CONTROL AND MEASURING TOOLS

Technical specification and test tasks for midterm exam 1.

Discipline name: General pathology (pathological anatomy)

Discipline code: GP 3214

Name and code of the EP: 6B10117 «Dentistry»

Amount of study hours/credits: 90 hours/ 3 credits

Course and semester of study: III year, V semester

Shymkent 2025

Technical specification and test tasks for midterm exam 1.

	Percentage ratio, %	Absolute number of questions
Knowledge	30	54
Understanding	20	90
Application	50	36
Total:		180

<question>Changes in the structure of cells, tissues and organs accompanied by a violation of their vital functions are
<variant>alteration
<variant>hypoxia
<variant>fat transformation
<variant>exchange violation
<variant>dysplasia
<question>The types of alterations include
<variant> dystrophy and necrosis
<variant>hypoxia and dehydration
<variant>autolysis and tissue swelling
<variant>apoptosis and vacuolization of tissue
<variant>dysplasia and hyperplasia of the cell
<question>The types of alterations include
<variant>necrosis and apoptosis
<variant>hypoxia and dehydration
<variant>autolysis and tissue swelling
<variant>apoptosis and vacuolization of tissue
<variant>dysplasia and hyperplasia of the cell
<question>Parenchymal dysproteinosis is:
<variant>manifestation of protein metabolism disorders in the cytoplasm of cells
<variant>manifestation of disorders of fat metabolism in connective tissue
<variant>manifestation of protein metabolism disorders in connective tissue
<variant>manifestation of disorders of fat metabolism in the cytoplasm of cells
<variant>manifestation of metabolic disorders in the parenchyma and in the stroma of organs
<question>Hyaline-drip dystrophy is characterized by
<variant>decreased cell function
<variant>inflammation
<variant>enhancement of cell function
<variant>change in water-salt metabolism
<variant>cell death
<question>With hyaline-drip dystrophy, there is
<variant>protein droplets in the cytoplasm of cells
<variant>preservation ultrastructure
<variant>vacuoles in the cytoplasm of cells
<variant>enhancement of cell function
<variant>colliquation necrosis

<question>For hydropic liver dystrophy, it is characteristic
<variant>vacuoles in the cytoplasm
<variant>reduction of hepatocyte volume
<variant>fat in the cytoplasm
<variant>hyaline in the cytoplasm
<variant>focal coagulation necrosis
<question>For hydropic dystrophy, it is characteristic
<variant>the appearance of vacuoles in the cytoplasm
<variant>appearance of fat droplets in the cytoplasm
<variant>the appearance of glycogen in the cytoplasm
<variant>enhancement of cell function
<variant>appearance of protein droplets in the cytoplasm
<question>An 80-year-old patient with grade III obesity and suffering from diabetes mellitus has hyperglycemia and glucosuria, manifestations of macroangiopathy and microangiopathy, signs of circulatory insufficiency, hepatic and renal insufficiency. The nature of liver damage in the patient
<variant>fatty degeneration
<variant>amyloidosis
<variant>cirrhosis of the liver
<variant>liver cancer
<variant>hepatitis
<question>In a man who died of chronic alcohol intoxication, a sharply enlarged liver, of a testy consistency, yellow appearance, was found at autopsy . When paraffin preparations were stained with SUDAN III, yellow-red (orange) vacuoles of various sizes were detected in the cytoplasm of hepatocytes. Name the type of dystrophy
<variant>parenchymal fatty
<variant>carbohydrate parenchymal
<variant>stromal vascular
<variant>mesenchymal adipose
<variant>hydropic parenchymal
<question>The woman had diabetes for about seven years. She died of a brain hemorrhage. On autopsy, the kidneys are reduced in size, the surface of the kidneys is fine-grained, the cortical layer is thinned. Most of the glomeruli are reduced, the deposition of homogeneous pink masses is noted in them. In the preserved tubules, the epithelium of the narrow and distal segments is high, with a light foamy cytoplasm, when stained with carmine Best, the cytoplasm is colored bright red. Changes in the epithelium of the narrow and distal segments of the nephron are due to the presence of
<variant>glycogen
<variant>hyaline
<variant>of proteins
<variant>of lipids
<variant>uric acid salts
<question>When examining a biopsy of the skin of a patient with pronounced obesity, the pathologist diagnosed a malignant form of obesity (hypertrophic variant), because he found excessive accumulation in adiposocytes
<variant>neutral fats
<variant>of fatty acids
<variant>beta lipoproteins
<variant>triglycerides

<variant>glycolipids
<question>Dystrophy is a pathological process, which is based on a violation of tissue and cellular metabolism, in cells and tissues develop
<variant>structural changes
<variant>metaplasia
<variant>dysplasia
<variant>autolysis
<variant>malignant transformation
<question>The man was suffered from kidney failure after antifreeze poisoning. Light microscopy of the kidney biopsy revealed vacuoles in the cytoplasm of nephrocytes, the staining of Sudan III was positive. Type of renal tubule epithelial dystrophy
<variant>parenchymal fatty
<variant>hyaline drip
<variant>balloon
<variant>hydropic
<variant>parenchymal carbohydrate
<question>The man developed acute renal failure after alcohol poisoning. Light microscopy of the kidney biopsy revealed vacuoles in the cytoplasm of nephrocytes, the color of Sudan III is negative. Type of renal tubule epithelial dystrophy
<variant>hyaline drip
<variant>fat
<variant>balloon
<variant>hydropic
<variant>parenchymal carbohydrate
<question>A 37-year-old patient turned about jaundice of the skin, he underwent a puncture biopsy of the liver. In histological sections, when stained with hematoxylin and eosin in hepatocytes, amorphous, pink-colored masses are determined (CHIC reaction and Sudan staining is negative). Specify the type of dystrophy, according to the classification by the localization of the process and by the type of impaired metabolism
<variant>parenchymal protein dystrophy (hyaline drip)
<variant>parenchymal protein dystrophy (horny).
<variant>parenchymal protein dystrophy (granular).
<variant>parenchymal protein dystrophy (hydropic).
<variant>parenchymal fatty degeneration.
<question>A 6-year-old patient who died of diphtheria, during an autopsy, a plaque was found in the tonsils, which was hardly removed with tweezers. Name the morphological substrate of diphtheria
<variant>fibrinous film
<variant>ulcer
<variant>lacunar angina
<variant>tonsil abscess
<variant>follicular angina
<question>A biopsy was performed on a patient suffering from viral hepatitis. The hydropic dystrophy of hepatocytes was revealed. Determine the outcome of dystrophy at the cellular level
<variant>cell necrosis
<variant>hepatosis
<variant>fatty degeneration
<variant>cell sclerosis

