CONTROL AND MEASUREMENT MEANS

Questions programs For borderline control-1

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<question> Man 65 years, complaints on cough V flow days With phlegm, shortness of breath, arising from fast walking, small rise. In the anamnesis - smokes in for 25 years 1 pack (20 cigarettes) V day. Celebrates gain shortness of breath at colds diseases V flow latest 5 years. What is it? degree expressions shortness of breath By scale Medical Research Council Dyspnea Scale (MRS)?
<variant> degree 1
< variant > degree 0
< variant > degree 2
< variant > degree 3
<variant> degree 4
<question> A 64-year-old man complains of coughing during the day, in the mornings - with phlegm, shortness of breath, which occurs when walking 100 m, you have to stop. In the anamnesis - smokes for 25 years old, 1 pack (20 cigarettes) a day. What is the severity of shortness of breath on the Medical scale? Research Council of Dyspnea Scale (MRS)?
<variant> degree 3
< variant > degree 0
< variant > degree 1
< variant > degree 2
<variant> degree 4
<question> Man 65 years called doctor on house with complaints on increase temperatures,headache, dry cough, has been sick for 2 days, Objectively : temperature 39.20C, scleral vessels are injected, the mucous membrane of the pharynx is brightly hyperemic, V lungs tough breath, wheezing No. Tones heartsmuted, HR - 124 bpm, BP - 110/70 mmHg, RR - 18. In the general blood test: erythrocytes - 3.4x1012 /l, heme - 135 g/l, L. -4.2x109 /l, e. - 5%, p\ya - 7%, s\ya - 63%, m - 5%, l - 20%, ESR - 18mm/h. In the city announced flu epidemic. Yours tactics. Antiviral drugs work for the first 48 hours
<variant> Oseltamivir
<variant> Anaferon
<variant> Remantadine
<variant> Interferon recombinant alpha-2b
<variant> Imidazolylethaneamidepeptanedione acids
<question> A 68-year-old man consulted a doctor complaining of a cough with mucus discharge. sputum, more often in the morning. Cough has been bothering me for 25 years. Bad habits - has been smoking since 25 years, 1 pack per day. Annually vaccinated with influenza vaccine, no exacerbations notes. Post bronchodilator test: FEV1<30% of predicted. CAT score=18 points. According to the mMRC scale 4. To which category of GOLD groups **(2022- 2023** Global Initiative for Chronic Obstructive Lung Disease) what does the patient refer to?
< variant > GOLD 3, category IN
<variant> GOLD 1, category A
<variant> GOLD 2, category IN
<variant> GOLD 4, category IN
<variant> GOLD 4, category D
<question> Male 64 years old, went to the doctor with complaints of a cough with the release of purulent mucous sputum, more often in the morning. The cough has been bothering me for 15 years. Bad habits - smokes With 20 years By 1 pack V day. Celebrates exacerbations diseases near 3 once V year. Post bronchodilator test: FEV1<30% of predicted. CAT score=18 points. mMRC scale 4. To which category of groups GOLD (2023) Global Initiative for Chronic Obstructive Lung Disease) what does the patient refer to?
<variant> GOLD 4, category D

<variant> GOLD 1, category A
<variant> GOLD 2, category IN
<variant> GOLD 3, category IN
<variant> GOLD 4, category IN
<question> A woman of 69 years old. After visiting the clinic, a few hours later, malaise, fever, nasal congestion, watery eyes, cough, pain throughout the body. Sick consists of on accounting in about COPD. Which preparation should be prescribed in this case ?
<variant> oseltamavir
<variant> moxifloxacin
<variant> berodual
<variant> metronidazole
<variant> azithromycin
<question> An 80-year-old man from a nursing home complained of increasing cough, fever and shortness of breath **for** 2 days. History of type 2 diabetes, hypertension, dementia. **Takes** Insulin, enalapril, donepezil. Body temperature 38.1 °C, PS 112 per min, respiratory rate 35 per min. Blood pressure 78/60 mm Hg. Pulse oximetry 77%. On X-ray - infiltrates top And average shares right easy. What from listed more likely total will discovered at research sputum patient?
<variant> Gram positive diplococci
<variant> Gram positive cocci
<variant> Gram negative coccobacilli
<variant> Gram negative sticks
<variant> Gram positive branching bacteria
<question> A 62-year-old woman presented with complaints of fever up to 38.5°C, cough with scanty mucopurulent sputum, slight shortness of breath. Sick about 10 days, the disease begansharp With fevers, pain V throat And dry cough, three days back state got worse, shortness of breath appeared. Objectively: blood pressure 110/70 mm Hg, heart rate 95 per minute, respiratory rate - 18 per minute, in the lower crepitations are heard in the right lung against the background of slightly weakened breathing, in medium And top departments - bronchial breath. Pulse oximetry - 95%. IN UAC - L11x109/l, Er - 3.2x09/l, Hb - 123 g/l, ESR - 24 mm Hg. X-ray of the lungs - infiltrative shadow medium intensity in lower share of the right easy. Yours tactics.
<variant> treatment outpatient amoxicillin
<variant> treatment outpatient pefloxacin
<variant> treatment V conditions daytime hospital ceftriaxone
<variant> hospitalize V therapeutic department, rovamycin
<variant> hospitalize V ORIT, appoint levofloxacin
<question> Woman 67 years V flow 2 weeks worries cough with meager mucous-purulent sputum and paroxysmal dry cough at night, increase in body temperature up to 38°C. On examination: respiratory rate - 22 per minute, in the lungs there is harsh breathing, scattered dry wheezing. X-ray is determined gain pulmonary drawing. Which tactics most is it appropriate?
<variant> treatment outpatient roxithromycin
<variant> treatment outpatient pefloxacin
<variant> treatment V conditions daytime hospital ceftriaxone
<variant> hospitalize V therapeutic department, rovamycin
<variant> hospitalize V therapeutic department, levofloxacin

<question> A 72-year-old woman presented with fever, myalgia, cough for 3 days. Lives in a temporary building, neighbors had similar symptoms. History - hypertension, takes lisinopril. Body temperature 38.9^{O}C, pulse 105/min, respiratory rate 22/min, blood pressure 110/60 mmHg, SaO2 89%. In the blood - leukocytes 10,500/mm3, creatinine - 0.9 mg/dl, procalcitonin 0.05 mcg/l (norm<0.06). On R lungs - bilateral darkening V lower shares. Started treatment ceftriaxone and azithromycin. After two days - body temperature 37.6^{O}C, procalcitonin 0.04 mcg/l, SaO2 96%. What is appropriate step by step V management disease?
<variant> Continue ceftriaxone And azithromycin to 7 days
<variant> Stop it ceftriaxone And azithromycin
<variant> Repeated radiography lungs
<variant> Stop it ceftriaxone And continue azithromycin
<variant> Sowing sputum
<question> Woman 65 years old. During screening it was revealed: BMI 26, BP 120/80 mmHg, heart rate - 75 per min, glucose level - 5.4 mmol/l, cholesterol - 4.7 mmol/l. ECG - normal position of the EOS, sinus rhythm, incomplete right bundle branch block. Gynecological examination revealed no pathology. PAP test - "cytogram without features". Mammography - without features. TO Which group dispensary observations her follows take?
<variant> Group 1
<variant> Group 1A
<variant> Group 1B
<variant> Group 2
<variant> Group 3
<question> A 65-year-old man visited his local doctor with complaints of transient pain instermum, which appeared 2 weeks ago, lasting 1-2 minutes, pass spontaneously, arise at physical load. Smokes 1 pack V day. Objectively: BMI-32, HELL 135/65 mmHg. Heart rate 75 per minute, heart sounds are clear and rhythmic. What examination is indicated? first stage diagnostic search?
<variant> Coronary angiography
<variant> R-graphy organs chest cells
<variant> Echocardiography
<variant> Electrocardiography
<variant> Doppler sonography sleepy arteries
<question> A patient diagnosed with COPD complains of malaise, fever up to 38 ^{0}C , nasal congestion, watery eyes, cough, pain throughout the body. Which preparation necessary to her appoint ?
<variant> oseltamavir
<variant> moxifloxacin
<variant> berodual
<variant> metronidazole
<variant> azithromycin
<question> Determine the diagnosis using the GINA recommendations. The patient is 64 years old, for a number of years suffering from bronchial asthma, was bothered by attacks of suffocation that occurred someonce V week, after injections diprospan (without appointments doctor) attacks suffocation Not disturbed near months. The day before appeals appeared cough And dyspnea, Notdocked berotek. At night state got worse. About: sick V forcedposition, expressed shortness of breath, distant sounds are heard wheezing.

