question> Dense, variable-sized packing of erythrocyte aggregates with rounded outlines is characteristic of sludge:
- <variant > dextran type
- <variant > biliary type
- <variant > classic type
- <variant > amorphous type
- <variant > granular type
- <question> Manifestations of hypovitaminosis C include .
- <variant > hemorrhagic diathesis
- <variant > xerophthalmia
- <variant > hemeralopia
- <variant > polyneuritis
- <variant > calcification
- <question> Vitamin deficiency And it leads to development.
- <variant > hemeralopia
- <variant > calcinosis
- <variant > xerophthalmia
- <variant > osteomalacia
- <variant > hemorrhagic diathesis
- <question> The most common cause of inflammation are ... factors .
- <variant > biological
- <variant > chemical
- <variant > physical
- <variant > mechanical
- <variant > thermal
- <question> The release of red blood cells from a vessel is called .

- <variant>diapedesis
- <variant>emigration
- <variant>exudation
- <variant>marginalization
- <variant>chemotaxis
- <question> Humoral inflammation mediators include .
- <variant>bradykinin
- <variant>serotonin
- <variant>prostaglandins
- <variant>histamine
- <variant>cytokines
- <question> The mediator of inflammation of cellular origin is.
- <variant>interleukin-1
- <variant>bradykinin
- <variant>Hageman factor
- <variant>active complement fragments
- <variant>kallidin
- <question> The first stage of inflammation is.
- <variant>alteration
- <variant>leukocyte emigration
- <variant>phagocytosis
- <variant>exudation
- <variant>proliferation
- <question> The pathogenetic factor of local acidosis during inflammation is .
- <variant>accumulation of underoxidized metabolic products
- <variant>arterial hyperemia
- <variant>vascular permeability disorder
- <variant>leukocyte emigration
- <variant>transudation
- <question> The sequence of changes in blood circulation in the site of inflammation is .
- <variant>ischemia, arterial hyperemia, venous hyperemia, stasis
- <variant>arterial hyperemia, stasis, ischemia, venous hyperemia
- <variant>arterial hyperemia, venous hyperemia, ischemia, stasis
- <variant>ischemia, arterial hyperemia, stasis, venous hyperemia
- <variant>ischemia, venous hyperemia, arterial hyperemia, stasis
- <question> The most short-term stage of circulatory disorders during inflammation is .
- <variant>ischemia
- <variant>arterial hyperemia
- <variant>local cessation of blood flow
- <variant>venous hyperemia
- <variant>stasis
- <question> The longest stage of circulatory disorders during inflammation is .
- <variant>venous hyperemia
- <variant>arterial hyperemia
- <variant>spasm of arterioles
- <variant>local cessation of blood flow
- <variant>stasis
- <question> The exudate that forms during inflammation caused by staphylococci and streptococci is called .
- <variant>purulent
- <variant>fibrinous
- <variant>serous
- <variant>mixed
- <variant>hemorrhagic
- <question> The pathogenetic factor of local increase in temperature during inflammation is .
- <variant>arterial hyperemia
- <variant>venous hyperemia
- <variant>ischemia
- <variant>stasis
- <variant>embolism
- <question> Redness at the site of inflammation is associated with .