<variant>cell hypertrophy
<question>Dystrophies developing in highly specialized cells of internal organs
<variant>parenchymal
<variant>stromal vascular
<variant>mixed
<variant>mineral
<variant>alterative
<question>A 13-year-old girl who has been suffering from chronic glomerulonephritis for 5 years has protein up to 2% and hyaline cylinders in her urine. Histological examination of a kidney biopsy revealed hyaline-drip dystrophy of the tubule epithelium. Name the outcome of dystrophy
<variant>epithelial necrosis
<variant>kidney infarction
<variant>glomerular amyloidosis
<variant>vascular hyalinosis
<variant>stroma sclerosis
<question>In a kidney biopsy of a 29-year-old patient with a diagnosis of "glomerulonephritis", small vacuoles filled with cytoplasmic fluid are detected in the epithelium of the convoluted tubules of the kidney. Indicate the outcome of this pathological process in the epithelium
<variant>colliquation necrosis
<variant>inflammation, dystrophy
<variant>recovery
<variant>sclerosis
<variant>full blood
<question>The liver is enlarged in volume, flabby consistency, ochre-yellow or yellow-brown in color on the incision - this is
<variant>"goose" liver
<variant>"yellow" liver
<variant>"big" liver
<variant>hepatitis
<variant>cirrhosis
<question>A type of carbohydrate parenchymal dystrophy associated with impaired glycoprotein metabolism
<variant>mucous
<variant>infiltrative
<variant>protein
<variant>transformation
<variant>resorption
<question>Mechanism of amyloidosis development
<variant>perverted synthesis
<variant>infiltration
<variant>decomposition
<variant>transformation
<variant>resorption
<question>Appearance of the kidney in amyloidosis
<variant>greasy, large
<variant>fine-grained
<variant>does not change
<variant>wrinkled

<variant>large-lobed
<question>Superficial reversible disorganization of connective tissue is characteristic of
<variant>mucoid swelling
<variant>fibrinoid swelling
<variant>hyalinosis
<variant>balloon dystrophy
<variant>hyaline-drip dystrophy
<question>Deep irreversible disorganization of connective tissue is characteristic of
<variant>fibrinoid swelling
<variant>protein dystrophy
<variant>of mucoid swelling
<variant>of fatty degeneration
<variant>carbohydrate dystrophy
<question>The sago spleen develops in
<variant>amyloidosis
<variant>scarlet fever
<variant>diphtheria
<variant>viral hepatitis
<variant>rheumatism
<question>The appearance of a tissue or organ with mucoid swelling
<variant>does not change
<variant>increased
<variant>atrophied
<variant>pale color
<variant>full-blooded
<question>A disease in which fibrinoid swelling is systemic
<variant>rheumatism
<variant>tumor
<variant>cachexia
<variant>infectious diseases
<variant>obesity
<question>Mucoid swelling refers to dystrophies
<variant>vascular-stromal
<variant>mixed
<variant>parenchymal
<variant>mineral
<variant>inflammatory
<question>Mucoid swelling refers to dystrophies
<variant>protein
<variant>fat
<variant>carbohydrate
<variant>mineral
<variant>mixed
<question>Fibrinoid swelling refers to dystrophies
<variant>protein
<variant>fat
<variant>carbohydrate
<variant>mineral

<variant>mixed
<question>A 70-year-old patient died of rheumatic mitral valve disease of the heart, complicated by the development of chronic cardiovascular insufficiency. Changes that preceded the final changes of the mitral valve flaps:
<variant>fibrinoid swelling
<variant>dysproteinosis
<variant>amyloidosis
<variant>steatosis
<variant>hyperkeratosis
<question>Histological examination of the valve in a patient with rheumatic endocarditis determines a weak cytoplasmic basophilia, when stained with toluidine blue, purple-lilac staining is determined. Specify the type of dystrophy, according to the classification by the localization of the process and by the type of impaired metabolism
<variant>stromal vascular dysproteinosis (mucoid swelling).
<variant>stromal vascular dysproteinosis (fibrinoid swelling).
<variant>stromal vascular dysproteinosis (hyalinosis)
<variant>stromal vascular dysproteinosis (amyloidosis)
<variant>stromal vascular fatty dystrophy
<question>When examining the splenic artery of a patient suffering from hypertension for a long time, there is a thickening of the walls with a narrowing of the lumen and loss of elasticity, while the vessel has the appearance of a "translucent glass tube". Specify the type of dystrophy, according to the classification by the localization of the process and by the type of impaired metabolism.
<variant>stromal vascular dysproteinosis (hyalinosis)
<variant>stromal vascular dysproteinosis (fibrinoid swelling).
<variant>stromal vascular dysproteinosis (mucoid swelling).
<variant>stromal vascular dysproteinosis (amyloidosis)
<variant>stromal vascular fatty dystrophy
<question>When examining the brain of a patient who suffered from arterial hypertension for a long time, thickening of the walls of the arteries with narrowing of the lumen and loss of elasticity was noted, while the vessel has the appearance of a "translucent glass tube". Microscopically, thickening and deposition of pinkish homogeneous masses were found in the artery wall when stained with hematoxylin-eosin. Specify the type of dystrophy
<variant>hyalinosis
<variant>fibrinoid swelling
<variant>mucoid swelling
<variant>amyloidosis
<variant>fatty degeneration
<question>An autopsy of a patient who died of myeloma revealed enlarged kidneys, liver and spleen, having a "greasy" shine on the incision. Specify the type of dystrophy
<variant>stromal vascular dysproteinosis (amyloidosis)
<variant>stromal vascular dysproteinosis (fibrinoid swelling).
<variant>stromal vascular dysproteinosis (mucoid swelling).
<variant>stromal vascular dysproteinosis (hyalinosis)
<variant>stromal vascular fatty dystrophy
<question>In a patient who died from secondary tuberculosis, an autopsy revealed enlarged kidneys, white in color, with a "greasy" shine on the incision. Specify the type of dystrophy
<variant>amyloidosis
<variant>fibrinoid swelling

<variant>mucoid swelling
<variant>hyalinosis
<variant>fatty degeneration
<question>A 65-year-old patient suffering from pulmonary tuberculosis for a long time began to progressively develop chronic renal failure. He underwent nephrobiopsy (kidney biopsy), in which amorphous, homogeneous masses of red-pink color are determined when the Congo-red coloring used is stained red. Specify the type of dystrophy
<variant>amyloidosis
<variant>fibrinoid swelling
<variant>mucoid swelling
<variant>hyalinosis
<variant>lipidosis
<question>Autopsy of a 54-year-old patient who died of cardiac decompensation revealed the following changes in tissues and organs: the thickness of subcutaneous fat at the navel level is 12 cm, body length is 175 cm, body weight is 130 kg; heart weight is 620 g, with massive yellowish growths on the incision, almost completely replacing the functional layer of the myocardium. Specify the type of dystrophy
<variant>stromal vascular fatty dystrophy
<variant>stromal vascular dysproteinosis (fibrinoid swelling).
<variant>stromal vascular dysproteinosis (mucoid swelling).
<variant>stromal vascular dysproteinosis (hyalinosis)
<variant>stromal vascular dysproteinosis (amyloidosis)
<question>Autopsy of a 58-year-old patient who died of cardiac decompensation revealed the following changes in tissues and organs: the thickness of subcutaneous fat at the navel level is 12 cm, body length is 165 cm, body weight is 153 kg; the heart weighs 700 g, with massive yellowish growths on the incision resembling the color of a tiger. Specify the type of dystrophy
<variant>fatty degeneration
<variant> fibrinoid swelling
<variant>mucoid swelling
<variant>hyalinosis
<variant>amyloidosis
<question>An autopsy of a deceased from stomach cancer with metastases revealed a pronounced body weight deficit. Macroscopic changes of organs in this dystrophy are
<variant>internal organs are reduced in size, brown in color (due to the accumulation of lipofuscin).
<variant>internal organs increase in size, brown in color (due to the accumulation of lipofuscin).
<variant>pulverized obesity, small-drop obesity, large-drop obesity.
<variant>accumulates a substance of predominantly hematogenic nature - vascular hyaline.
<variant>internal organs are reduced in size, gray (due to the accumulation of lipofuscin).
<question>In the aortic wall of a 77-year-old patient who died of cardiac decompensation, "mushy" masses stained black with osmic acid are determined. Specify the type of dystrophy
<variant>stromal vascular fatty dystrophy
<variant>stromal vascular dysproteinosis (fibrinoid swelling).
<variant>stromal vascular dysproteinosis (mucoid swelling).
<variant>stromal vascular dysproteinosis (hyalinosis)
<variant>stromal vascular dysproteinosis (amyloidosis)
<question>A 32-year-old woman has been suffering from infectious and allergic vasculitis for several months. She died of a brain hemorrhage. The vascular wall of the microcirculatory bed is significantly thickened, homogeneous, eosinophilic, sharply CHIC-positive, the lumen of the