<variant> Bronchial asthma, moderate persistent flow, hormone dependent option, exacerbation moderate severity, DN2
<variant> Bronchial asthma, lung persistent flow, exacerbation moderate degrees, DN2
<variant> Bronchial asthma, severe persistent course, hormone-dependent variant, exacerbation heavy degrees, asthmatic status, relative compensation, DN3
<variant> Bronchial asthma, intermittent flow, exacerbation easy degrees, DN1
<variant> Bronchial asthma, severe persistent course, hormone-dependent variant, exacerbation heavy degrees, asthmatic status, hypoxic, hypercapnic coma
<question> Choose the right tactics for treating an exacerbation. The patient is 66 years old, for a number of suffering from bronchial asthma for years, was bothered by attacks of suffocation, occurring several times once V week, after injections diprospan (without appointments doctor) attacks suffocation Not disturbed near months. The day before appeals appeared cough And dyspnea, Notdocked berotek. At night state got worse. About: sick V forcedposition, expressed shortness of breath, distant sounds are heard wheezing.
<variant> Fluticasone propionate 500 , formoterol 54 mcg/day , oxygen
<variant> Inhalations fenoterol, solution euphyllin, i/v oxygen
<variant> Ventolin through nebulizer, oxygen
<variant> Prednisolone i/v V dose 30-60 mg, oxygen
<variant> Methylprednisolone 120 mg i/v, fenoterol, oxygen
<question> Specify the most likely changes on the ECG in this situation. The patient is 65 years old with complaints on suddenly developed attack suffocation IN anamnesis thrombophlebitis lower limbs. At inspection cyanosis faces And top halves torso. Cervical veins swollen. IN lungs weakened vesicular breath. ЧД35 V min. It is being determined epigastric pulsation, increasing on inhale. Borders hearts expanded to the right. Auscultatory accent 2 tones on pulmonary arteries. HELL 90/60 mm Hg HR 100 in 2 min. SaO2 85 % .
<variant> Signs overloads right sections of the heart,S_{I}, Q_{III}, T_{III}.
<variant> Pathological teeth Q, rise segment ST, inversion teeth T
<variant> Rise segment ST in many leads
<variant> Deviation EOS to the left, hypertrophy left ventricle
<variant> Decrease ST segment
<question> Choose the right treatment tactics. A 72-year-old patient, a beekeeper, after After covering the hives with hay for the winter, a paroxysmal cough with mucous sputum, difficulty breathing, and shortness of breath appeared . A diagnosis of pneumonia was made and treatment was prescribed. penicillin , which led To deterioration states: progressively was growing dyspnea; The coughing intensified at the height of inspiration; weakness and fatigue progressively increased. About: V lungs is listened to crepitations on height inhalation, which Not are changing at coughing. Prednisolone was prescribed at a dose of 40 mg/day with a gradual reduction in the dose to 10 mg, on background which state began to improve.
<variant>Continue reception prednisolone V that same dose
<variant> Assign delagil
<variant> Cancel prednisolone
<variant> Assign physiotherapy
<variant> Increase the dose prednisolone to 90 mg
<question> Identify the complication. A patient with COPD has predominantly emphysematous type, category C, remission phase, after a strong cough, chest pain suddenly appeared left cage and shortness of breath. Examination revealed a lag in the left half of the chest in act breathing and bulging intercostal spaces; percussion - tympanitis.
<variant> Pneumothorax

<variant> Atelectasis easy
<variant> Heart attack easy
<variant> Emphysema lungs
<variant> Exudative pleurisy
<question> Select correct tactics treatment. Sick 64 years, suffering COPD, predominantly bronchitis type, category IN V flow many years, complains on increase temperatures bodies, cough With department mucopurulent sputum, shortness of breath, weakness, sweating appeared after hypothermia. X-ray revealed infiltration lung tissue on the right V lower lobe. See GOLD 2022-23
<variant> Clarithromycin + ambroxol + tiotropium bromide
<variant> Tetracycline + metrogyl + Lazolvan
<variant> Amoxiclav + gentamicin + bromhexine
<variant> Cefazolin + prednisolone + bromhexine
<variant> Penicillin + ambroxol + salbutamol
<question> Find the most often reason chronic pulmonary hearts:
<variant> chronic obstructive disease lungs
<variant> Cancer easy
<variant> deformation chest cells
<variant> primary pulmonary hypertension
<variant> recurrent embolism pulmonary arteries
<question> A 74-year-old man has expiratory dyspnea. No bad habits. Subject: "pink "pufferer", asthenic. Pulsation in the epigastric region, accent of the second tone in the third point auscultation. The liver is enlarged, there is swelling in the legs. On the ECG: hypertrophy of the right heart. Select leading syndromes:
<variant> hyper-air syndrome, pulmonary hypertension, heart failure
<variant> violation bronchial cross-country ability, pulmonary hypertension, cardiac failure
<variant> violation bronchial cross-country ability, DN, failure tricuspid valves, cardiomegaly
<variant> syndrome increased airiness lungs, DN, pulmonary hypertension, pulmonary heart, compensated
<variant> bronchial obstruction, hyperaerous lung syndrome, pulmonary hypertension
<question> A 67-year-old man, a heavy smoker, complains of shortness of breath of a mixed nature, paroxysmal cough with difficult to separate sputum, stabbing pains in the heart area, without irradiation. Ob-no: exhalation is prolonged, scattered dry wheezing, the right border of the heart is enlarged, in III point auscultation accent And split II tones. Define leading syndromes:
<variant> violation bronchial cross-country ability, stable, progressive; secondaryLG
<variant> primary pulmonary hypertension, HLS
<variant> violation bronchial cross-country ability, stable, Not progressive
<variant> violation bronchial cross-country ability, transient
<variant> syndrome acquired vice hearts, LG, cardiac failure
<question> A 67-year-old man, a heavy smoker, complains of shortness of breath of a mixed nature, paroxysmal cough with difficult to separate sputum, stabbing pains in the heart area, without irradiation. Ob-no: exhalation is prolonged, scattered dry wheezing, the right border of the heart is enlarged, V III point auscultation accent And splitting II tones. Liver increased. Determine diagnosis:

<variant> COPD, bronchitis type, category D in the acute phase of severe st. Accident: CHS decompensated
<variant> COPD, bronchitis type, category C in the acute phase of mild st. Osl.: CHS compensated
<variant> COPD, emphysematous type, category C in the acute phase of severe st. Occl.: CHLS compensated
<variant> Bronchial asthma atopic, uncontrollable, phase exacerbations heavy Art.
<variant> TELA, sharp right ventricular failure
<question> A 63-year-old female patient complains of attacks of suffocation, with difficulty exhaling with a slight amount of viscous glassy sputum. Symptoms occur annually in June, and in July all symptoms disappear. During an exacerbation, in June: the patient sits, leaning her hands on the edge chair. Leather With cyanotic shade. Breath loud, with whistling And noise, 26 in min, percussion box sound. Auscultation reveals dry wheezing rales in all fields. Presenter syndrome and the probable diagnosis:
<variant> syndrome violations bronchial cross-country ability, atopic bronchial asthma
<variant> syndrome seals pulmonary fabrics, community-acquired pneumonia
<variant> pulmonary dissemination, fibrosing alveolitis
<variant> syndrome violations bronchial cross-country ability, chronic obstructive disease lungs
<variant> syndrome violations bronchial cross-country ability, infection-dependent bronchial asthma
<question> Mark correct judgment. U sick With COPD decisive role V emergence pulmonary embolism plays:
<variant> polycythemia (secondary erythrocytosis) And increase coagulability blood
<variant> respiratory failure And hypoxia
<variant> violation hemodynamics V small circle blood circulation
<variant> violation hemodynamics in a big one circle blood circulation
<variant> varicose extension veins lower limbs LG - 2
<question> Analyze clinic: elderly patient was resting V boarding house, lived V hotel with air conditioning, complains of cough, diarrhea; there is severe intoxication, febrile fever, leukocytosis with lymphopenia, pulmonary tissue consolidation syndrome. Guess etiology of pneumonia:
<variant> legionella
<variant> chlamydia
<variant> mycoplasma
<variant> pneumococcus
<variant> staphylococcus
<question> Select leading syndromes. U men 70 years, without harmful habits,expiratory dyspnea. Ob-no: "pink puffer", asthenic. Pulsation in the epigastric areas, accent of the second tone at the third point of auscultation. The liver is enlarged, there is swelling in the legs. On ECG: hypertrophy right departments hearts. (REPEAT QUESTION)
< variant> syndrome increased airiness lungs, pulmonary hypertension, heart failure
<variant> violation bronchial cross-country ability, pulmonary hypertension, pulmonary heart,cardiac failure
<variant> violation bronchial cross-country ability, DN, failure tricuspid valves, cardiomegaly