- <variant>arterial hyperemia
- <variant>increasing metabolism
- <variant>physicochemical changes
- <variant>ischemia
- <variant>venous hyperemia
- <question> The main mechanism of action of inflammatory mediators is .
- <variant>increased vascular permeability
- <variant>leukocyte emigration
- <variant>chemotaxis
- <variant>phagocytosis
- <variant>leukocyte margination
- <question> In purulent acute inflammation, leukocytosis is observed...
- <variant>neutrophilic
- <variant>basophilic
- <variant>eosinophilic
- <variant>monocytic
- <variant>lymphocytic
- <question> The first to emigrate to the site of inflammation are.
- <variant>neutrophils
- <variant>lymphocytes
- <variant>monocytes
- <variant>eosinophils
- <variant>basophils
- <question> A common manifestation of inflammation is .
- <variant>intoxication
- <variant>pain
- <variant>hyperemia
- <variant>organ dysfunction
- <variant>swelling due to edema
- <question> Increased breakdown of substances in the inflammation site is associated with .
- <variant>activation of lysosomal enzymes
- <variant>activation of mitochondrial enzymes
- <variant>activation of adenylate cyclase
- <variant>inhibition of enzymes of the anaerobic stage of glycolysis
- <variant>inhibition of lipid peroxidation enzymes
- <question> Changes in carbohydrate metabolism at the site of inflammation are characterized by .
- <variant>activation of anaerobic glycolysis
- <variant>increase in ketone body synthesis
- <variant>increase in the content of nucleotides, nucleosides
- <variant>increase in glycogen synthesis
- <variant>activation of lipolysis
- <question> In the pathogenesis of venous hyperemia during inflammation, it is important.
- <variant>increased blood viscosity
- <variant>dilation of arterioles
- <variant>the effect of acetylcholine on the vascular wall
- <variant>increased blood flow
- <variant>spasm of arterioles
- <question> In Cohnheim's experiment on the mesentery of the small intestine of a frog, a marked dilation of the arterioles, an increase in the number of functioning capillaries, and an acceleration of blood flow were noted. These changes are characteristic of.
- <variant>arterial hyperemia
- <variant>venous hyperemia
- <variant>prestatic state
- <variant>ischemia
- <variant>stasis
- <question> The main source of hydrolytic enzymes in the inflammation site are-
- <variant>destroyed leukocytes
- <variant>labrocytes
- <variant>microbial waste products

<variant>microbial cells

<variant>platelets

<question> In inflammation caused by pyogenic microorganisms, the exudate is dominated by ...

<variant>neutrophils

<variant>basophils

<variant>monocytes

<variant>eosinophils

<variant>lymphocytes

<question> Emigration of leukocytes is facilitated by...

<variant>positive chemotaxis

<variant>acceleration of blood flow

<variant>increase in blood oncotic pressure

<variant>decrease in blood oncotic pressure

<variant>decreased permeability of the vascular wall

<question> Sequence of leukocyte emigration during acute inflammation:

<variant>neutrophils, monocytes, lymphocytes

<variant>neutrophils, eosinophils, monocytes

<variant>monocytes, lymphocytes, neutrophils

<variant>lymphocytes, monocytes, neutrophils

<variant>macrophages, neutrophils, monocytes

<question> A strong connection between leukocytes and the endothelium in the site of inflammation is ensured by...

<variant>integrins

<variant>immunoglobulins

<variant>E-selectins

<variant>prostaglandins

<variant>L-selectins

<question> Secondary alteration during inflammation is caused by ...

<variant>inflammatory mediators

<variant>damaging effects of phlogogens

<variant>physicochemical changes in the inflammation site

<variant>microcirculation disorders

<variant>metabolic disorders in the inflammation focus

<question> The development of inflammation is associated with increased permeability or damage to...

<variant>lysosomes

<variant>phagosome

<variant>mitochondria

<variant>kernels

<variant>endoplasmic reticulum

<question> The latent period of infectious diseases is called the period ...

<variant>incubation

<variant>latent

<variant>pre-disease and

<variant>prodromal

<variant>the height of

<question> The presence of all the signs of an infectious disease is characteristic of:

<variant>The period of the height of the disease

<variant>Prodromal period

<variant>Incubation period

<variant>Latent period

<variant>Outcome of the disease

<question> Etiotropic prevention of infectious diseases includes:

<variant>Isolation of the patient

<variant>Immunization of the patient

<variant>Hardening

<variant>Healthy lifestyle

<variant>Physiotherapy

<question> Pathogenetic treatment of infectious diseases includes:

<variant>Anti-inflammatory therapy

<variant>Antihelminthic therapy

<variant>Antibacterial therapy

- <variant> Antiviral therapy
- <variant> Tuberculostatic therapy
- <question> Temperature, elevated ... with fever, is called subfebrile .
- <variant> > up to 37-38 degrees Celsius
- <variant> > up to 39-41 degrees Celsius
- <variant> > above 41 degrees Celsius
- <variant> > up to 38-39 degrees Celsius
- <variant> > above 42 degrees Celsius
- <question> When body temperature increases by 1 degree Celsius, heart rate increases by ... beats per minute.
- <variant> 8-10
- <variant> 6-7
- <variant> 18-20
- <variant> 50-60
- <variant> 30-40
- <question> Producers of endogenous pyrogens are ...
- <variant> macrophages
- <variant> mast cells
- <variant> plasma cells
- <variant> > trombocytes
- <variant> > erythrocytes
- <question> The mechanisms of chemical thermoregulation during fever include ...
- <variant> > increase in heat production
- <variant> > reduction of heat transfer
- <variant> > increase heat transfer
- <variant> > reduction of heat production
- <variant> > convection reduction
- <question> Leukocyte pyrogens act on ...
- <variant> neurons of the preoptic area of the hypothalamus
- <variant> thermosensitive peripheral receptors
- <variant> spinal cord motor neurons
- <variant> nerve pathways
- <variant> spinocortical pathways
- <question> A rapid rise in temperature in the first stage of fever is accompanied by ...
- <variant> muscle tremors and chills
- <variant> reddening of the skin
- <variant> tachypnea
- <variant> lowering blood pressure
- <variant> increased sweating
- <question> In the first stage of fever, ... is observed.
- <variant> reducing heat transfer and increasing heat production
- <variant> increasing heat production and heat transfer
- <variant> reduction of heat production and heat transfer
- <variant> increasing heat production without changing heat transfer
- <variant> decrease in heat production and increase in heat transfer
- <question> Increased heat transfer in the third stage of fever is associated with ...
- <variant> increased sweating
- <variant> suppression of sweating processes
- <variant> increased metabolism
- <variant> vasoconstriction
- <variant> high blood pressure
- <question> A "critical" drop in temperature during fever is dangerous...
- <variant> development of collapse
- <variant> development of hyperhydration
- <variant> increased heart rate
- <variant> increased blood pressure
- <variant> increased motility of the gastrointestinal tract
- <question> The negative meaning of fever is ...
- <variant> depletion of energy reserves
- <variant> increasing the formation of interferons
- <variant> activation of phagocytosis

- <variant> activation of antibody synthesis
- <variant> reducing the growth of microbes
- <question> The positive role of fever is....
- <variant> increased phagocytosis
- <variant> decrease in the liver's antitoxic function
- <variant> suppression of antibody synthesis
- <variant> increasing fibroblast proliferation
- <variant> strengthening of catabolic processes
- <question> The mechanisms of physical thermoregulation during fever include....
- <variant> heat transfer reduction
- <variant> increase in heat production
- <variant> increase heat transfer
- <variant> reduction of heat production
- <variant> convection reduction
- <question> Strengthening the separation observed
- <variant> in stage 3 fever
- <variant> when overheating
- <variant> in case of hypothermia
- <variant> in the 2nd stage of fever
- <variant> in stage 1 fever
- <question> An inflammatory mediator that has pyrogenic activity and is involved in the development of fever during acute inflammation:
- <variant> tumor necrosis factor
- <variant> interleukin-2
- <variant> leukotriene B₄
- <variant> Hageman factor
- <variant> histamine
- <question> In case of fever in stadium fastigii the following occurs:
- <variant> temperature at elevated level
- <variant> temperature reduction to normal
- <variant> inhibition of heat production mechanisms
- <variant> rise in body temperature
- <variant> heat transfer prevails over heat production
- <question> The patient has pneumonia. Body temperature is 39.2 degrees Celsius, heart rate is 108 per 1 minute. The change in heart rate in this case is associated with:
- <variant> acceleration of spontaneous diastolic depolarization of the sinus node
- <variant> the effect of warm blood on the myocardium of the left ventricle
- <variant> increasing the tone of the parasympathetic nervous system
- <variant> the action of warm blood on peripheral thermoreceptors
- <variant> decreased tone of the sympathetic nervous system
- <question> Exogenous pyrogens are:
- <variant> Lipopolysaccharides
- <variant> Glycoproteins
- <variant> Mucopolysaccharides
- <variant> Phospholipids
- <variant> Lipoproteins
- <question> Exogenous pyrogens are:
- <variant> Endotoxins
- <variant> Glycoproteins
- <variant> Mucopolysaccharides
- <variant> Phospholipids
- <variant> Lipoproteins
- <question> Primary pyrogens are:
- <variant> Products of aseptic tissue inflammation
- <variant> Interleukin-1
- <variant> Interleukin-4
- <variant> Tumor necrosis factor
- <variant> Interleukin-8
- <question> Primary pyrogens are:
- <variant> Microbial endotoxins