vessels is narrowed. There is no metachromasia when stained with toluidine blue. The reaction to the fibrinoid is positive. Such a microscopic picture indicates an aggravation of the process and the presence of
<variant>fibrinoid swelling
<variant>of mucoid swelling
<variant>sclerosis (fibrosis)
<variant>hyalinosis
<variant>amyloidosis
<question>A 54-year-old man has been suffering from urolithiasis for 10 years. Operated on urgently. The left kidney is dramatically enlarged in volume. During the incision, 400 ml of reddish urine with a flake-like precipitate was poured out of the pelvis cavity, pH - alkaline. A coral-shaped, white-colored stone was removed. Stone in the pelvis of the left kidney, most likely by chemical composition
<variant>oxalate
<variant>xanthine
<variant>phosphate
<variant>cholesterol
<variant>pigmented.
<question>As follows from the definition, stones are
<variant>dense formations lying freely in ducts or cavities
<variant>dense formations intimately connected with tissues
<variant>loose formations lying freely in tissues
<variant>the presence of calcium salts in the body
<variant>interstitial calcinosis
<question>With gout , there is
<variant>hyperuricemia
<variant>hyperkalemia.
<variant>hyperglycemia.
<variant>hypercalcemia.
<variant>glucosuria.
<question>The organ in which stone formation can occur
<variant>bladder
<variant>heart
<variant>gulp
<variant>stomach
<variant>uterus
<question>Complication of stone formation
<variant>inflammation
<variant>ossification
<variant>organization
<variant>encapsulation
<variant>sclerosis
<question>Complication of kidney stone formation
<variant>hydronephrosis
<variant>ossification
<variant>organization
<variant>encapsulation
<variant>sclerosis

<question>1Wilson-Konovalov disease is associated with metabolic disorders
<variant>copper
<variant>potassium
<variant>of calcium
<variant>hardware
<variant>sodium
<question>The type of stones found in the kidneys
<variant>urates
<variant>coprolites
<variant>phlebolites
<variant>cholesterol stones
<variant>bilirubin stones
<question>Acquired porphyria occur when
<variant>lead poisoning
<variant>alcoholism
<variant>diabetes mellitus
<variant>blood transfusion
<variant>infectious diseases
<question>A group of diseases in which there is a hereditary insufficiency of metabolizing enzymes
<variant>accumulation diseases
<variant>tumors
<variant>rheumatic diseases
<variant>cerebrovascular diseases
<variant>traumatic diseases
<question>Complication of stone formation in the hollow organ
<variant>perforation
<variant>hydronephrosis
<variant>organization
<variant>encapsulation
<variant>sclerosis
<question>The outcome of hydropic dystrophy
<variant>focal colliquation necrosis
<variant>hyaline drip dystrophy
<variant>focal coagulation necrosis
<variant>corneal dystrophy
<variant>reverse development
<question>Unfavorable outcome of necrosis
<variant>purulent meltdown
<variant>ossification
<variant>organization
<variant>encapsulation
<variant>petrification
<question>Pathological process in the myocardium that develops with coronary artery thrombosis
<variant>infarction
<variant>cyst
<variant>gangrene
<variant>sequester
<variant>hyalinosis

<question>The form of direct necrosis is
<variant>toxic
<variant>vascular
<variant>allergic
<variant>trophoneurotic
<variant>coagulation
<question>A type of necrosis that develops in a sensitized organism
<variant>allergic
<variant>vascular
<variant>toxic
<variant>trophoneurotic
<variant>traumatic
<question>A 68-year-old woman suddenly lost consciousness and woke up an hour later, she could not speak, move her right arm. Two months after computer tomography, there was a cystic formation in the left parietal lobe. Most likely occurred in the brain.
<variant>colliquation necrosis
<variant>coagulation necrosis
<variant>fat necrosis
<variant>karyolysis
<variant>apoptosis
<question>An 80-year-old patient was taken by ambulance to the hospital with a clinical picture of an "acute abdomen" and intestinal obstruction. During an emergency surgical operation-laparotomy-the loops of the small intestine are swollen, black and dark red in color, flabby consistency. Mesenteric arteries with atherosclerotic plaques, the lumen of some is obstructed by blood clots. The reason for this process is in the small intestine
<variant>wet gangrene
<variant>dry gangrene
<variant>sequester
<variant>noma
<variant>bedsores
<question>A 35-year-old patient died from acute renal failure syndrome as a result of massive uterine bleeding and posthemorrhagic shock. The autopsy revealed acute general anemia of the internal organs. The cause of acute renal failure
<variant>necrotic nephrosis
<variant>traumatic necrosis
<variant>allergic necrosis
<variant>coagulation necrosis
<variant>colliquation necrosis
<question>An elderly emaciated patient who had been in bed for a long time after suffering an acute violation of cerebral circulation, a 4 × 3 cm skin defect was found in the sacrum area. The underlying soft tissues are black, dull, structureless. Name the complication
<variant>bedsores
<variant>organization
<variant>wet gangrene
<variant>scarring
<variant>purulent meltdown

<question>On the section of the corpse of the deceased from an acute violation of cerebral circulation in the area of subcortical nuclei, a gray-yellow area of a mushy consistency was found. Name the disease
<variant>brain infarction
<variant>hemorrhage
<variant>cyst
<variant>full blood
<variant>stasis
<question>A 70-year-old man suffering from chronic cardiac decompensation was bothered by pain in his left lower limb. Suddenly, against the background of edema of the lower extremities, the skin of the left foot acquired a dark brown color, in places peeled off from the underlying tissues, exposing a dull dirty gray muscle mass. Name the disease
<variant>gangrene
<variant>heart attack
<variant>purulent inflammation
<variant>scarring
<variant>organization
<question>On the section of the corpse of the deceased from an acute violation of cerebral circulation in the area of subcortical nuclei, a gray-yellow area of a mushy consistency was found. To establish the most common cause of the development of this process.
<variant>thrombosis
<variant>gangrene
<variant>sequester
<variant>bedsores
<variant>noma
<question>Accumulation of blood in tissues with violation of their integrity is:
<variant>hematoma
<variant>hemangioma
<variant>full blood
<variant>tamponade
<variant>hematuria
<question>The accumulation of blood in the tissues, without violating their integrity, is:
<variant>hemorrhagic impregnation
<variant>hemangioma
<variant>bruise
<variant>tamponade
<variant>hematoma
<question>A pathological process in the myocardium that develops with coronary artery thrombosis
<variant>infarction
<variant>cyst
<variant>gangrene
<variant>sequester
<variant>hyalinosis
<question>Hemorrhage is:
<variant>outpouring of blood and its accumulation in tissues
<variant>outpouring of blood into the environment
<variant>outpouring of blood and its accumulation in the pericardial cavity
<variant>outpouring of blood and its accumulation in the pleural cavity