<variant> syndrome increased airiness lungs, DN, pulmonary hypertension, pulmonary heart, compensated
<variant> bronchial obstruction, hyperaerous lung syndrome, pulmonary hypertension
<question>A 66-year-old alcoholic was found intoxicated with a high fever and cough With allocation viscous dark brown sputum. On radiography discovered compaction V areas upper lobe on the right. Presumable diagnosis:
<variant> Pneumonia Friedlander
<variant> Pneumococcal pneumonia
<variant> Staphylococcal pneumonia
<variant> Aspiration pneumonia
<variant> Spicy respiratory syndrome
<question>A 66-year-old patient suffering from chronic alcoholism was found intoxicated with a high fever and cough With allocation viscous dark brown sputum. On radiography discovered compaction V areas upper lobe on the right.
Painted By Gram sputum will contain V big quantity:
<variant> gram (-) bacteria V view small groups
<variant> cluster Gram (+) cocci
<variant> gram (+) cocci V view chains
<variant> long And thin Gram (-) bacteria
<variant> And gram(-), And gram (+) bacteria in large groups
<question> A 66-year-old patient suffering from chronic alcoholism was found intoxicated with a high fever and cough With allocation viscous dark brown sputum. On radiography discovered compaction V areas upper lobe on the right.
The main sign diseases will:
<variant> Chills, fever, pleural pain
<variant> Very high persistent fever
<variant> Big leukocytosis
<variant> Clinical manifestations seals easy
<variant> Changes V lungs, localized V one share
<question> 72 years old woman first time contacted With heavy attack bronchial asthma. Not registered, not receiving treatment. Objectively: expressed shortness of breath with prolonged exhale, skin covers diffusely cyanotic, auscultatory are listened to weight dry, wheezing. Choose treatment.
<variant> fluticasone propionate 500 , formoterol 54 mcg/day , oxygen
<variant> euphyllin 2.4%-5-7 ml i/v, inhalation symbicort 80/4.5
<variant> euphyllin 2.4%-5-7 ml i/v, inhalation symbicort 160/4.5
<variant> euphyllin 2.4%-5-7 ml in/in + dexamethasone 8 mg in/m
<variant> inhalation salbutamol + aminophylline 2.4%5-7 ml i/v + prednisolone 30mg in/m
<question> A 67-year-old man became acutely ill and sought medical help. with fever and cough, with discharge viscous dark brown sputum. BP 110/70 mm Hg, heart rate 108 bpm. X-ray signs seals top right lobes easy. Preliminary diagnosis:
<variant> Pneumonia Friedlander
<variant> Pneumococcal pneumonia
<variant> Staphylococcal pneumonia
<variant> Aspiration pneumonia

<variant> Paracarcinoid pneumonia
<question> A 67-year-old man became acutely ill and sought medical help. with fever and cough, with discharge viscous dark brown sputum. BP 110/70 mm Hg, heart rate 108 bpm. X-ray signs seals top shares right easy. Preliminary diagnosis: Pneumonia Friedlander. Yours tactics.
<variant> hospitalization V department pulmonology
<variant> hospitalization V OAIR
<variant> treatment V daytime in hospital, drugs V injections
<variant> treatment outpatient tableted drugs
<variant> direct on consultation phthisiatrician
<question> A 67-year-old man became acutely ill and sought medical help. with complaints of an increase in body temperature to 39.5 ^{0}C , cough with discharge viscous dark brown sputum , nausea, later confusion, diffuse rash on the palms and soles, resembling sunburn . Blood pressure 80/55 mm Hg, heart rate 128 per minute. X-ray signs seals top shares right easy. Preliminary diagnosis: Pneumonia Friedlander, Yours tactics.
<variant> begin treatment ITSH, hospitalization V OAIR
<variant> hospitalization V department pulmonology
<variant> treatment V daytime in hospital, drugs V injections
<variant> treatment outpatient tableted drugs
<variant> direct on consultation phthisiatrician
<question> To the patient chronic bronchitis district police officer doctor prescribed an expectorant mixture 1 tbsp. 3 times a day after meals, with water milk, next composition: euphyllin 3.0; ephedrine 0.4; potassium iodide 6.0; distilled water 200.0. After 7 days the patient appeared runny nose, lacrimation, acne rash on face. With how This related:
<variant> WITH side effects potassium iodide
<variant> WITH accession ARI
<variant> WITH side action euphyllin
<variant> WITH side action ephedrine
<variant> WITH accession hay fever
<question> Man elderly age entered With complaints for cough With viscous viscous difficult to separate sputum, smelling like burnt meat, jelly-like consistency, dark brown colors. Clinically meager wet wheezing, crepitus, expressed respiratory failure. X-ray phenomenon " disintegrating cellulareasy". Protracted flow With development pneumofibrosis, numerous secondary bronchiectasis And residual cavities. Which most likely stimulant called pneumonia:
<variant> Klebsiella
<variant> Virus flu
<variant> Chlamydia
<variant> Mycoplasmas
<variant> Pneumococci
<question> An elderly man on the 13th day of inpatient treatment for coronary heart disease, progressive angina pectoris diagnosed nosocomial pneumonia. Which antibiotics are recommended to be prescribed empirically
<variant> Gentamicin + ceftriaxone
<variant> Penicillin + azithromycin
<variant> Gentamicin + leflox
<variant> Azithromycin + leflox
<variant> Amoxicillin + gentamicin

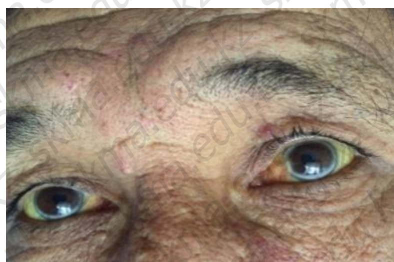
<question> An 80-year-old patient was admitted to the therapeutic department with complaints of increased body temperature up to 39.3 C, headaches and weakness. He became ill acutely, the day before admission strongly coughed after choking food. Consulted ENT doctor: pathologies Not detected. On the chest X-ray: infiltration in the lower lobe of the righteasy. What kind pneumonia in patient:
<variant> Pneumonia aspiration
<variant> Pneumonia out-of-hospital
<variant> Pneumonia hospital
<variant> Pneumonia lobar
<variant> Pneumonia alcoholic
<question> Gerontology – This
<variant> science O aging organism
<variant> science, studying peculiarities currents diseases And their treatment V elderly And senile age
<variant> science, studying peculiarities combined pathologies V elderly And senile age
<variant> science, studying peculiarities currents diseases V children's age
<variant> science, studying peculiarities currents diseases at newborns
<question> Geriatrics - This
<variant> science, studying peculiarities currents diseases And their treatment V elderly And senile age
<variant> science O aging organism
<variant> science, studying peculiarities combined pathologies at women fertile age
<variant> science, studying peculiarities currents diseases V children's age
<variant> science, studying peculiarities currents diseases at newborns
<question> Indicators, progressively declining V elderly And senile age:
<variant> contractile ability myocardium
<variant> level glucose V blood
<variant> quantity uniform elements blood
<variant> synthesis hormones pituitary gland
<variant> acid-base equilibrium
<question> Indicators, progressively increasing V elderly And senile age:
<variant> synthesis hormones pituitary gland
<variant> level glucose V blood
<variant> contractile ability myocardium
<variant> quantity uniform elements blood
<variant> acid-base equilibrium
<question> Increase night diuresis V elderly And senile age related:
<variant> With improvement blood circulation V kidneys V horizontal position
<variant> With primary wrinkling kidneys
<variant> With bilateral nephroptosis
<variant> With amyloidosis kidneys
<variant> with secondary wrinkling kidneys
<question> WITH age Not is increasing arterial pressure
<variant> diastolic
<variant> systolic
<variant> pulse

<variant> average dynamic
<variant> lateral
<question> With age, the myocardium develops: a) progressive sclerosis V) atrophy muscular fibers With) nesting hypertrophy muscular fibers myocardium d) education ischemic necrosis e) dilation of all chambers hearts
< variant > a , b , c
< variant > d, e
< variant > a ,d
< variant > e
< variant > c ,d, e
<question> With age, the following changes in the P wave occur on the ECG: a) expansion, c) flattening, c) deformation, d) formation of a two-humped tooth, e) formation of a pointed teeth
< variant > a , b , c
< variant > a ,d
< variant > d, e
< variant > c ,d, e
< variant > a , e
<question> Drainage function bronchi is decreasing With age V result: A) atrophy bronchial epithelium, c) decreased bronchial peristalsis, With) reduction of cough reflex,
d) literacy bronchioles, e) deformation bronchial trees
< variant > a , b , c
< variant > a ,d
< variant > d, e
< variant > c ,d, e
< variant > a , e
<question> Age-related radiographic changes are: a) increase transparency pulmonary fabrics, V) gain bronchopulmonary drawing, With) nodular dissemination, d) decrease mobility diaphragms, e) reticular dissemination
< variant > a , b , d
< variant > s , e
< variant > a , c ,d
< variant > in ,d, e
<variant> a,e
<question> Breath at emphysema lungs:
<variant> weakened vesicular
<variant> vesicular
<variant> tough
<variant> With elongated exhale
<variant> amphoric
<question> Broncho-obstructive syndrome at COPD:
<variant> constant, progressive
<variant> spontaneous, accompanied by fall HELL, OLS
<variant> paroxysmal, transient and/or is being removed salbutamol
<variant> is accompanied by cough with phlegm up to 3 month for latest two years
<variant> asthma attack more 4-8 hours, Not is being removed beta-mimetics
<question> Broncho-obstructive syndrome at BA:
<variant> paroxysmal, transient and/or is being removed salbutamol

