

ÖNTÜSTİK-QAZAQSTAN

**MEDISINA
AKADEMIASY**

«Öntüstik Қазақстан медицина академиясы» АҚ



SOUTH KAZAKHSTAN

**MEDICAL
ACADEMY**

АО «Южно-Казakhstanская медицинская академия»

Department of Phthisiopulmonology and Radiology

70/11

Questions of the program for boundary control - 2

1стр. из 7

CONTROL AND MEASURING DEVICES

Test tasks for boundary control No. 2

OP title: " Medicine"

Discipline code: Fti 4315

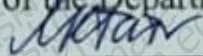
Name of the discipline: Phthisiatry

Amount of study hours/credits: 120/4

Course and semester of study: 4/8

The compiler: I. T.H. Serkhozhaeva – assistant of the department

Head of the Department of Phthisiopulmonology and Radiology



Kassayeva L.T.

Protocol No.

11

Date

26.06.2025

**Questions for students of the 4 th year "Medicine" in phthisiology,
200 questions
Line control -2**

1. In case of spontaneous pneumothorax with mediastinal displacement, ...
2. Clinical and radiological signs are not typical for bronchial lesions in primary tuberculosis complex and bronchoadenitis
3. The following complaints are not typical for a patient with cavernous tuberculosis....
4. Condition and appearance of a patient with cavernous tuberculosis... .
5. The nature of sputum and bacillarity in cavernous tuberculosis ...
6. X-ray signs are not characteristic of the cavity
7. To the most characteristic complaints of a patient with fibrous-cavernous Tuberculosis is...
8. Sputum characteristic of fibrous-cavernous tuberculosis
9. Cirrhotic pulmonary tuberculosis is
10. The activity of a specific process in cirrhotic pulmonary tuberculosis is not associated with .
11. Characteristic clinical and radiological features of cirrhotic tuberculosis... .
12. The appearance of a purulent component in the sputum of patients with cirrhotic tuberculosis does not indicate ...
13. Clinical manifestations of cirrhotic tuberculosis does not cause ...
14. With cirrhotic pulmonary tuberculosis, the condition and general appearance of the patient
15. In tuberculous pleurisy... Mycobacterium tuberculosis is found in the pleural fluid.
16. The tuberculous nature of pleurisy is confirmed by ... cases of thoracoscopy with biopsy.
17. For ... pleurisy, the following is characteristic of the nature of the exudate cellular composition: lymphocytes 80%, neutrophils 15%, erythrocytes 5%.
18. For ... according to the nature of the exudate, the following composition is characteristic: lymphocytes 10%, neutrophils 70%, erythrocytes 10%.
19. If segmented leukocytes predominate in the pleural fluid ... the most likely etiology of exudative pleurisy
20. The most effective way to clarify the etiology of exudative pleurisy
21. State and severity of clinical symptoms in
22. infiltrative tuberculosis depends on... .
23. Do not differentiate with sarcoidosis
24. A complication of fibrous-cavernous tuberculosis is not ...
25. Amyloidosis of internal organs is the most common complication in... .
26. Lung abscess, unlike cavernous tuberculosis, is not characterized by... .
27. If in the process of treatment with anti-tuberculosis drugs there are complaints about a decrease in visual acuity, then they are induced ...
28. If a patient with active tuberculosis suffered from viral hepatitis a year ago, then it is necessary to refrain from prescribing
29. The purpose of ultrasound in the complex treatment of patients with tuberculosis lung is contraindicated in
30. Predominantly intracellular activity has
31. Fibrinolytic activity of blood in patients with pulmonary hemorrhage is reduced by....
32. A drug with predominantly extracellular activity ...
33. The presence of effusion in the pleural cavity DOES NOT INDICATE X-ray
34. A patient with pulmonary tuberculosis has pain in the chest during the act of breathing, testifies...
35. Typical adverse reactions when taking isoniazid