<variant>outpouring of blood and its accumulation in the abdominal cavity
<question>Elimination of the compressive factor on the artery leads to
<variant>hyperemia after ischemia
<variant>of collateral hyperemia
<variant>angioedema
<variant>of vacant hyperemia
<variant>of inflammatory hyperemia
<question>The main mechanism of death in pulmonary trunk thromboembolism
<variant>pulmonocoronary reflex
<variant>lung infarction
<variant>pulmonary edema
<variant>asphyxia
<variant>brain edema
<question>The patient was delivered with an acute illness. The patient has a feeling of pain throughout the body, chest compression, bleeding from the mouth and nose. During the survey, it became known that this patient performs diving work. With the rapid removal of it from under the water, such a situation arose. Diagnosis: Caisson disease. This is a type of hyperemia.
<variant>vacant
<variant>angioedema
<variant>arteriovenous
<variant>physiological
<variant>collateral
<question>At the autopsy of a 69-year-old man after a repeated heart attack, it was found that the anterior wall and the apex of the heart bulge out in a bag-like manner, the heart wall is dense, thinned, and there are dry matte crumbly blood clotts attached to the wall in the cavity of the left ventricle from the endocardium. The detected clots are
<variant>dilated thrombus
<variant>marantic thrombus
<variant>globular thrombus
<variant>postmortem clot
<variant>thromboembolism
<question>A patient of the hematology department was found to have a floating (unstable) thrombus of the ilio-femoral venous segment. What is the risk of its displacement from the place of fixation and migration through the bloodstream?
<variant>pulmonary embolism
<variant>carotid artery thromboembolism
<variant>vertebral artery thromboembolism
<variant>portal vein thromboembolism
<variant>thromboembolism of the superior vena cava
<question>A 22-year-old woman with uncomplicated pregnancy develops sudden shortness of breath with cyanosis and hypotension. She has a generalized seizure with a transition to a coma. Her condition does not improve for the next 2 days. Which of the following results are present in her peripheral pulmonary arteries?
<variant>amniotic fluid
<variant>platelet aggregates
<variant>fat globules
<variant>gas bubbles
<variant>thromboembolism

<question>The patient was admitted to the clinic with an attack of angina pectoris. After 3 days, sudden death occurred. The autopsy revealed atherosclerosis of the aorta, heart vessels and brain. The focus of necrosis in the left ventricle of the heart. Name the pathological process
<variant>myocardial infarction
<variant>atherosclerosis of cerebral vessels
<variant>coronary vessel stasis
<variant>cerebral vascular edema
<variant>brain hemorrhage
<question>The death of a patient suffering from acute myocardial infarction occurred on the 6th day from the onset of the disease. At the autopsy, 500 ml of liquid blood with clots were found in the pericardial cavity. Specify the morphological variant of myocardial infarction:
<variant>white with hemorrhagic corolla
<variant>hemorrhagic
<variant>ischemic
<variant>mixed
<variant>medianecrosis
<question>A 23-year-old patient was admitted to the neurological department in a serious condition. Despite the treatment undertaken, the patient died. The autopsy revealed an extensive accumulation of blood in the subcortical nuclei of the right hemisphere of the brain. Determine the type of circulatory disorder in the brain.
<variant>hematoma - accumulation of blood in the tissue with violation of its integrity
<variant>bleeding as a result of a wall rupture, possibly a congenital aneurysm
<variant>the hemorrhage focus is rounded, the brain substance is destroyed in the focus
<variant>a pseudocyst could develop in place of a hematoma
<variant>blood clots were found on the surface of the aorta
<question>A 70-year-old patient suffering from decompensated heart disease with pronounced edema of the lower extremities underwent surgery to remove an inflamed appendix. After the operation, chest pains and hemoptysis suddenly appeared on the 4th day, on the 6th day, when trying to get out of bed, the patient lost consciousness, his face turned blue and the patient died. At the autopsy, red crumbling masses were found in the deep veins of the lower leg, attached to the wall. Red crumbling free-lying masses were found in the lumen of the pulmonary artery. A dense dark red triangular-shaped focus was found in the lungs, covered with fibrin overlays on the pleura side. What is the name of the formation in the pulmonary artery?
<variant>thromboembolism
<variant>stagnation of blood
<variant>cardiac arrest due to pulvmocoronary reflex
<variant>hemorrhagic lung infarction caused by thromboembolism of the branches of the pulmonary artery
<variant>blood clots
<question>Microscopic examination revealed that clusters consisting of a large number of leukocytes, fibrin with an admixture of erythrocytes were found in the lumen of the vein. Determine the morphology of the thrombus
<variant>mixed
<variant>white
<variant>red
<variant>layered
<variant>hyaline
<question>1Circulatory disorders associated with changes in blood filling

<variant>arterial fullness
<variant>stasis
<variant>thrombosis
<variant>embolism
<variant>disseminated intravascular coagulation
<question>2Circulatory disorders associated with changes in blood filling
<variant>venous fullness
<variant>stasis
<variant>thrombosis
<variant>embolism
<variant>disseminated intravascular coagulation
<question>3Circulatory disorders associated with changes in blood filling
<variant>ischemia
<variant>stasis
<variant>thrombosis
<variant>embolism
<variant>disseminated intravascular coagulation
<question>1Circulatory disorders associated with damage to the vascular wall, changes in its permeability
<variant>hemorrhage
<variant>stasis
<variant>thrombosis
<variant>embolism
<variant>disseminated intravascular coagulation
<question>2Circulatory disorders associated with damage to the vascular wall, changes in its permeability
<variant>plasmorrhagia
<variant>stasis
<variant>thrombosis
<variant>embolism
<variant>disseminated intravascular coagulation
<question>1Circulatory disorders associated with a violation of homeostasis and changes in the rheological properties of blood
<variant>stasis
<variant>hemorrhage
<variant>plasmorrhagia
<variant>edema
<variant> dehydration
<question>2Circulatory disorders associated with a violation of homeostasis and changes in the rheological properties of blood
<variant>thrombosis
<variant>hemorrhage
<variant>plasmorrhagia
<variant>edema
<variant> dehydration
<question>3Circulatory disorders associated with a violation of homeostasis and changes in the rheological properties of blood
<variant>disseminated intravascular coagulation