<variant> constant, progressive
<variant> spontaneous, accompanied by fall HELL, OLS
<variant> is accompanied by cough With with phlegm up to 3-x month for the last two years
<variant> asthma attack more 4-8 hours, Not is being removed beta-mimetics
<question> Broncho-obstructive syndrome at TELA:
<variant> spontaneous, accompanied by fall HELL, OLS
<variant> paroxysmal, transient and/or is being removed salbutamol
<variant> constant, progressive
<variant> is accompanied by cough With with phlegm up to 3-x month for latest two years
<variant> asthma attack more 4-8 hours, Not is being removed beta-mimetics
<question> Broncho-obstructive syndrome at asthmatic status:
<variant> asthma attack more 4-8 hours, Not is being removed beta-agonists
<variant> spontaneous, accompanied by fall HELL, OLS
<variant> paroxysmal, transient and/or is being removed salbutamol
<variant> constant, progressive
<variant> is accompanied by cough With with phlegm up to 3-x month for latest two years
<question> Diagnostic criterion chronic bronchitis:
<variant> is accompanied by cough With more phlegm 3-x month for latest two years
<variant> V anamnesis professional harmfulness
<variant> V anamnesis pneumonia
<variant> in anamnesis sinusitis
<variant> efficiency IGCS
<question> For treatment of inflammation process bronchi at BA apply:
<variant> IGCS
<variant> immunomodulators
<variant> bronchodilators
<variant> bronchoscopic sanitation
<variant> antibiotics
<question> For warnings recurrent thrombosis branches pulmonary arteries in case of pulmonary embolismuse:
<variant> heparin
<variant> warfarin
<variant> streptokinase
<variant> alteplase
<variant> euphyllin
<question> For control bronchial asthma apply:
<variant> IGCS
<variant> beta-mimetics prolonged actions V inhalations
< variant > euphyllin
< variant > teopec
< variant > intal
<question> For control bronchial cross-country ability at bronchial asthma apply:
<variant> beta-agonists prolonged actions V inhalations
< variant > IGCS
< variant > euphyllin
< variant > teopec
<variant> intal

<question> A 56-year-old woman complained of shortness of breath with slight physical exertion. load, dry cough. Shortness of breath is of a mixed nature. He is registered with D with a diagnosis COPD for 5 years. Has smoked for over 30 years, 1-1.5 packs a day. The patient noted the appearance of streaks of blood during attacks of a hacking, unproductive cough. He notes that even before there was shortness of breath, but now it is stronger and it has become more difficult to inhale than to exhale. R- The OGC gram did not reveal any significant differences with the X-ray images from last year. In the analysis blood - ESR 54 mm/h. What kind of examination? necessary to conduct V first of all?
<variant> Bronchoscopy With biopsy
<variant> CT organs chest cells
<variant> Spirography
<variant> Definition tumor marker SYFRA
<variant> GenExpert
<question> A 63-year-old woman arrived from a category 1b country to a country with COVID quarantine.On the plane, I sat 2 seats away from a passenger who tested positive for COVID-2019. No complaints, no symptoms. Preliminary COVID test result 2019 negative. For how long is the presence of epidemiological evidence considered? connections?
<variant> V flow 14 days
<variant> V flow 10 days
<variant> V flow 12 days
<variant> V flow 16 days
<variant> V flow 18 days
<question> A 64-year-old man arrived from a category 1b country to a country with a COVID quarantine. No complaints, no symptoms. Test result for COVID-2019 is negative.After the quarantine measures were carried out, the doctor advised him to stick to the regime self-isolation Houses. In How many once efficiency quarantine events at coronavirus infections promotes decrease distribution infections according to modeling With using "trees solutions"?
<variant> V 9 once
<variant> V 2 times
<variant> V 4 times
<variant> V 7 once
<variant> V 10 once
<question> A 65-year-old man came to his local doctor complaining of transient pain in the sternum, which appeared 2 weeks ago, lasting 1-2 minutes, pass spontaneously, occur during physical exertion. Smokes 1 pack a day. Objectively: BMI - 32, BP 145/65 mmHg, heart rate 75 bpm, heart sounds clear rhythmic. What examination is indicated for first stage diagnostic search?
<variant> Electrocardiography
<variant> R-graphy organs chest cells
<variant> Echocardiography
<variant> Doppler sonography sleepy arteries
<variant> Try With ergometrine
<question> Woman 63 years appealed With complaints on head pain, which appearedsome weeks back, arise To the end worker days. At measurement HELL V in the office pre-medical examination by a nurse - 145/95 mm Hg. Woman with BMI 30, bad habits No, heredity is not burdened. Which examination shown on next stage?
<variant> Repeated measurement HELL Not less how through 6 hours

<variant> R-graphy organs chest cells
<variant> Echocardiography
<variant> Electrocardiography
<variant> Doppler sonography sleepy arteries
<question> Man 63 years. Complaints on pain V left half chest cells, which appear during physical exertion, increased blood pressure. The pain bothers for several months. On examination (photo). Blood pressure – 160/90 mm Hg. On auscultation, accentuation of the 2nd tone on the aorta. Which lipidogram result should be expected the patient?



<variant> increase lipoproteins low density
<variant> decrease triglycerides
<variant> increase alpha-lipoproteins
<variant> decrease lipoproteins high density
<variant> decrease lipoproteins low density
<question> Male 63 years, notes increases BP 175-190/95-110 mm Hg It is being treated Not regularly. Weight - 100 kg, height - 165 cm, waist circumference - 105 cm. Objectively: the left border of the heart is 1cm to the left of left midclavicular lines, along the 5th intercostal space. On the ECG: sinus rhythm, index Sokolova-Lion - 40mm. MAU – 300 mg/day. Complex intima-media sleepy arteries
- 1mm. What is it? probability of development cardiovascular disasters V the nearest 10 years?
< variant > above 30%
< variant > to 10%
<variant> 10-15%
<variant> 16-20%
<variant> 21-30%
<question> A 65-year-old man went to his local doctor complaining of increased blood pressure up to 145/95 mm Hg. High blood pressure was detected during a routine medical examination once. Does not smoke, harmful habits No, heredity Not burdened. Objectively: BMI-32, HELL 135/65. Glucose-4.8 mmol/l, cholesterol-4.8 mmol/l. Which recommendation should be given to the patient?
<variant> patient must be directed V school health By AG
<variant> give recommendations according to healthy lifestyle And recommend inspection through 2 years
<variant> give recommendations observe Healthy lifestyle And again get examined through 6 months
<variant> direct on consultation To to the endocrinologist
<variant> direct on consultation To to the cardiologist
<question> A 65-year-old woman, with blood pressure rising to 195/110 mm Hg, developed a disorder speech - suddenly stopped talking. In neurological status: consciousness is clear, pupils D=S, smoothed right nasolabial fold, motor aphasia, right-sided hemiparesis with high muscular tone And tall tendon reflexes, With symptom Babinsky. Preliminary diagnosis:
<variant> ischemic stroke
<variant> sharp hypertensive encephalopathy

<variant> transient ischemic attack
<variant> serous meningitis
<variant> hemorrhagic stroke
<question> Select group antihypertensive drugs. Man 64 years, HELL rises to 150-160/90-95 mm Hg over 5 years. Type 2 diabetes. Takes Diabeton. Objectively: left border By left midclavicular lines. IN lungs vesicular breathing. Heart sounds are clear, rhythm is regular. HR 80/min. BP 160/94 mmHg. Serum cholesterol 6.0 mmol/l, serum creatinine 75 µmol/l. Blood sugar 5.4 mmol/l. MAU – 100 mcg V day.
< variant > sartans
< variant > ACE inhibitors
< variant > BAB
<variant> diuretics
<variant> central actions
<question> Select antihypertensive drug. A 64-year-old man, blood pressure rises to 150- 160/90-95 mm Hg for 5 years. Type 2 diabetes. Takes Diabeton. Objectively: left border along the left midclavicular line. Vesicular breathing in the lungs. Heart soundsclear, rhythm is correct. Heart rate 80 bpm. Blood pressure 160/94 mmHg. Serum cholesterol 6.0 mmol/l, creatinine serum 75 µmol/l. Blood sugar 5.4 mmol/l. MAU – 100 mcg V day.
<variant> telmisartan
<variant> candesartan
<variant> bisoprolol
<variant> hydrochlorothiazide
<variant> methyldopa
<question> Select correct conclusion. Which from following statements relatively results of hypertension treatment is correct:
<variant> treatment AG reduces frequency strokes and coronary heart disease
<variant> treatment AG reduces frequency strokes, But insignificantly reduces frequency IHD
<variant> treatment AG reduces frequency IHD, But insignificantly reduces frequency strokes
<variant> treatment AG reduces frequency strokes, But increases frequency IHD
<variant> treatment AG Not stops defeat kidneys, How organ targets
<question> Determine the correct diagnosis. The patient is 67 years old, with a sharp increase in blood pressure to 220/100 mm Hg, against the background of severe headaches, symptoms of severe shortness of breath arose, shortness of breath, constrained breathing. Weakened vesicular sounds are heard in the lungs. breathing, appeared fine bubbling moist rales in the lower parts of both lungs. Tones hearts muffled, rhythm correct, heart rate 100 in min.
<variant> Arterial hypertension stage 3. The risk group is very high (age, LVH, chronic cerebrovascular accident). Donkey: Hypertensive complicated crisis: acute pulmonary embolism, pulmonary edema.
<variant> Arterial hypertension stage 2. The risk group is very high (age, LVH, chronic cerebrovascular accident). Donkey: Hypertensive crisis complicated: OLZHN, cardiac asthma.
<variant> Arterial hypertension stage 1. The risk group is very high (age, LVH, chronic cerebrovascular accident). Donkey: Hypertensive crisis complicated: OLZHN, cardiac asthma.
<variant> Arterial hypertension stage 3. High risk group (age, LVH, chronic cerebrovascular accident). Hypertensive crisis uncomplicated.
<variant> Arterial hypertension 3 Art. Group risk average (age, GLZH, KhNMK). Hypertensive heart compensated.
<question> Analyze situation. U sick 67 years, With sharp increase HELL to 220/100 mm Hg on background strong head pain arose symptoms expressed shortness of breath,