36. The tuberculous character of lung cirrhosis DOES NOT APPEAR RADIOLOGICALLY...
37. Hemoptysis is different from bleeding...
38. Inspiratory dyspnea is... .
39. Adverse reactions of the body during treatment with pyrazinamide include
40. Specific adverse reactions in the treatment of ethambutol
41. Diet intended for patients with tuberculosis
42. The most informative method in diagnosis focal pulmonary tuberculosis is
43. The direct X-ray sign of a cavity is... .
44. The activity of the tuberculous process characterizes
45. The most reliable method confirming the presence of pleural fluid is
46. The coagulation effect of vikasol in pulmonary hemorrhage occurs after ... hours.
47. To emergency medical care in case of sudden onset spontaneous pneumothorax DOES NOT APPLY... .
48. Fibrous-cavernous tuberculosis often transforms into... .
49. In case of cavernous pulmonary tuberculosis, the cavity most often occurs
50. The main cause of death in patients with fibrous-cavernous pulmonary tuberculosis is
51. Cirrhosis can be unilateral and limited if it develops after... .
52. With pulmonary bleeding ... helps to reduce hypertension in the pulmonary circulation.
53. Not used for pulmonary bleeding
54. With extensive cirrhotic pulmonary tuberculosis, surgical interventions
55. The hemostatic effect of dicenone with intravenous administration of 2.0 ml of a 12.5% solution lasts
56. The most common cause of exacerbations of cirrhotic pulmonary tuberculosis can be... .
57. Percussion in the area of cirrhosis is most often determined
58. X-ray sign of lung cirrhosis is... .
59. For the infiltrative form of bronchial tuberculosis, endoscopically not characteristic...
60. Tuberculosis of the bronchi does not occur as a result of
61. Pulmonary tuberculosis is more often combined with silicosis
62. Tuberculosis most often affects ... the spine.
63. Uncharacteristic changes in the urine of a patient with kidney tuberculosis are
64. Shortness of breath in pulmonary tuberculosis is due to
65. A characteristic X-ray picture of interlobar pleurisy is
66. The clinic of fibrinous (dry) pleurisy is dominated by
67. The main physical symptom of the presence of effusion in the pleural cavity is
68. Transudate is not typical for... .
69. Tuberculous endometritis can be established
70. Iritis, iridocyclitis of tuberculous etiology are not detected by the method
71. A characteristic radiological sign of exudative pleurisy
72. The most accurate method for determining the etiology of exudative pleurisy is
73. Grendenburg's symptom (drooping of the gluteal fold) is typical for... .
74. Symptoms characteristic of the infiltrative-ulcerative form of intestinal tuberculosis -
75. In an uncomplicated course of tuberculous spondylitis,... is affected.
76. Tuberculosis of the female genital organs most often affects
77. X-ray indirect signs of lung tissue decay include...
78. Hemoptysis in a patient with tuberculosis indicates
79. The third group of dispensary observation does not include persons

80. The creators of the doctrine of infiltrative pulmonary tuberculosis are
81. Complications of infiltrative pulmonary tuberculosis are
82. Patients with focal pulmonary tuberculosis are in the dispensary for ...
83. Re-ill patients with focal pulmonary tuberculosis in the phase of decay and seeding are on dispensary records according to
84. Patients with pulmonary tuberculosis with drug resistance to the main and reserve drugs are registered at the dispensary according to
85. Patients with multidrug-resistant forms of tuberculosis are registered at the dispensary for
86. Bleeding is considered small if the amount of blood excreted is ...
87. For each newly diagnosed bacillary patient, an emergency notice is filled out ...
Tuberculosis patients suffering from alcoholism are more often found
88. The criterion for the transfer of a patient with infiltrative tuberculosis lungs in the MBT decay phase. in the 2nd group of dispensary registration is ...
89. In the treatment of tuberculosis in pregnant women should not be used
90. The main reason leading to an increase in the volume of the cavity is ...
91. Not typical for tuberculous mesadenitis... .
92. In the diagnosis of tuberculosis of the kidneys and urinary tract, it is not very informative:
93. The main criterion for the effectiveness of the treatment of patients with destructive forms of pulmonary tuberculosis is
94. A direct radiographic sign of a cavity in pulmonary tuberculosis is... .
95. The most common outcome of bronchial tuberculosis is... .
96. For long-term non-healing caverns of the lower lobe of the right lung, it is used
97. Fibrous-cavernous tuberculosis is not characterized by such complications as... .
98. Among newly diagnosed patients with pulmonary tuberculosis, the advanced form is... .
99. In case of fibrous-cavernous pulmonary tuberculosis, X-ray is determined
100. The most common severe complication of fibrous-cavernous pulmonary tuberculosis is
101. The main complications of fibrous-cavernous pulmonary tuberculosis are not... .
102. The causes of the formation of fibrous-cavernous tuberculosis are not... .
103. Contraindication to lung resection is... .
104. Does not lead to drug resistance
105. The clinic of exudative pleurisy of tuberculous etiology is characterized by... .
106. The clinic of dry pleurisy is characterized by
107. Stamped cavities in the lungs are formed when:
108. In a patient, on a radiograph in the upper lobe of the right lung at the level of the I-II ribs, a closed ring-shaped shadow, rounded in shape, 4x4 cm in size, is determined. There are few foci in the pericavitary region. There is a "path" to the root of the lung, in the structure of which a paired strip of the draining bronchus with infiltrated walls is visible. The rest of the lung fields - without features. The roots of the lungs are structural. The sinuses are free.
109. Give an opinion on the x-ray:
- 110.100. A 30-year-old patient addressed a therapist with complaints of "dagger" pain in the right half of the chest and forced position. From the anamnesis: the patient is in the dispensary with a diagnosis of Cavernous tuberculosis. Refused surgical treatment: Provide first aid:

111. The patient was treated for 6 months for disseminated pulmonary tuberculosis in the stage of decay, M. tuberculosis+. The release of bacteria is not observed, the foci are compacted, a cavity appeared on the right with a diameter of 2cm. Your diagnosis:
112. A patient was admitted to the emergency department with a suspected meningitis of unknown etiology. The cerebrospinal fluid analysis showed the following changes: cytosis 400, lymphocytes 75%, neutrophils 20%, protein 1.5, sugar 1.9; chlorides 110 mmol, fibrin film fell out after 24 hours, Pandy reaction – (+++). After consultation with a TB specialist, the diagnosis was made: Tuberculous meningitis. Scheme of specific chemotherapy:
113. The patient is 7 years old, complains of weakness and fever, loss of body weight. A supraclavicular lymph node is palpable. Radiologically: the I segment of the right lung is heterogeneously darkened, the right root is enlarged, its contours are unclear, and enlarged right para- and tracheobronchial lymph nodes are detected. In the sputum: BC(-), tumor cells are not detected. ESR - 40 mm Пациент болен в течении нескольких месяцев. Отмечает гриппоподобное состояние К врачу не обращался. В последнее время появились боль в горле, острая интоксикация, одышка, грудные синдромы. В анализах мокроты обнаружены микобактерии туберкулеза. На рентгенограмме: в обеих легких множественные, очаговые тени разной интенсивности в некоторых местах они сливаются между собой. Имеются и осветленные области. Ваш диагноз:
115. Cavernous form of tuberculosis is more often directly preceded by...
116. The wall of a fresh tuberculous cavity differs...
117. Cavernous tuberculosis differs from infiltrative tuberculosis in the phase of decay...
118. Cavernous form of tuberculosis is characterized by the presence of...
119. Clinical manifestations in a newly diagnosed patient with cavernous tuberculosis are usually...
120. X-ray signs of a fresh cavity...
121. Patients with cavitory tuberculosis are more likely to have...
122. The formation of cavitory tuberculosis is facilitated by...
123. The progression of cavitory tuberculosis often leads to the formation of...
124. Fibro-cavitory pulmonary tuberculosis is characterized by...
125. Fibro-cavitory pulmonary tuberculosis differs from cavitory tuberculosis...
126. The clinical picture of fibro-cavitory pulmonary tuberculosis is usually ...
127. In patients with fibro-cavitory pulmonary tuberculosis, sputum examination for M. tuberculosis is ...
128. Over the fibrous cavity, more often listen ...
129. In patients with fibro-cavitory pulmonary tuberculosis, during exacerbation, more often note the allocation
130. Fibro-cavitory pulmonary tuberculosis is more often complicated ...
131. The most common cause of death in fibro-cavitory pulmonary tuberculosis ...
132. In case of fibro-cavitory pulmonary tuberculosis, along with chemotherapy, the use of ...
133. The course is more typical for fibro-cavitory pulmonary tuberculosis ...
134. Specific changes in case of cirrhotic pulmonary tuberculosis are usually presented ... 135. Cirrhotic pulmonary tuberculosis is often preceded by ...
136. The development of tuberculosis in the lung tissue is indicated by ...
137. Cirrhotic pulmonary tuberculosis differs from pulmonary cirrhosis in that ...
138. Cirrhotic pulmonary tuberculosis differs from fibro-cavitory pulmonary tuberculosis in that ...
139. The development of cirrhotic pulmonary tuberculosis is fundamentally influenced by ...