<variant>hemorrhage
<variant>plasmorrhagia
<variant>edema
<variant>dehydration
<question>4Circulatory disorders associated with a violation of homeostasis and changes in the rheological properties of blood
<variant>embolism
<variant>hemorrhage
<variant>plasmorrhagia
<variant>edema
<variant>dehydration
<question>Circulatory disorders associated with a violation of homeostasis and changes in the rheological properties of blood
<variant>embolism
<variant>hemorrhage
<variant>plasmorrhagia
<variant>edema
<variant>dehydration
<question>Violation of the content of tissue fluid
<variant>edema
<variant>hemorrhage
<variant>plasmorrhagia
<variant>embolism
<variant>thrombosis
<question>Violation of the content of tissue fluid
<variant>dehydration
<variant>hemorrhage
<variant>plasmorrhagia
<variant>embolism
<variant> thrombosis
<question>A pathological process associated with the action of an extreme irritant, characterized by destructive changes in organs and tissues due to a violation of the central nervous system, metabolism, microcirculation system
<variant>shock
<variant>heart attack
<variant>necrosis
<variant>edema
<variant>dehydration
<question>Necrotic nephrosis, sometimes in the form of symmetrical cortical necrosis of the kidneys, with the development of acute renal failure
<variant>shock kidney
<variant>kidney inflammation
<variant>glomerular necrosis
<variant>edema of the kidney stroma
<variant>white kidney
<question>A 31-year-old man is in scuba diving and descends to a depth of 50 m. After 30 minutes, he has a malfunction in his equipment and he quickly returns to the boat on the surface. Difficulty breathing develops within 5 minutes, with shortness of breath and chest pain, followed by severe

headache and dizziness. After an hour, severe, painful myalgia and arthralgia develop. These symptoms decrease within 24 hours. Which of the following in the blood is the cause of the disease
<variant>nitrogen gas bubbles
<variant>fibrin clots
<variant>fat globules
<variant>platelet platelets
<variant>torn atheromassage board
<question>A 23-year-old woman who had been suffering from fibrotic-cavernous pulmonary tuberculosis for several years. Suddenly there was pallor of the skin and mucous membranes, dizziness, lost consciousness. A few minutes later, death occurred. At the autopsy, the sharp pallor of the skin, visible mucous membranes, serous membranes, and tissues of internal organs attracted attention. The cavities of the heart and large vessels are empty, the spleen is small, wrinkled. Pinpoint and spotty hemorrhages were detected under the endocardium of the left ventricle of the heart (Minakov spots). Which circulatory disorder, of the following, was detected in this case?
<variant>general acute anemia
<variant>bleeding;
<variant>hemorrhage;
<variant>general chronic anemia;
<question>A 32-year-old woman suffering from subacute septic endocarditis suddenly lost sight in her right eye. During the examination, the oculist found a sharp expansion of the lumen of the central artery of the eye and the presence of blood coagulation in it. The revealed changes are a manifestation of:
<variant>thromboembolism
<variant>phlebothrombosis
<variant>of DIC syndrome
<variant>of the sludge phenomenon
<variant>blood stasis
<question>At the autopsy of a 26-year-old man suffering from a heart defect for a long time, a triangular-shaped, structureless, dense, bright red, with clear borders, the base facing the pleura, was found in the lungs, against the background of a brown seal. This section is:
<variant>hemorrhagic infarction
<variant>hemorrhage
<variant>local venous fullness
<variant>local arterial fullness
<variant>blood stasis
<question>Patient C, 35 years old, lip cyanosis, oral mucosa and acrocyanosis are observed. In addition, there is rheumatism. What are these signs related to
<variant>venous hyperemia
<variant>hydrothorax
<variant>cirrhosis
<variant>arterial hyperemia
<variant>thrombosis
<question>A 47-year-old patient has been suffering from rheumatism with mitral valve lesion (stenosis) since childhood. Revealed circulatory disorders in the patient
<variant>chronic general venous fullness
<variant>anemia
<variant>stasis
<variant>acute general venous plethora

<variant>arterial fullness
<question>With chronic venous fullness in the kidneys develops
<variant>cyanotic induration
<variant>congestive sclerosis
<variant>diffuse hemosiderosis
<variant>muscat cirrhosis
<variant>brown seal
<question>At the heart of the caisson disease is an embolism
<variant>gas
<variant>fat
<variant>air
<variant>fabric
<variant>microbial
<question>Type of embolism in malignant tumor
<variant>tissue
<variant>microbial
<variant>fat
<variant>gas
<variant>thromboembolism
<question>Complication of deep vein thrombosis of the lower leg
<variant>pulmonary artery trunk thromboembolism
<variant>cerebral infarction
<variant>gangrene of the lower extremities
<variant>myocardial infarction
<variant>intestinal gangrene
<question>Source of pulmonary embolism
<variant>blood clots in the veins of the lower extremities
<variant>blood clots in the veins of the lungs
<variant>blood clots on the flaps of the mitral valve
<variant>blood clots in the portal vein
<variant>blood clots on the aortic wall
<question>A 56-year-old man with chronic coronary heart disease for 20 years. He died of chronic heart failure (decompensation of the heart). On autopsy: serous, meninges and mucous cyanotic. Pronounced edema of the dermis and subcutaneous tissue, hydrothorax, hydropericardium, ascites (anasarca). The kidneys are in a state of cyanotic induration, the lungs are in a state of brown induration. "Muscat" ("cardiac") cirrhosis was detected in the liver. Name the macroscopic changes in this pathology
<variant>general chronic venous fullness
<variant>local acute arterial fullness
<variant>general acute arterial fullness
<variant>general acute venous fullness
<variant>local chronic venous fullness
<question>A 32-year-old man was in a car accident and suffered fractures of the right femur and lower leg and left humerus. The fractures were surgically repaired. He was in a stable condition for 2 days, but then suddenly developed severe shortness of breath. Specify the cause of acute respiratory failure
<variant>fat embolism
<variant>cardiac tamponade

<variant>pulmonary edema
<variant>pulmonary infarction
<variant>hemothorax
<question> Venous hyperemia is an increased blood filling of an organ or tissue due to a decrease (difficulty) in blood outflow, while blood flow
<variant>saved or slightly reduced
<variant>does not change
<variant>increased
<variant>is difficult
<variant>corresponds to blood flow
<question>General venous fullness (acute and chronic) is a manifestation of the syndrome
<variant>heart failure
<variant>hemorrhagic
<variant>of coronary
<variant>inflammatory
<variant>respiratory failure
<question>"Hairy heart" is observed when
<variant>croup inflammation
<variant>diphtheria inflammation
<variant>serous inflammation
<variant>putrefactive inflammation
<variant>interstitial inflammation
<question>With fibrinous inflammation on the serous membranes , it is revealed
<variant>film
<variant>abscess
<variant>empyema
<variant>demarcation line
<variant>sequester
<question>Tissue changes in the focus of purulent inflammation
<variant>histolysis
<variant>dystrophy
<variant>sclerosis
<variant>hypertrophy
<variant>atrophy
<question>Type of exudative inflammation on the serous membrane in acute phlegmonous appendicitis:
<variant>fibrinous
<variant>serous hemorrhagic
<variant>serous-catarrhal
<variant>purulent
<variant>putrid
<question>The formation of a cavity in the tissue with purulent inflammation occurs due to
<variant>histolysis
<variant>full blood
<variant>edema
<variant>ischemia
<variant>injuries
<question>Types of fibrinous inflammation on the mucous membranes are distinguished by