shortness of breath, constrained breathing. Weakened vesicular sounds are heard in the lungs. breathing, fine bubbling moist rales in the lower parts of both lungs. Heart sounds muted, rhythm correct, Heart rate 100 V min. Need to li more active decrease arterial pressure?
<variant> Yes, So How given state dangerous For life
<variant> No, So How This patient elderly age
<variant> No, So How This state Not threatens to the patient
<variant> No, So How This quicker symptoms pulmonary pathologies
<variant> Yes, So How elderly sick important fast decrease HELL
<question> Determine diagnosis patient. Sick 64 years presents complaints on periodic head pain, dizziness V flow last years. Repeatedly noted an increase in blood pressure up to 170/100 mm Hg, especially during periods of headaches pain. When questioned, it was revealed that the mother had high blood pressure and died at age 57 after a stroke. The patient is overweight, smokes a lot, likes fatty foods and beer. Ob-no revealed bias left border of relative stupidity hearts to SKL.
<variant> Arterial hypertension, II degrees, risk III (harmful habits, hut weight, GLZH)
<variant> Arterial hypertension, I degrees, risk II (harmful habits, hut weight)
<variant> Arterial hypertension, stage II, risk IV (bad habits, excess weight, LVH, IHD)
<variant> Arterial hypertension, III degrees, risk III (harmful habits, hut weight, GLZH)
<variant> Arterial hypertension, stage III, risk IV (bad habits, excess weight, LVH, sugar diabetes)
<question> Sick 69 years, transferred heart attack myocardium, has clinic obliterating atherosclerosis of the vessels of the lower extremities. Ob-no: pulse 76 bpm, blood pressure 170/100 mmHg, signs heart failure No.
Select AGP:
<variant> amlodipine
<variant> bisoprolol
<variant> Corinthians
<variant> hypothiazide
<variant> indapamide
<question> Sick 69 years, transferred heart attack myocardium, has clinic obliterating atherosclerosis of the vessels of the lower extremities. Ob-no: pulse 76 bpm, blood pressure 170/100 mmHg, signs heart failure No.
Determine group AGP, which contraindicated to the patient
<variant> beta blockers
<variant> antagonists calcium
<variant> central actions
<variant> diuretics
<variant> inhibitors ACE
<question> Sick 69 years, transferred heart attack myocardium, addressed To to the doctor By about head pain And dizziness. Pulse 86 V a minute, HELL 200/100 mm rt. Art., signsthere is no heart failure, there are manifestations of obliterating atherosclerosis of blood vessels lower limbs.
Select group AGP:
<variant> antagonists calcium prolonged actions
<variant> beta blockers short actions
<variant> antagonists calcium short actions

<variant> sartans combined With diuretics
<variant> drugs central actions
<question> A 65-year-old patient suffering from essential arterial hypertension, against the background of monotherapy with corinfar (self-medication) a few hours ago blood pressure increased to 225/115 mm Hg. Headache, dizziness, weakness in the right upper limb, and vomiting appeared.Rate it the reason for the deterioration of the condition:
<variant> proischemic action preparation - stroke
<variant> insufficient antihypertensive therapy
<variant> peculiarities hypertension at persons elderly age
<variant> venous failure head brain
<variant> spicy large focal heart attack myocardium
<question> A 66-year-old man was admitted with complaints of headaches in the occipital region, nausea, “flies” before the eyes. From the outpatient card: sick for 7 years, proteinuria in the urine, cholesterol 8.6 mmol/l. About: state average gravity. Tones hearts muted, rhythmic, accent II tone on the aorta, BP 240/100 mm Hg Art. Heart rate 78 in min. On the ECG: LVH, systolic overload.
Your preliminary diagnosis:
<variant> arterial hypertension III Art., group risk 4 (GHE, proteinuria, GLZH, circulatory encephalopathy); uncomplicated hypertensive crisis
<variant> arterial hypertension II Art., group risk 3 (GHE, proteinuria, GLZH); hypertensive crisis, I type, uncomplicated
<variant> arterial hypertension 2nd century, group risk 2 (excess weight, proteinuria, GHE, GLZH); hypertensive crisis, I type, uncomplicated
<variant> arterial hypertension stage III, risk group 4 (excess weight, glycemic control, proteinuria, LVH, DEP); hypertensive crisis, II type, uncomplicated
<variant> arterial hypertension stage II, risk group 3 (overweight, glycemic control, proteinuria, LVH). Donkey: Hypertensive crisis, I type, complicated
<question> U men having V anamnesis syphilis, in second m/r on the right weakening II tonesAnd diastolic noise; HELL 170/50 mm rt. Art. On ECG: GLZH. Determine acquired vice:
<variant> failure aortic valves
<variant> mitral insufficiency valves
<variant> tricuspid insufficiency valves
<variant> stenosis left a/holes
<variant> stenosis mouths aorta
<question> The patient is 70 years old. He has been observed by a doctor for 20 years due to arterial hypertension. When lifting weights, severe cutting pains in the chest suddenly appeared. cage, in the back with a recoil in both shoulders, in the neck, the back of the head, along the spine. After 5 minutes short-term loss consciousness. Skin covers pale, cold sticky sweat.Pulsation on left sleepy And ray arteries almost absent. HELL 140/80 mmHg Most probable diagnosis.
<variant> Stratifying aneurysm aorta
<variant> Thromboembolism V system pulmonary arteries
<variant> IHD. Acute myocardial infarction myocardium
<variant> Cardiogenic shock
<variant> IHD. Rapidly progressive angina pectoris
<question> Signs acute pulmonary hearts not are observed at:
<variant> hypertensive crisis
<variant> total pneumonia

<variant> TELA or thrombosis branches pulmonary arteries
<variant> asthmatic status
<variant> spontaneous pneumothorax
<question> A 60-year-old man, when examined at home, complains of difficulty speaking, weakness, right arm and leg. From the anamnesis: I fell ill acutely, in the morning after sleep I discovered the above complaints. Two days back, were celebrated these same symptoms, passed on one's own through hour. BP=110/70 mmHg, HR =110 beats/min. On examination: consciousness is clear, oriented, pupils OD=OS, marginal under-adjustment of the eyeballs on both sides (2 mm). The tongue deviates to the right, tendon reflexes D>S, reflex Babinsky on the right, muscular strength V right limbs - 3 points, meningeal signs No. Which tactics treatments shown to the patient?
<variant> urgent hospitalization V neurovascular department
<variant> leave sick on home, under observation family doctor.
<variant> hospitalization V neurovascular department on next day, With purpose neuroprotection
<variant> hospitalization V neurovascular department through week, With purpose neuroprotection
<variant> urgent hospitalization V neurosurgery, For conducting operations
<question> A 72-year-old man was found lying on a bench in a park. He did not lose consciousness. During an on-site examination, an ambulance doctor found impaired movement in the right hand and difficulty speeches - pronounced separate words, from which Can understand, What at him dizziness suddenly developed. No vomiting was observed. He was taken to the emergency room. At inspection: consciousness saved, But sluggish, apathetic. IN speech contact Not enters. On the examination reacts with a grimace of displeasure. The pulse is arrhythmic, 104 beats per minute, heart sounds are muffled, blood pressure is 150/100 mm Hg. The right corner of the mouth is lowered. The right hand is motionless. The right foot is turned outward. Tendon reflexes on the right are higher than on the left. On the right reflex Babinsky. Which examination should be conducted on next diagnostic stage?
<variant> magnetic resonance tomography head brain
<variant> electroencephalography
<variant> general analysis blood
<variant> biochemical analysis blood
<variant> electrocardiography
<question> A 68-year-old man. In the last 2 years, he has noted the appearance of interruptions in the work of the heart, rapid heartbeat, swelling of the legs. Arterial hypertension of the 2nd degree and ischemic heart disease for15 years old. On auscultation of the heart: the rhythm is irregular, periodically a “cannon tone”, the number heart rate 100/min, pulse 86/min, irregular. What do you expect to see on ECG sick?
<variant> teeth P are absent, distances R.R. different, waves f in II, III. avF
<variant> availability extraordinary QRS And compensatory pauses
<variant> periodic loss QRS after teeth R
<variant> distances R.R. the same, tooth R before QRS, T negative
<variant> extraordinary QRS complexes, full compensatory pause
<question> A 67-year-old man complains of frequent headaches during sleep changes. weather, by the end of the working day, swelling of the feet. 7 years ago, arterial hypertension, was not treated regularly. 2 years ago I suffered an ischemic stroke, smokes 20 cigarettes per day. On examination, heart tones are clear, accentuation of the 2nd tone on the aorta. Blood pressure 165/100 mm Hg.The left border of the heart is shifted to the left by 1 cm. On echocardiography: left myocardial mass index ventricle 140 g/m2, Ultrasound Doppler of the carotid artery: intima-media complex - 1.1 mm, in the area bifurcations carotid artery -1.5 mm. Healing tactics?