140. A more frequent and persistent clinical symptom of cirrhotic pulmonary tuberculosis is ...
141. The exacerbation of specific inflammation in cirrhotic tuberculosis can be diagnosed by ...
142. Many manifestations of cirrhotic pulmonary tuberculosis are caused by ...
143. In cirrhotic tuberculosis, the most common cause of death is ...
144. Tuberculosis of the larynx, trachea, and bronchi is more commonly found in patients with tuberculosis ...
145. The defeat of the inner ring of the larynx is more often detected in patients ...
146. The decay of the tuberculous infiltrate, formulated in the bronchial wall, leads to the appearance of ...
147. Nodulobronchial fistula is formed as a result of ...
148. In bronchial tuberculosis, the leading clinical symptom is ...
149. The main method of diagnosing bronchial tuberculosis is ...
150. A frequent consequence of bronchial tuberculosis is ...
151. The main method of investigation in the diagnosis of tuberculous meningitis ...
152. The characteristic appearance of cerebrospinal fluid in tuberculous meningitis ...
153. The typical onset of tuberculous meningitis ...
154. The characteristics of cerebrospinal fluid in tuberculous meningitis ...
155. For the basilar form of tuberculous meningitis is characteristic ...
156. In tuberculous meningitis affect the following pairs of cranial nerves ...
157. For the meningoencephalitic stage of tuberculous meningitis are ...
158. Affection of cranial nerves characteristic ...
159. The most typical complication of tuberculous meningitis ...
160. The clinical symptoms observed in tuberculous leptopachymeningitis are caused by ...
161. Tuberculous pleuritis ...
162. A characteristic radiological sign of tuberculous exudative pleuritis is ...
163. Interlobular pleuritis can be clearly visualized using ...
164. In case of tuberculous pleuritis, the exudate is dominated by ...
165. The most common sites of bone tuberculosis are ...
166. The main route of M. tuberculosis penetration into tissues in the development of tuberculosis of bones and joints ...
167. The localization of the initial foci in the development of tuberculosis of the spine is ...
168. Of the various joints, tuberculosis is more likely to affect ...
169. The localization of the initial foci in the development of renal tuberculosis is ...
170. In case of kidney tuberculosis, the radiological picture of a cavity filled with a contrast agent with jagged edges corresponds to ...
171. The localization of the initial foci in the development of tuberculosis of the female genital organs is ...
172. The main study that allows to determine the extent of damage in case of tuberculosis of the female genital organs is ...
173. The absence of urethritis in the presence of a clinical picture of epididymitis is a characteristic feature of ...
174. The most common form of abdominal tuberculosis is ...
175. Of all the groups of peripheral lymph nodes, tuberculosis most often affects ...
176. In the hematogenous form of eye tuberculosis, ... are most often affected.
177. The most common form of skin tuberculosis is ...
178. The most common form of pneumoconiosis is ...
179. The development of tuberculosis in patients with silicosis is influenced by ...

180. Among patients with tuberculosis and diabetes, the following prevails ...
181. The clinical picture and course of HIV-associated tuberculosis are mainly determined by ...
182. Suppression of anti-tuberculosis immunity in patients with a combination of HIV infection and tuberculosis is manifested by ...
183. Silicotic granuloma is represented by ...
184. Bronchoscopy in patients with silicosis usually reveals ...
185. Patients with diabetes mellitus are more likely to develop ...
186. Patients with a combination of tuberculosis and a mental illness ...
187. The most common form of tuberculosis in patients with alcoholism is ...
188. Measures related to the social prevention of tuberculosis ...
189. The purpose of sanatorium prevention ...
190. Sanitary prevention of tuberculosis includes ...
191. Chemical agents used for disinfection in the focus of tuberculosis infection ...
192. The detrimental effect on MBT is ...
193. Specific prevention of tuberculosis involves ...
194. BCG immunization is indicated for individuals ...
195. In the Republic of Kazakhstan, anti-tuberculosis vaccination of healthy newborns is carried out at the age of ...
196. Absolute contraindications to vaccination of newborns in the maternity hospital are ...
197. Artificial anti-tuberculosis immunity is considered to be fully formed if the size of the post-vaccination scar is at least ...
198. The average duration of immunity after intradermal BCG vaccination is ...
199. The average duration of BCG revaccination in the Republic of Kazakhstan is ...
200. The contraindication for BCG revaccination is ...