- <variant> Interleukin-1
- <variant> Interleukin-4
- <variant> Tumor necrosis factor
- <variant> Interleukin-8
- <question> Produce secondary endogenous pyrogens :
- <variant> Monocytes
- <variant> Platelets
- <variant> Mast cells
- <variant> Erythrocytes
- <variant> Cardiomyocytes
- <question> Produce secondary endogenous pyrogens :
- <variant> Lymphocytes
- <variant> Mast cells
- <variant> Cardiomyocytes
- <variant> Erythrocytes
- <variant> Platelets
- <question> Endogenous secondary pyrogens include:
- <variant> Interleukin -1
- <variant> Interleukin-4
- <variant> Interleukin-12
- <variant> Endotoxins of microorganisms
- <variant> Histamine
- <question> Endogenous secondary pyrogens include:
- <variant> Interleukin -6
- <variant> Interleukin-4
- <variant> Interleukin-12
- <variant> Endotoxins of microorganisms
- <variant> Histamine
- <question> Changes in metabolism during fever are characterized by:
- <variant> Activation of glycogenolysis
- <variant> Activation of glycogenesis
- <variant> Enhanced lipogenesis
- <variant> Hyperkalemia
- <variant> Hyponatremia
- <question> Changes in metabolism during fever are characterized by:
- <variant> Activation of lipolysis
- <variant> Hyperkalemia
- <variant> Increased lipogenesis
- <variant> Activation of glycogenesis
- <variant> Hyponatremia
- <question> The nature of the temperature curve and the degree of temperature increase during fever depends on:
- <variant> Etiological factor
- <variant> Ambient temperatures
- <variant> Lifestyle
- <variant> Air humidity
- <variant> Gender
- <question> In the pathogenesis of an increase in body temperature during fever, the following is important:
- <variant> Uncoupling of oxidation and phosphorylation
- <variant> Increased coupling of oxidation and phosphorylation
- <variant> Peripheral vasodilation
- <variant> Increased sweating
- <variant> Increased diuresis and increased respiratory rate
- <question> A rapid rise in temperature in the first stage of fever is accompanied by:
- <variant> The appearance of " goose bumps"
- <variant> Tachypnea
- <variant> Reddening of the skin
- <variant> By lowering blood pressure
- <variant> Increased sweating
- <question> The second stage of fever is characterized by:
- <variant> Increased blood pressure