<variant> fosinopril And carvedilol
<variant> monotherapy with bisoprolol
<variant> monotherapy lisinopril
<variant> lisinopril And valsartan
<variant> amlodipine And captopril
<question> Select correct conclusion. What from listed is indication Toestablishment permanent ECS:
<variant> full atrioventricular blockade
<variant> flickering atria
<variant> atrioventricular blockade 1 degrees
<variant> ventricular extrasystole
<variant> sinus bradycardia less 50 V minute
<question> Select correct judgment. More 90% cases sudden coronary deathconnected With:
<variant> fibrillation ventricles
<variant> extrasystole
<variant> paroxysmal ventricular tachycardia
<variant> paroxysm flickering arrhythmia
<variant> sinus bradycardia
<question> Select correct judgment. At docking angina status at sickTHEM were applied morphine And droperidol. Which their side effects action most seriously:
<variant> oppression respiratory center
<variant> drowsiness
<variant> bloating belly
<variant> nausea
<variant> euphoria
<question> Select correct judgments. At heart attack myocardium back wall on ECGchanges are recorded in the following leads:
< variant > II, III, A VF
< variant > I, aVL, V1-V4
< variant > I, aVL, V5-V6
< variant > aVL, V1-V2
<variant> V1-V6
<question> Select correct judgment. What is most significant factor riskIHD?
<variant> arterial hypertension
<variant> use alcohol
<variant> smoking
<variant> hypodynamia
<variant> moderate obesity
<question> Select correct judgment. Diagnosis patient 65 years: coronary heart disease, angina pectorisvoltage FC II And AG II degrees. Treatment should start With:
<variant> beta blockers
<variant> thiazide diuretics
<variant> inhibitors ACE
<variant> antagonists calcium
<variant> sartanov

<question> Choose the correct statement. A 72-year-old patient complains of intense pressing pain behind the breastbone and in the epigastrium for more than 2 hours. On the ECG: low voltage of the R wave $_{II, III, AVF}$, depression interval ST $_{II,III,AVF}$. From diagnostic tests V production diagnosis will help –
<variant> Cardiospecific enzymes (or troponin MV-KFK)
<variant> General analysis blood (With definition coagulability)
<variant> Cholesterol, triglycerides V blood
<variant> Holter monitoring ECG
<variant> EchoCG, UZ Doppler research vessels necks
<question> Select the studies that determine the patient's diagnosis. A 74-year-old patient complains to the squeezing pains behind chest, independent of breathing and increasing in attacks. Reception nitroglycerin Not effective.
<variant> ECG, troponin T
<variant> Scintigraphy With Tl^{201}
<variant> EchoCG With dobutamine
<variant> ECG With physical load
<variant> Daily monitoring ECG
<question> Determine the most optimal tactics for patient management. The patient is 63 years old, complains on sudden attacks strong dizziness With loss consciousness, which appeared after infectious myocarditis suffered 3 years ago. Recently notes an increase in the frequency of attacks up to 2-3 times a month. Blood pressure 110/70 mm Hg, heart rate 57 beats per minute, on ECG elongation PQ interval, regular Samoilov-Wenckebach periods.
<variant> Introduction artificial driver rhythm
<variant> Constant reception antagonists calcium
<variant> Constant reception beta blockers
<variant> Regular reception M-anticholinergics
<variant> Conducting aortocoronary bypass
<question> Find out complication: at 68 summer men, on 4 week acute heart attack myocardium, complaints of chest pain, fever, pericardial friction rub appeared, increase ESR ("frozen" ECG). ECG without speakers.
<variant> autoimmune syndrome Dressler
<variant> break myocardium
<variant> extension zones necrosis myocardium
<variant> idiopathic pericarditis
<variant> breakaway chord ventricles
<question> Man 64 years, got sick after stressful situations on work, for sternum intense, pressing pains appeared, in the evening I called an ambulance. On the ECG: absence teeth RV $_{1}$-V $_{3}$, offset ST segment on 6 mm.
Determine diagnosis:
<variant> ischemic heart disease hearts, spicy anterior-septal heart attack, Killip I
<variant> ischemic disease hearts, unstable angina pectoris
<variant> ischemic disease hearts, angina pectoris voltage, for the first time revealed
<variant> ischemic disease hearts, vasospastic angina pectoris
<variant> ischemic heart disease hearts, spicy posterior diaphragmatic heart attack, Killip I
<question> Determine complication: at sick With heart attack myocardium intensive angina syndrome, tachycardia, sharp decrease in blood pressure, threadlike pulse, pale skin covers, cold sweat.
<variant> cardiogenic shock
<variant> edema lungs

<variant> aneurysm hearts
<variant> syndrome: Dressler
<variant> relapse heart attack myocardium
<question> Determine leading syndrome And tactics doctor: sick 74 years complains on compressive pain for sternum, Not dependent from breathing and increasing in paroxysms. Reception nitroglycerin Not effective.
<variant> coronarogenic cardialgia, ECG every 15 minutes, troponin T
<variant> syndrome defeats myocardium, scintigraphy With Tl ^{201}
<variant> coronarogenic cardialgia, load try - VEM
<variant> non-coronary cardialgia, EchoCG
<variant> coronarogenic cardialgia, daily monitoring ECG
<question> Determine form angina pectoris, select tactics leading: sick 67 years 2 months ago I was taken into care for D, due to pain in the lower third of the sternum, which occurs at 4 floor, which are removed 1 TB of nitroglycerin. Treatment with BAB is prescribed. A few days agothe pains became appear at fast walking, 2 were filmed TB nitroglycerin.
<variant> progressive angina pectoris voltage (OKS), direct on hospitalization
<variant> stable angina pectoris voltage FC 2, prescribe antianginal therapy
<variant> cardialgia Maybe be conditioned by Not coronary disease, to conduct examination
<variant> for the first time emerged angina pectoris, direct on hospitalization
<variant> angina pectoris Prinzmetal, appoint nitrates
<question> Select pathognomonic symptom angina pectoris:
<variant> retrosternal compressive pain, on ECG depression segment ST on 2 mm And more
<variant> retrosternal piercing pain after food, without changes ECG
<variant> pain V areas hearts, ventricular extrasystole after loads
<variant> pain in areas hearts, rise segment ST less, how on 2 mm
<variant> retrosternal pain, increase teeth Q in III standard And aVF leads
<question> Highlight the leading syndromes: A 78-year-old patient complains of chest pain, arising after the first floor, shortness of breath. Had a myocardial infarction. Ob-no: heart sounds muffled, frequent extrasystoles. BP 170/100 mm Hg. HR 106 per min. Troponin T negative. Liver increased. On ECG: scar changes anterolateral region LJ.
<variant> anginal, cicatricial defeat myocardium, violation rhythm, arterialhypertension, CHF
<variant> anginal, inflammatory defeat myocardium, arterial hypertension, CHF
<variant> anginal, dyslipidemic, arterial hypertension, CHF
<variant> anginal status, cicatricial defeat myocardium, arterial hypertension, CHF
<variant> anginal, metabolic defeat myocardium, arterial hypertension, CHF
<question> 78 years old the patient complains of chest pain that occurs after the first floors, shortness of breath. Had a myocardial infarction. Ob-no: muffled heart sounds, frequent ES. BP 170/100 mm Hg. Art. Heart rate 106/min Troponin T neg. The liver is enlarged. On ECG: scarring changes in the anterolateral region of the LV, ventricular ES. Main syndromes: anginal, cicatricial defeat myocardium, violation rhythm, arterial hypertension, SN.
Determine diagnosis on basis leading syndromes:
<variant> IHD, angina pectoris voltage FC III. PIM, ventricular ES. Arterial hypertension II Art. Group risk Very high. CHF III
<variant> IHD, angina pectoris voltage FC III. Post-myocarditic cardiosclerosis. Arterial hypertension II st. CHF II

<variant> IHD, stable angina pectoris voltage FC III. Arterial hypertension II st.CHF II
<variant> IHD, repeated heart attack myocardium. Arterial hypertension II Art. Acute left ventricular failure
<variant> IHD, angina pectoris voltage FC II. Myocardial dystrophy II Art. Arterialhypertension II st. CHF I
<question> Select signs, characteristic For myocarditis With SN:
<variant> pain V areas hearts, heartbeat, development V phase early reconvolescenceinfectious diseases (end first or start second weeks)
<variant> pain in the heart area, palpitations, development in the first days, at the height of the fever infectious diseases
<variant> pain V areas hearts, fainting, development V phase late reconvolescence infectious diseases (third week And Later)
<variant> pain V areas hearts, ascites, development through year after infectious diseases
<variant> pain in the area heart, dry cough, noise in the area hearts, development in the first days, on height fever infectious disease
<question> Determine possible complication sick With heart attack myocardium at long-term immobilization:
<variant> thromboembolic complications
<variant> bradycardia
<variant> arterial hypertension
<variant> cardiac failure
<variant> decrease systolic volume hearts
<question> Select medical tactics: at sick 65 years at return With market for the first time arose pain for sternum, irradiating V left shoulder blade. Pain passed by, When He stopped, were getting stronger at rise By stairs And fully passed Houses. HELL 135/80 mm rt. Art. Pulse 90 V min, rhythmic . Other objective data, including ECG, V within norms.
<variant> organize an emergency hospitalization
<variant> enter painkillers means
<variant> recommend consultation cardiologist
<variant> recommend reception nitrates And b-blockers
<variant> recommend planned hospitalization
<question> At angina status at sick OIM V the first queue shown:
<variant> nitroglycerine, narcotic analgesics
<variant> nitroglycerine, lidocaine
<variant> nitroglycerine, nifedipine
<variant> nitroglycerine, heparin
<variant> nitroglycerine, aspirin
<question> For heart attack myocardium right ventricle are characterized by:
<variant> decrease HELL, dyspnea, swelling cervical veins
<variant> dyspnea, wet wheezing V lungs, increase liver
<variant> decrease HELL, decrease diuresis
<variant> violation rhythm hearts, wet wheezing V lungs
<variant> dyspnea, peripheral edema
<question> For emergency reduction of blood pressure in acute myocardial infarction, the drug of choice is:
<variant> nitroglycerine