<variant>necrosis depths
<variant>number of vessels
<variant>features of the organ stroma
<variant>number of glands
<variant>the duration of the disease
<question>A type of exudative inflammation in the pleural cavity
<variant>empyema
<variant>phlegmon
<variant>abscess
<variant>carbuncle
<variant>boil
<question>The patient underwent a pulmonectomy for lung cancer. Inflammation and remnants of suture material were found in the bronchial stump. Characteristics of inflammation
<variant>granulomatous around a foreign body
<variant>exudative
<variant>granulomatous with specific signs
<variant>granulomatous immune
<variant>diffuse productive
<question>A characteristic focus of inflammation was found in the liver of a patient with a tertiary period of syphilis. Choose the right position
<variant>there is caseous necrosis in the center of the lesion
<variant>completely resolves during recovery
<variant>is localized only in the liver
<variant>there are completely no vessels in the hearth
<variant>neutrophils predominate among the inflammatory cells
<question>In the occipital region of the head, a 16-year-old boy had a sharply painful area of skin with tissue tension, difficulty in neck movements. In the general blood test, an increase in the number of neutrophilic leukocytes. On examination, the skin bulges, is sharply hyperemic, a yellowish area in the form of a deepened rod is determined in the center. The nature of inflammation
<variant>purulent
<variant>hemorrhagic
<variant>diphtheria
<variant>catarrhal
<variant>mixed
<question>A 38-year-old woman, as a result of a burn, blisters with cloudy liquid contents and sharp hyperemia of surrounding tissues appeared on the skin of her face. There is a transparent liquid in the lumen of the bubbles. The nature of inflammation
<variant>serous
<variant>hemorrhagic
<variant>diphtheria
<variant>catarrhal
<variant>mixed
<question>A 68-year-old man had suffocation last week. During physical examination , the body temperature is 38.3 ° C. With percussion, dullness over the left lung. During thoracocentesis, 800 ml of cloudy yellow fluid was removed from the left pleural cavity. UAC: a large number of polymorphonuclear leukocytes, neutrophils 98% and lymphocytes 2%. Tissue autolysis products. There are gram-positive cocci in the pleural fluid. Name the fluid extracted from the pleural cavity

<variant>purulent exudate
<variant>chronic inflammation
<variant>edema
<variant>fibrinous inflammation
<variant>abscess
<question>Complex, local vascular-tissue (mesenchymal) protective-adaptive reaction of the body to the action of a pathogenic stimulus
<variant>inflammation
<variant>immune response
<variant>hypersensitivity
<variant>regeneration
<variant>adaptation
<question>The first phase of inflammation
<variant>alteration
<variant>exudation
<variant>proliferation
<variant>regeneration
<variant>adaptation
<question>The second phase of inflammation
<variant> exudation
<variant> alterations
<variant>proliferation
<variant>regeneration
<variant>adaptation
<question>In a man suffering from an abdominal aortic aneurysm, a rupture of the aorta led to massive acute blood loss. Cause of death
<variant>hypovolemic shock
<variant>cerebral edema
<variant>pulmonary edema
<variant>iron deficiency anemia
<variant>myocardial infarction
<question>At the autopsy of the corpse, a lot of white-yellow bumps the size of a millet grain were found in the lungs and liver. Specify the diseases that are characterized by the formation of a specific granuloma
<variant>syphilis, leprosy, tuberculosis
<variant>flu, tuberculosis, syphilis
<variant>syphilis, tuberculosis, histiocytosis
<variant>leprosy, syphilis, parainfluenza
<variant>tuberculosis, leprosy, rheumatism
<question>Inflammatory fluid is
<variant>exudate
<variant>transudate
<variant>proliferate
<variant>pus
<variant>blood
<question>The outcome of inflammation in the damaged tissue
<variant>scarring
<variant>ossification

<variant>suppuration
<variant>autolysis
<variant>apoptosis
<question>The main cells in the focus of purulent exudative inflammation
<variant>neutrophils
<variant>lymphocytes
<variant>monocytes
<variant>labrocytes
<variant>histiocytes
<question>According to the predominance of exudate components, inflammation is distinguished
<variant>purulent
<variant>exudative
<variant>proliferative
<variant>filmy
<variant>neutrophilic
<question>According to the predominance of exudate components , inflammation is distinguished
<variant>hemorrhagic
<variant>exudative
<variant>proliferative
<variant>filmy
<variant>neutrophilic
<question>The form of inflammation depending on the reaction of inflammation
<variant>proliferative
<variant>fibrinous
<variant>alternative
<variant>recurrent
<variant>chronic
<question>Type of fibrinous inflammation of serous membranes
<variant>croup
<variant>diphtheric
<variant>phlegmon
<variant>serous
<variant>catarrhal
<question>Productive inflammation is characterized by
<variant>by cell reproduction
<variant>formation of purulent exudate
<variant>formation of fibrinous exudate
<variant>severe tissue damage
<variant>reproduction of epithelial elements
<question>Liquid containing up to 2% protein, few cells in the pleural cavity, reducing lung function
<variant>serous exudate
<variant>purulent exudate
<variant>granuloma
<variant>blood and plasma
<variant>serous transudate
<question>Morphological substrate of fibrinous inflammation
<variant>film

<variant>abscess
<variant>phlegmon
<variant>plaque
<variant>granuloma
<question>Fibrinous film is easily removed when
<variant>croup inflammation
<variant>granuloma
<variant>diphtheria inflammation
<variant>tissue fibrosis
<variant>obliteration
<question>Complete overgrowth of the serous cavity with connective tissue is
<variant>perforation
<variant>penetration
<variant>ossification
<variant>carnification
<variant>calcification
<question>Exudate, in which neutrophilic leukocytes predominate, lymphocytes, macrophages, dead tissue cells, microbes are present, this is
<variant>pus
<variant>fibrin
<variant>granuloma
<variant>proliferate
<variant>blood
<question>The type of inflammation characterized by histolysis is the secondary breakdown of tissue in any organ and tissue
<variant>purulent
<variant>fibrinous
<variant>granulomatous
<variant>proliferative
<variant>hemorrhagic
<question>Cloudy liquid, thick, yellow-green color
<variant>pus
<variant>fibrin
<variant>granuloma
<variant>proliferate
<variant>blood
<question>A cavity filled with pus
<variant>abscess
<variant>phlegmon
<variant>granuloma
<variant>proliferate
<variant>cyst
<question>Spilled purulent inflammation spreading between tissues, impregnating, delaminating them, accompanied by their lysis
<variant>phlegmon
<variant>sequester
<variant>granuloma
<variant>abscess