- <variant>Muscle tremors
- <variant>Bradypnea
- <variant>Increased diuresis
- <variant>Bradycardia
- <question>Pyrotherapy can be used in complex therapy for the treatment of:
- <variant>Low-grade chronic inflammation
- <variant>Acute inflammation
- <variant>Thyrotoxicosis
- <variant>Epilepsy
- <variant>Myocardial infarction
- <question>In young children, it is more common to see... .
- <variant>food allergy
- <variant>infectious form of allergy
- <variant>drug allergy
- <variant>inhalation allergy
- <variant>household allergy
- <question>The cause of hay fever is
- <variant>pollen of cereal grasses
- <variant>micro mite secretions
- <variant>antibiotics
- <variant>house dust
- <variant>fungal spores
- <question>The classification of allergic reactions according to P. Gell and R. Coombs is based on ... allergic reactions.
- <variant>pathogenesis
- <variant>nature of clinical signs
- <variant>time of clinical signs onset
- <variant>etiology
- <variant>severity
- <question>In an allergic reaction, as opposed to an immune reaction, there is... .
- <variant>damage to the body's own tissues
- <variant>antibody formation
- <variant>plasmatisation of B-lymphocytes
- <variant>antigen destruction
- <variant>increased phagocytic activity of macrophages
- <question>Haptens acquire antigenic properties only after
- <variant>compounds with body proteins
- <variant>bile acid compounds
- <variant>effects on immunocompetent cells
- <variant>formation of paired compounds with sulfuric acid
- <variant>preliminary interaction with macrophage
- <question>The immunological stage of allergic reactions is based on... .
- <variant>formation of antibodies, sensitized T-lymphocytes
- <variant>mast cell degranulation
- <variant>cellular response to the action of allergy mediators
- <variant>formation of allergy mediators
- <variant>decrease in antibody titer
- <question>The pathochemical stage of allergic reactions is characterized by... .
- <variant>release of allergy mediators
- <variant>spasm of smooth muscle elements
- <variant>increased permeability of vascular walls
- <variant>formation of immune complexes
- <variant>microcirculation disorder
- <question>Sensitization of the body develops
- <variant>upon initial exposure to an allergen
- <variant>after anaphylactic shock
- <variant>after allergen immunotherapy
- <variant>when anaphylactogen is re-administered
- <variant>after administration of a resolving dose of allergen
- <question>Passive sensitization develops when... .
- <variant>administration of specific antibodies or sensitized T-lymphocytes

ONTÜSTİK-QAZAQSTAN MEDISINA AKADEMIASY «Оңтүстік Қазақстан медицина академиясы» АҚ	SOUTH KAZAKHISTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»	63-11-202 5 Page 35 of 40
Department of Pathology and Forensic Medicine Test tasks for midterm assessment for the discipline " General Pathology"		

<variant> re-administration of allergen
 <variant> entry of hapten into the body
 <variant> damage to one's own tissues
 <variant> intravenous administration of protein preparations
 <question> Immunoglobulins E are fixed on the surface of mast cells in ... type of allergic reactions.
 <variant> reagin
 <variant> immune complex
 <variant> cytotoxic
 <variant> tuberculin
 <variant> stimulating
 <question> The reaginic type of allergic reactions plays a major role in the pathogenesis of ...
 <variant> atopic form of bronchial asthma
 <variant> transplant rejection reactions
 <variant> tuberculosis
 <variant> autoimmune hemolytic anemia
 <variant> serum sickness
 <question> Damage by immune complexes underlies the development of ...
 <variant> glomerulonephritis
 <variant> atopic bronchial asthma
 <variant> transplant rejection reactions
 <variant> anaphylactic shock
 <variant> hay fever
 <question> Serum sickness refers mainly to allergic reactions... type .
 <variant> immune complex
 <variant> anaphylactic
 <variant> reaginic
 <variant> cytotoxic
 <variant> cell-mediated
 <question> T-lymphocytes play a major role in the pathogenesis of allergic reactions... type .
 <variant> cell-mediated
 <variant> anaphylactic
 <variant> reaginic
 <variant> immune complex
 <variant> cytotoxic
 <question> Cell-mediated allergic reactions include...
 <variant> contact dermatitis
 <variant> bronchial asthma
 <variant> Quincke's edema
 <variant> hay fever
 <variant> urticaria
 <question> Specific hyposensitization is carried out ...
 <variant> fractional introduction of a specific allergen
 <variant> prescribing antihistamines
 <variant> by administration of glucocorticoids
 <variant> psychotherapy
 <variant> physiotherapy
 <question> Specific hyposensitization is effective in the treatment of ...
 <variant> hay fever
 <variant> contact dermatitis
 <variant> autoimmune hemolytic anemia
 <variant> bacterial allergy
 <variant> Arthus phenomenon
 <question> Pseudoallergic reactions differ from true ones...
 <variant> absence of immunological stage
 <variant> the presence of a pathophysiological stage
 <variant> the presence of a pathochemical stage
 <variant> absence of mast cell degranulation
 <variant> lack of mediator release
 <question> The essence of the second stage of allergy is...
 <variant> formation and activation of biologically active substances