<variant> captopril
<variant> nifedipine (Corinfar)
<variant> furosemide
<variant> diazoxide
<question> Select correct definition compensated chronic pulmonaryhearts:
<variant> pulmonary hypertension And hypertrophy right ventricle (tonogenic)
<variant> pulmonary hypertension And hypertrophy of the right atria
<variant> pulmonary hypertension and right ventricular hypertrophy (myogenic) +right ventricular failure
<variant> dilation right ventricle And portal hypertension
<variant> hypertrophy left atria and pulmonary hypertension
<question> Select correct judgment. Decompensated chronic pulmonary heartleads To next changes liver:
<variant> fibrosis liver, hypertension V system portal veins
<variant> cytolysis hepatocytes, fine-knotted cirrhosis liver
<variant> chronic aggressive hepatitis
<variant> fatty hepatosis
<variant> fulminant hepatitis
<question> Select correct judgment. At decompensated chronic pulmonaryheart define:
<variant> edema on legs and increase liver, tachycardia, erythrocytosis
<variant> edema on legs, noise friction pleura, anemia
<variant> increase liver, noise friction pericardium, leukocytosis
<variant> edema faces, lumbar areas, anemia
<variant> stagnation in small circle blood circulation, stagnant pneumonia
<question> Select peripheral vasodilators, applied V treatment pulmonaryhypertension:
<variant> antagonists calcium, nitrates, inhibitors APF/sartans
<variant> antagonists calcium, nitrates prolonged actions, beta blockers
<variant> antagonists calcium, nitrates prolonged actions, alpha blockers
<variant> antagonists calcium, nitrates prolonged actions, ganglionic blockers
<variant> calcium antagonists, prolonged-release nitrates, myotropicvasodilators
<question> Mark correct judgment. Plan treatments HLS:
<variant> treatment causal diseases, oxygen therapy, peripheral vasodilators, anticoagulants drugs, diuretics, cardiac glycosides (not shown), treatment secondary erythrocytosis
<variant> treatment causal diseases, oxygen therapy, peripheral vasodilators, antiplatelet drugs, diuretics, cardiac glycosides
<variant> oxygen therapy, peripheral vasodilators, anticoagulants drugs,diuretics, cardiac glycosides, treatment secondary erythrocytosis
<variant> peripheral vasodilators, oxygen therapy , cardiac glycosides, diuretics
<variant> after productions diagnosis get started To transplants pulmonary-cardiac complex
<question> IN outpatient clinic To to the doctor ORP addressed sick 74 years With periodic attacks supraventricular tachycardia. IN anamnesis IHD, ischemic KMP. IN this case drug choice for maintenance therapy is:

<variant> cordarone
<variant> novocainamide
<variant> enalapril
<variant> panangin
<variant> atropine
<question> A patient undergoing ECG monitoring developed a sudden loss consciousness. Pupils expanded. Skin covers pale - gray coloring. Pulse on sleepy arteries And breath are absent. On ECG chaotic, irregular, sharp deformed, of varying height, width and wave shape with a frequency of about 300 per minute . Specify most probable reason given the patient's condition:
<variant> fibrillation ventricles
<variant> flutter ventricles
<variant> ventricular arrhythmia
<variant> ventricular tachycardia
<variant> flickering arrhythmia
<question> Select electrocardiographic signs of AV block II degrees, Mobitz -1:
<variant> gradual elongation interval P Q with loss complex qRS
<variant> elongation Pq interval to 0.21 seconds And more at normal Heart rate
<variant> stable elongation Pq With loss complex qRS
<variant> absence synchronous relationship between R And subsequent qRS complex
<variant> gradual elongation Pq interval at each heart cycle
<question> TO to the doctor ORP addressed sick 78 years, on ECG monitoring attacks supraventricular tachycardia. Consists of on D accounting With diagnosis: IHD, ischemic KMP. With the drug choice for maintenance therapy is:
<variant> amiodarone
<variant> novocainamide
<variant> lidocaine
<variant> mildronate
<variant> esmolol
<question> TO to the doctor addressed sick, 77 years, suffering COPD, predominantlyemphysematous type; with complaints of shortness of breath, attacks of interruptions in the heart region, edema on lower limbs. On ECG: fibrillation atria. Select preparation, appointment whom it is advisable in this situation:
<variant> novocainamide
<variant> nifedipine
<variant> concor
<variant> propranolol
<variant> digoxin
<question> Man 63 years, complains on sudden attacks strong dizziness With periodic loss consciousness, 3 years back transferred non-rheumatic myocarditis. IN Recently, attacks have become more frequent, up to 2-3 times a month. BP 110/70 mm Hg, HR 57 per min., on the ECG there is an increase in the Pq interval, regular Samoilov-Wenckebach periods. Select most optimal treatment for this patient:
<variant> implant artificial driver rhythm
<variant> constant reception calcium antagonists
<variant> constant reception beta blockers
<variant> regular reception metabolic drugs
<variant> carrying out aortocoronary bypass

<question> Woman 65 years 1.5 months back transferred heart attack myocardium. Latest 2 weeks appeared complaints on feeling fading hearts, dizziness. ECG: rhythm sinus, 78 V min, registered ventricular complexes incorrect forms, width 0.14 sec., compensatory pause - full. Select correct judgment:
<variant> ventricular extrasystoles
<variant> full AV block
<variant> atrial extrasystoles
<variant> ventricular tachycardia
<variant> supraventricular tachycardia
<question> Indicate the objective sign of atrial fibrillation that provides the basis for diagnostics without ECG:
<variant> wrong rhythm at constant form, availability deficit pulse
<variant> availability stagnation V small circle blood circulation
<variant> increase liver
<variant> edema on legs
<variant> correct rhythm With loss another one cycle
<question> For control thromboembolic complications at permanent forms FP apply next anticoagulants and antiplatelet agents -
<variant> warfarin (MNO- 2-2.5); acetylsalicylic acid 300 mg/day; clopidogrel 75mg/day.
<variant> alteplase, streptokinase
<variant> heparin, Fraxiparine
<variant> chime to 300 mg/ day, pentoxifylline i/v drip
<variant> sodium citrate, leeches (powder)
<question> Main (required) diagnostic examinations, conducted on outpatient stage, for diagnostics of rhythm disturbances and conductivity:
<variant> electrocardiography, Holter monitoring, EchoCG
<variant> skull radiography, V two projections
<variant> radiography organs chest cells overview, V side projections
<variant> ultrasound study thyroid glands, thyroid status
<variant> ultrasonic Dopplerography (at suspicion on pathology extra - And intracranial vessels)
<question> Select definition syncope, This -
<variant> is a syndrome whose defining clinical feature is transientloss consciousness, usually leading to a fall
<variant> syndrome, at which GARDEN is increasing to 140 and higher; DBP to 90 And higher mm rt. st
<variant> syndrome, at which after harbingers arise convulsions And loss consciousness
<variant> state hypoglycemia, at which patients are losing consciousness
<variant> attacks acute ataxia
<question> A 66-year-old patient with a diagnosis of coronary heart disease, PIM, suddenly lost consciousness. The condition accompanied by epileptiform convulsions and involuntary urination. ECG registered AVB II degrees, Mobitz2. Select correct judgment:
<variant> syndrome Morgagni-Adams-Stokes
<variant> syndrome Frederica
<variant> syndrome Lutembashe
<variant> epilepsy
<variant> disease Tolochinova-Roger