<variant>gangrene
<question>Phlegmon spreads along the course of muscles, fascia, nerves, subcutaneous tissue, blood vessels, it is
<variant>pus
<variant>fibrin
<variant>granuloma
<variant>proliferate
<variant>blood
<question>Purulent inflammation of the abdominal organs – in the bladder, pleural cavities, gallbladder, vermiform process
<variant>empyema
<variant>sequester
<variant>granuloma
<variant>abscess
<variant>gangrene
<question>1A characteristic focus of inflammation was found in the liver of a patient with a tertiary period of syphilis. Choose the right position
<variant>there is caseous necrosis in the center of the lesion
<variant>completely resolves during recovery
<variant>is localized only in the liver
<variant>there are completely no vessels in the hearth
<variant>neutrophils predominate among the inflammatory cells
<question>Characteristics of peripheral lymphoid tissue in primary immune deficits with insufficient humoral immunity
<variant>no B-dependent zones
<variant>no T-dependent zones
<variant>lymphoid tissue atrophy
<variant>lymphoid tissue hyperplasia
<variant>plasmatization
<question>What type of inflammation is characteristic of delayed hypersensitivity reactions
<variant>chronic immune
<variant>hyperplastic
<variant>granulomatous
<variant>fibrinous
<variant>acute immune
<question>The process of reducing the volume of the thymus begins with 5-8 years of life and ends by about 25 years
<variant>physiological involution
<variant>pathological involution
<variant>atrophy
<variant>hyperplasia
<variant>lymphoid hyperplasia
<question>A 6-year-old patient underwent appendectomy; name the changes in the thymus after surgery
<variant>accidental involution
<variant>pathological involution
<variant>atrophy
<variant>hyperplasia

<variant>lymphoid hyperplasia
<question>Congenital anomalies of the thymus associated with underdevelopment and improper development of the organ
<variant>aplasia, hypoplasia and dysplasia
<variant>hypertrophy, atrophy, involution
<variant>dystrophy, lymphoid hyperplasia
<variant>dysplasia, lymphoid hyperplasia
<variant>dystrophy, lymphoid hypoplasia
<question> With aplasia the thymus
<variant>is missing
<variant>increased
<variant>slightly reduced
<variant>atrophied
<variant>hypertrophied
<question>There is no production of thymic hormones. The thymus is significantly reduced in size, there is no division into cortical and medullary matter, the number of lymphocytes is reduced
<variant>hypoplasia and dysplasia
<variant>hypertrophy, atrophy, involution
<variant>dystrophy, lymphoid hyperplasia
<variant>dysplasia, lymphoid hyperplasia
<variant>dystrophy, lymphoid hypoplasia
<question>The patient was diagnosed with sepsis for 8 months, severe atrophy of the cerebellar hemispheres with dystrophy of the ganglion and granular layers, underdevelopment of the genitals, multiple organ failure, infantilism. Morphologically, dysplasia phenomena were detected in the thymus, the lobules are represented by very small islands of thymic tissue without Gassal bodies, hypoplasia of T-zones of lymph nodes and spleen. Name the syndrome
<variant>Louis Bar
<variant>of McKusick
<variant>Di-giorgi
<variant>Bruton
<variant>Vesta
<question>The patient has had eczema with suppuration in the skin for 7 months, abscesses and empyema in other organs due to a defect in the bactericidal function of phagocytes; a history of repeated infectious lesions of the lungs, lymph nodes, liver, and spleen. Name the disease
<variant>chronic granulomatous disease
<variant>Louis-Bar syndrome
<variant> McKusick syndrome
<variant> Di-Giorgi syndrome
<variant> Bruton's syndrome
<question>A 1-year-old patient constantly develops purulent, pyogenic infections associated with a violation of the bactericidal activity of leukocytes and neutropenia. Clinically combined with albinism and shortening of limbs. Name the syndrome
<variant>Chediaka - Higashi
<variant>Louis Bar
<variant>of McKusick
<variant>Di-giorgi
<variant>Bruton

<question>Primary immunodeficiency syndrome, characterized by the development of recurrent "cold" abscesses (no inflammatory reaction) caused by Staphylococcus aureus; associated with an autosomal recessive defect of neutrophil leukocytes. Name the syndrome
<variant>of Jacob
<variant>Chediaka - Higashi
<variant>Louis Bar
<variant>of McKusick
<variant>Di-giorgi
<question>Thymus depletion is a decrease in mass, cellularity due to migration and destruction of cellular elements due to: stress, infections, intoxication, trauma, treatment with glucocorticoids
<variant>accidental involution
<variant>hypertrophy, atrophy, involution
<variant>dystrophy, lymphoid hyperplasia
<variant>dysplasia, lymphoid hyperplasia
<variant>dystrophy, lymphoid hypoplasia
<question>The thymus tissue is replaced by fatty, connective tissue, petrification of the Ghassal bodies is observed, a sharp decrease in weight. secondary immunodeficiency develops with prolonged infections, immunosuppressive, antibacterial, hormonal therapy. Name the morphological changes of the thymus
<variant>atrophy
<variant>accidental involution
<variant>pathological involution
<variant>hypertrophy
<variant>hyperplasia
<question>Hyperplasia of the thymus with lymphoid follicles is characteristic of
<variant>autoimmune diseases
<variant>of accidental involution
<variant>hypertrophy, atrophy
<variant>dystrophy
<variant>dysplasia
<question>1If there is an expansion of intra-lobular spaces in the thymus, B-lymphocytes, plasmocytes accumulate in them, lymphoid follicles appear, as in lymph nodes. This is secondary damage to the thymus when
<variant>autoimmune diseases
<variant>of accidental involution
<variant>hypertrophy, atrophy
<variant>dystrophy
<variant>dysplasia
<question>If there is an expansion of intra-lobular spaces in the thymus, B-lymphocytes, plasmocytes accumulate in them, lymphoid follicles appear, as in lymph nodes. This is secondary damage to the thymus when
<variant>autoimmune diseases
<variant>of accidental involution
<variant>hypertrophy, atrophy
<variant>dystrophy
<variant>dysplasia

<question>With antigenic stimulation (sensitization) of the body. When an antigen enters the body, the humoral link of immunity is strained and the production of immunoglobulins - antibodies is increased. Accordingly, hyperplasia develops in the peripheral lymphoid organs:
<variant>non-specific reactive
<variant>accidental
<variant>hypertrophic
<variant>dystrophic
<variant>dysplastic
<question>Patient 14 was diagnosed with acute tonsillitis, the examination revealed an increase and soreness of regional lymph nodes (submandibular, cervical). Name the changes in the regional lymph nodes
<variant>nonspecific lymphadenitis
<variant>specific lymphadenitis
<variant>granulomatous reaction
<variant>lymphoid hyperplasia
<variant>septic hyperplasia
<question>A 15-year-old patient has acute tonsillitis. Enlargement and soreness were detected in the neck and submandibular lymph nodes
Name the changes in the regional lymph nodes
<variant>nonspecific lymphadenitis
<variant>specific lymphadenitis
<variant>granulomatous reaction
<variant>lymphoid hyperplasia
<variant>septic hyperplasia
<question>Lymph nodes are full-blooded, there are many plasmoblasts and plasmocytes, macrophages in the cortical substance, sinuses, germinal centers of follicles; this is
<variant>nonspecific lymphadenitis
<variant>specific lymphadenitis
<variant>granulomatous reaction
<variant>lymphoid hyperplasia
<variant>septic hyperplasia
<question>In infectious diseases caused by banal pathogenic microflora (Staphylococcus, Streptococcus), regional change of lymph node is
<variant>nonspecific lymphadenitis
<variant>specific lymphadenitis
<variant>granulomatous reaction
<variant>lymphoid hyperplasia
<variant>septic hyperplasia
<question>Hypersensitivity of the immediate type (allergy) proceeds morphologically as inflammation
<variant>acute immune
<variant>specific
<variant>non-specific
<variant>chronic immune
<variant>delayed immune
<question>If alterative changes in the walls of blood vessels, the main substance, fibrous structures, plasma impregnation, mucoid and fibrinoid swelling, fibrinoid necrosis, formation of fibrinous-