- <variant> microcirculation disorders
- <variant> increased vascular permeability
- <variant> formation of immune complexes
- <variant> smooth muscle contraction
- <question> The release of allergy mediators occurs at the ... stage.
- <variant> pathochemical
- <variant> immunological
- <variant> pathophysiological
- <variant> sensitization
- <variant> functional changes
- <question> Delayed-type allergic reactions include...
- <variant> bacterial allergy
- <variant> bronchial asthma
- <variant> Quincke's edema
- <variant> urticaria
- <variant> hay fever
- <question> Repeated parenteral administration of an allergen leads to the development of ...
- <variant> anaphylactic shock
- <variant> Arthus phenomenon
- <variant> hay fever
- <variant> urticaria
- <variant> contact dermatitis
- <question> The factor that contributes to the development of allergies is
- <variant> increased permeability of renal vessels
- <variant> muscle inflammation
- <variant> inflammation of nerve trunks
- <variant> overnutrition
- <variant> fasting
- <question> Cytotoxic type allergic reactions include...
- <variant> agranulocytosis
- <variant> tuberculin test
- <variant> urticaria
- <variant> transplant rejection reaction
- <variant> hay fever
- <question> An allergic reaction of the immune complex type is
- <variant> Arthus phenomenon
- <variant> bronchial asthma
- <variant> transplant rejection reaction
- <variant> tuberculin test
- <variant> hay fever
- <question> Severe bronchospasm in atopic bronchial asthma is caused by...
- <variant> kinins
- <variant> catecholamines
- <variant> prostaglandins of group E
- <variant> cytokines
- <variant> leukotrienes
- <question> Acquired autoantigens include...
- <variant> burn tissue
- <variant> brain
- <variant> eye lens
- <variant> sex glands
- <variant> thyroid gland
- <question> Natural autoantigens include...
- <variant> lens of the eye
- <variant> burn tissue
- <variant> tissue-microbe complex
- <variant> tissue-toxin complex
- <variant> hapten
- <question> Long-term use of cytostatics leads to...
- <variant> neutropenia

- <variant> lymphocytosis
- <variant> eosinophilia
- <variant> basopenia
- <variant> monocytosis
- <question> Repeated parenteral administration of an allergen leads to the development of ...
- <variant> anaphylactic shock, serum sickness
- <variant> Arthus phenomenon, Quincke's edema
- <variant> hay fever, bronchial asthma
- <variant> urticaria, serum sickness
- <variant> contact dermatitis, anaphylactic shock
- <question> Secondary immunodeficiencies can occur when ...
- <variant> X-ray irradiation
- <variant> endocrine hypertension
- <variant> uremia
- <variant> gas embolism
- <variant> renal arterial hypertension
- <question> They identify ... the mechanism for the development of immune tolerance.
- <variant> insulating
- <variant> suppressor
- <variant> helper
- <variant> hyperimmune
- <variant> killer
- <question> Immunodeficiencies may be based on the deficiency of the following factors or processes...
- <variant> antibody formation
- <variant> phagocytosis involving granulocytes
- <variant> B-lymphocytes
- <variant> lysozyme
- <variant> transferrin
- <question> Diseases in which autoimmune reactions are an obligatory link in the pathogenesis are...
- <variant> rheumatism
- <variant> allergic rhinitis
- <variant> hay fever
- <variant> serum sickness
- <variant> atopic form of bronchial asthma
- <question> ... for the first time experimentally proved the role of chemical substances in the etiology of tumors.
- <variant> Yamagiwa, Ishikawa
- <variant> Raus
- <variant> Banting and Best
- <variant> Shop
- <variant> L. <variant> Zilber
- <question> ... was the first to experimentally prove the role of viruses in the etiology of tumors.
- <variant> Raus
- <variant> Ishikawa
- <variant> L. M. Shabad
- <variant> Yamagiwa
- <variant> L. <variant> Zilber
- <question> Infiltrating tissue growth is observed in ...
- <variant> malignant tumor
- <variant> hyperplasia
- <variant> hypertrophy
- <variant> benign tumor
- <variant> regeneration
- <question> Simplification of the structural-chemical organization, reduction of the level of differentiation of tumor tissue is called ...
- <variant> anaplasia
- <variant> complication
- <variant> convergence
- <variant> hypertrophy
- <variant> dysplasia
- <question> An increase in the degree of malignancy of a tumor is called

- <variant> tumor progression
- <variant> promotion
- <variant> immortalization
- <variant> initiation
- <variant> tumor transformation
- <question> Specify the correct sequence of stages of carcinogenesis:
- <variant> initiation, promotion, progression
- <variant> progression, initiation, promotion
- <variant> promotion, initiation, progression
- <variant> initiation, progression, promotion
- <variant> promotion, progression, initiation
- <question> Tumor transformation of a cell is caused by:
- <variant> activation of oncogenes
- <variant> activation of antioncogenes
- <variant> activation of apoptosis genes
- <variant> formation of own proteins
- <variant> activation of DNA repair systems
- <question> Activation of the oncogene occurs due to
- <variant> mutations
- <variant> inflammation
- <variant> hypoglycemia
- <variant> necrosis
- <variant> hypoxia
- <question> The second stage of carcinogenesis is called
- <variant> promotion
- <variant> syncarcinogenesis
- <variant> cocarcinogenesis
- <variant> initiation
- <variant> procarcinogenesis
- <question> Tumor transformation of a cell is caused by:
- <variant> conversion of a proto-oncogene into an oncogene
- <variant> activation of antioncogenes
- <variant> inactivation of antiapoptotic genes
- <variant> activation of apoptosis genes
- <variant> activation of proto-oncogenes
- <question> An agent that enhances the action of carcinogens, but does not itself cause the development of tumors:
- <variant> cocarcinogen
- <variant> oncogene
- <variant> protooncogene
- <variant> antioncogene
- <variant> procarcinogen
- <question> Infiltrating tissue growth is observed in:
- <variant> malignant tumor
- <variant> benign tumor
- <variant> hyperplasia
- <variant> hypertrophy
- <variant> regeneration
- <question> The synthesis of substances in tumor cells that are not typical for healthy cells is an example of... .
- <variant> functional atypism
- <variant> pathological atypism
- <variant> structural atypism
- <variant> organ atypism
- <variant> regenerative atypism
- <question> Indicate the possible mechanisms of transformation of a normal cell into a tumor cell:
- <variant> activation of oncogenes
- <variant> activation of antioncogenes
- <variant> activation of apoptosis genes
- <variant> activation of DNA repair systems
- <variant> inhibition of oncoprotein formation
- <question> Metastasis of tumor cells occurs at the stage of... .

- <variant> progressions
- <variant> promotions
- <variant> initiations
- <variant> procarcinogenesis
- <variant> syncancerogenesis
- <question> The main role in antitumor immunity is played by:
- <variant> natural killers
- <variant> helpers
- <variant> suppressors
- <variant> interleukins
- <variant> prostaglandins
- <question> The unlimited division and multilayer proliferation of tumor cells is due to the fact that tumor cells:
- <variant> has a low Hayflick limit
- <variant> adhesive properties are expressed
- <variant> aging occurs quickly
- <variant> endocrine regulation predominates
- <variant> the mitotic cycle is completely suppressed
- <question> The development of Burkitt's lymphoma and T-cell leukemia can be explained from the standpoint of the theory:
- <variant> viral-genetic carcinogenesis
- <variant> physical blastomogenesis
- <variant> immunological surveillance
- <variant> mitochondrial carcinogenesis
- <variant> chemical carcinogenesis
- <question> The reduction and smoothing of mitochondrial cristae in tumor cells is a manifestation of:
- <variant> morphological atypism
- <variant> functional atypism
- <variant> biochemical atypism
- <variant> immunological atypism
- <variant> physicochemical atypism

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Head of the Department

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