hemorrhagic exudate (neutrophils, fibrin, erythrocytes) develop rapidly, a weak reprative reaction, this is inflammation
<variant>acute immune
<variant>specific
<variant>non-specific
<variant>chronic immune
<variant>delayed immune
<question>With delayed hypersensitivity, lymphocyte and macrophage proliferation reactions predominate. Name the type of inflammatory reaction
<variant>chronic immune
<variant>specific
<variant>non-specific
<variant>acute immune
<variant>delayed immune
<question>The appearance of reactions of the immune system to normal antigens of its own tissues is observed in diseases
<variant>autoimmune
<variant>specific
<variant>of non-specific
<variant>infectious
<variant>viral
<question>Morphologically, the graft rejection reaction is manifested by infiltration in the tissue transplant zone by
<variant>killer T-lymphocytes
<variant>T-lymphocytes suppressors
<variant>by helper T-lymphocytes and
<variant>eitrocytes
<variant>eosinophils
<question>The transplant rejection reaction is manifested by infiltration in the area of tissue transplantation by
<variant>histiocytes
<variant>T-lymphocytes suppressors
<variant>helper T-lymphocytes and
<variant>eitrocytes
<variant>eosinophils
<question>Adaptive process in the form of restoration of structural elements of tissue instead of dead
<variant>regeneration
<variant>compensation
<variant>adaptation
<variant>metaplasia
<variant>dysplasia
<question>Restoration of the disturbed structure of organs and tissues is
<variant>regeneration
<variant>compensation
<variant>adaptation
<variant>metaplasia
<variant>dysplasia

<question>Adaptive process in the form of restoration of structural elements of tissue instead of destroyed elements, it is
<variant>regeneration
<variant>compensation
<variant>adaptation
<variant>metaplasia
<variant>dysplasia
<question>Complete regeneration is carried out by cellular regeneration, while a defect in an organ or tissue is replaced by an identical tissue, this is
<variant>restitution
<variant>proliferation
<variant>restoration
<variant>adaptation
<variant>metaplasia
<question>Minor damage to cartilage tissue can be completely regenerated by proliferation of suprachondral chondroblasts and their synthesis of the main substance of cartilage, chondroblasts then differentiate into mature cartilage cells, this is regeneration
<variant>full
<variant>incomplete
<variant>complete
<variant>partial
<variant>substitution
<question>The epithelium of the skin regenerates in full, as it has a high ability to proliferate due to the cambial cells of the epidermis, they are localized in the layer
<variant>basal
<variant>spiky
<variant>brilliant
<variant>horn
<variant>keratinizing
<question>The epithelium of the skin regenerates in full, as it has a high ability to proliferate due to the cells of the epidermis, call these cells
<variant>cambial
<variant>spiky
<variant>brilliant
<variant>horny
<variant>keratinizing
<question>. The area of damaged liver tissue is replaced by a scar, in other parts of the organ there is an active formation of new hypertrophied cells with hyperplasia of organelles - by type
<variant>regenerative hypertrophy
<variant>adaptive hypotrophy
<variant>proliferation
<variant>dysplasia
<variant> metpalastic hypertrophy
<question>Replaced area of damaged liver tissue
<variant>scar
<variant>cyst
<variant>tumor
<variant>bone

<variant>fabric
<question>Source of pancreatic tissue regeneration
<variant>epithelium of exocrine glands
<variant>endocrinocytes of the islets of Langerhans
<variant>stroma
<variant>duct epithelium
<variant>vascular endothelium
<question>The complete restoration of kidney tissue occurs due to the proliferation of preserved cells, this is
<variant>nephrocytes
<variant>epithelium
<variant>mesangiocytes
<variant>podocytes
<variant>labrocytes
<question>If the tubular membrane and vascular glomerulus are damaged, the nephron is replaced by connective tissue, and the surrounding nephrons undergo hypertrophy. Name the type of hypertrophy
<variant>regenerative
<variant>adaptive
<variant>proliferative
<variant>dysplastic
<variant>metpalastic
<question>The endocrine glands undergo restoration by type, this is regeneration
<variant>incomplete
<variant>partial
<variant>substitution
<variant>dysplastic
<variant>full
<question>When a part of the lung is removed, hypertrophy and hyperplasia of parenchymal elements occur, while cirrhotic changes with excessive formation of connective tissue and lung deformities are possible. Name the type of regeneration
<variant>atypical
<variant>partial
<variant>substitution
<variant>dysplastic
<variant>full
<question>The brain regenerates according to the type of hypertrophy of the preserved elements of the brain, this is
<variant>neurocytes
<variant>glial cells
<variant>ependymocytes
<variant>capillary endothelium
<variant>liquor
<question>When the brain is restored, the damaged tissue is replaced, this is
<variant>gliose scars
<variant>gliotic cysts
<variant>tumor
<variant>dysplastic adaptation

<variant>full regeneration
<question>A benign tumor is characterized by
<variant>tissue atypism, expansive growth
<variant>cellular and tissue atypism
<variant>infiltrative growth, cellular atypism
<variant>expansive growth, cellular atypism
<variant>presence of metastases, recurrence
<question>A malignant tumor is characterized by
<variant>cellular atypism, infiltrating growth
<variant>tissue atypism, expansive growth
<variant>invasive growth, absence of metastases
<variant>expansive growth, does not recur
<variant>does not metastasize, does not relapse
<question>Retrograde lymphogenic metastases of stomach cancer are more likely to develop in
<variant> ovaries, pararectal tissue
<variant>liver, spleen
<variant>brain, lungs
<variant>intestine, mesenteric lymph nodes
<variant>bone marrow, subclavian lymph nodes
<question>The earliest pathway of metastasis in malignant tumors from the epithelium
<variant>lymphogenic
<variant>hematogenic
<variant>perineural
<variant>implantation
<variant>mixed
<question>Histological examination of ovaries removed due to large uterine fibroids revealed complexes of atypical large cells with an eccentric nucleus, giving a positive CHIC reaction, resembling "rings" in shape. Specify the most frequent localization of the primary tumor, which is characteristic of this metastasis
<variant>stomach cancer
<variant>bronchial cancer
<variant>lung cancer
<variant>esophageal cancer
<variant>bowel cancer
<question>A 14-year-old patient was diagnosed with fibrosarcoma of the soft tissues of the thigh, confirmed morphologically. An operation was performed to remove the tumor, followed by X-ray and chemotherapy. Within a year, a recurrence of the tumor with widespread metastases developed. Histological type of tumor
<variant>mesenchymal
<variant>epithelial
<variant>neuroectodermal
<variant>epindimal
<variant>melanin-forming

Protocol No. 13 from " 26 " 06 2025 y.

Head of the Department _____ Sadykova A.Sh.