<question> U sick 72 years, transferred 2 years back heart attack myocardium, in time physical loads suddenly appeared heartbeat, accompanied feelingshortness of breath, general weakness. The ECG showed paroxysmal tachycardia from AV node. Choose the right one judgment:
<variant> arrhythmogenic syncope
<variant> vasodepressant syncope
<variant> orthostatic syncope
<variant> syncope at aortic insufficiency
<variant> epilepsy
<question> U sick 70 years, vice Menkeberg (isolated "lime “Aktengen” aortic stenosis).Latest 2 months some once lost consciousness on short time, syncope developed in physical load. Find out reason syncope:
<variant> syncope at aortic vices
<variant> orthostatic syncope
<variant> vasodepressant syncope
<variant> arrhythmogenic syncope
<variant> epilepsy
<question> A 67-year-old woman loses consciousness when coughing, straining, sometimes when swallowing. The patient considers herself for the last 7-8 years. Underwent examinations and consultations with psychologist, cardiologist, appointed treatment effect Not gave. At Holter ECG-monitoring (from 72 hours to a week) revealed short-term complete AV block and asystole at the above physiological states. Requires radical treatment. By council exhibited syncope, choose, With what reflex connected syncope at thissick:
<variant> vagal reflexes
<variant> orthostatic reflexes
<variant> cervical-vegetative reflexes Abrams
<variant> clinostatic (clinostaticus) reflexesDanielopolu
<variant> reflexes Ortner
<question> A 67-year-old man has been experiencing loss of consciousness when getting up from a bed for the last 2-3 months. bed, after sleep; at this time cyanosis occurs, in a horizontal position – it comes to myself. They took an ECG several times. Select the leading syndromes:
<variant> syndrome acquired vice hearts, thrombus V left atrium, syncope
<variant> syndrome congenital vice hearts, karynshalyk extrasystole, syncope
<variant> dilatational cardiomegaly, fibrillation atria, syncope
<variant> orthostatic syncope
<variant> vasodepressant syncope
<question> A 67-year-old man has been experiencing loss of consciousness when getting up from a bed for the last 2-3 months. bed, after sleep; at this time cyanosis occurs, in a horizontal position – it comes to myself. Several times filmed ECG. Determine mechanism syncope:
<variant> left atrial thrombus, temporarily obstructing the left a/v hole when lifting with places
<variant> fibrillation atria, deficit pulse
<variant> critical mitral stenosis
<variant> short-term asystole sinus node
<variant> transient full AVB

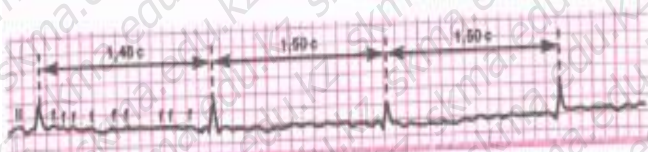
<question> A 67-year-old man has been experiencing loss of consciousness when getting up from a bed for the last 2-3 months. bed, after sleep; at this time cyanosis occurs, in a horizontal position – it comes to myself. Some An ECG was taken once. Select decisive method research:
<variant> Doppler echocardiography
<variant> Halter ECG
<variant> overview radiography OGK
<variant> rheumatic tests
<variant> phonocardiography
<question> Man 70 years, at tying tie on neck, lost consciousness.About: moderate condition, pale. BP 80/50 mm Hg. HR 40 bpm. On an urgently taken ECG:Heart rate 36 V min., focal changes No. Through minutes two sick came V myself. On repeated ECG: sinus rhythm, Heart rate 68 in min. Your preliminary diagnosis:
<variant> syndrome carotid sinus, syncope
<variant> arrhythmogenic syncope
<variant> orthostatic syncope
<variant> epilepsy
<variant> obstructive GKMP, syncope
<question> A 69-year-old man has been experiencing loss of consciousness and convulsions for the past 1.5 months. Neurologists having examined patient, excluded neurological pathology. Tones hearts moderately muted, rhythmic, Heart rate 34 V min. HELL 150/90 mm rt. Art. On in the hands ECG 2 monthly limitation: AVB II Art., Mobitz-2, cicatricial changes anterior-septal- apical walls. ECG taken: P waves in their rhythm - 76 per min., QRS complexes - in their (34 V min), signs anteriorly distributed cicatricial changes. Select leading syndromes:
<variant> conduction disturbance syndrome (complete AVB); ischemic changes syndrome myocardium (scarring stage); hypertension; hepatomegaly, syncope
<variant> syndrome violations conductivity; syndrome elongationqT interval; syncope
<variant> syndrome violations conductivity, full blockade LNPG , syncope
<variant> syndrome complex violations rhythm And conductivity -Frederick's syndrome, syncope
<variant> excess weight (alimentary obesity); syndrome defeats myocardium
(KMP at obesity); pulmonary hypertension; cardiomegaly (hypertrophy both ventricles)
<question> A 69-year-old man has been experiencing loss of consciousness and convulsions for the past 1.5 months. Neurologists having examined patient, excluded neurological pathology. Tones hearts moderately muted, rhythmic, Heart rate 34 V min. HELL 150/90 mm rt. Art. On in the hands ECG 2 monthly limitation: AVB II Art., Mobitz-2, cicatricial changes anterior-septal- apical walls. ECG taken: P waves in their rhythm - 76 per min., QRS complexes - in their (34 V min), signs anteriorly distributed cicatricial changes. Select preliminary diagnosis:
<variant> ischemic disease hearts, PIM. Donkey: full AVB, syndrome MAS. Conch: Arterial hypertension II Art., group very high risk (GLZ, IHD)
<variant> ischemic heart disease, IHD. Dist.: Syncope. Conc.: Arterial hypertension IIArt., group very high risk (LVH, CHD)
<variant> syndrome congenital extensions – qT interval; syncope
<variant> metabolic cardiomyopathy. SFMC $_{II}$. Background: Alimentary obesity.
Donkey: TELA (middle branches). Infarction pneumonia. Syncope
<variant> epilepsy With generalized tonic-clonic convulsions
<question> A man 69 years, for latest 1.5 months disturb losses consciousness, convulsions. Neurologists, having examined the patient, excluded neurological pathology. Tones hearts

moderately muted, rhythmic, Heart rate 34 V min. HELL 150/90 mm rt. Art. On in the hands ECG 2 monthly limitation: AVB II Art., Mobitz-2, cicatricial changes anterior-septal- apical walls. ECG taken: P waves in their rhythm - 76 per min., QRS complexes - in their (34 V min), signs anteriorly spreading cicatricial changes. Select
correct medical tactics prevention syncope:
<variant> installation permanent pacemaker
<variant> installation pacemaker de mand
<variant> permanent treatment antianginal drugs
<variant> permanent treatment antihypertensive drugs
<variant> systematic treatment antiplatelet agents
<question> Woman 64 years latest 2 weeks disturb losses consciousness. From anamnesis: varicose veins of the deep veins of the lower extremities since 37 years. Since 45-46 years, CHF, takes several drugs (perindopril, hypothiazide, cardiomagnyl). Ob-no: peripheral edema to the ankles. Height 168 cm; weight 96 kg. Vesicular breathing in the lungs, over the middle lobe of the right breathing is weakened, crepitations. Heart sounds are muffled, rhythmic, heart rate 102 per minute, accentuation of the second tone in the second microcirculation on the left. Blood pressure 135/85 mm Hg. Liver size according to Kurlov 14x11x9 cm. ECG: sinus rhythm, EOS – to the left. Low voltage of the teeth, Signs of hypertrophy of both ventricles. Identify the leading syndromes:
<variant> excess weight (alimentary obesity); syndrome defeats myocardium
(KMP at obesity); pulmonary hypertension; cardiomegaly, compaction pulmonary fabrics, varicose extension veins of the lower extremities
<variant> conduction disturbance syndrome (complete AVB); ischemic changes syndrome myocardium (scarring stage); hypertension; hepatomegaly, syncope
<variant> syndrome violations conductivity; syndrome extensions qT interval; syncope
<variant> arterial hypertension, syndrome defeats myocardium, excess weight, syncope
<variant> excess weight,varicose veins extension veins n/limbs; syncope, compaction pulmonary fabrics
<question> Woman 64 years latest 2 weeks disturb losses consciousness. From anamnesis: varicose veins of the deep veins of the lower extremities since 37 years. Since 45-46 years, CHF, takes several drugs (perindopril, hypothiazide, cardiomagnyl). Ob-no: peripheral edema to the ankles. Height 168 cm; weight 96 kg. Vesicular breathing in the lungs, over the middle lobe of the right breathing is weakened, crepitations. Heart sounds are muffled, rhythmic, heart rate 102 per minute, accentuation of the second tone in the second microcirculation on the left. Blood pressure 135/85 mm Hg. On the overview radiograph of the organs chest cells: extension roots With two sides, signs peri-infarction pneumonia average shares on the right. Determine the preliminary diagnosis:
<variant> metabolic cardiomyopathy. SIFC $_{II}$. Background: Alimentary obesity. Disorder: pulmonary embolism(medium) branches). Infarction pneumonia. Syncope
<variant> metabolic cardiomyopathy. SFK $_{II}$. Background: Alimentary obesity stage III. Acc.: Syncope
<variant> metabolic cardiomyopathy. SNFC $_{II}$. Background: Alimentary obesity III Art. Donkey: Medicinal syncope
<variant> systemic atherosclerosis. Atherosclerosis of the aorta. Aortic valve insufficiency.Syncope. Background: Alimentary obesity III degrees
<variant> out-of-hospital pneumonia, average shares right easy. Donkey: infectioustoxic shock
<question> Determine reason CHF: at sick 67 years With COPD are celebrated dyspnea V peace, diffuse cyanosis, increase liver, edema on legs.
<variant> decompensated pulmonary heart

<variant> bronchial asthma, respiratory failure I degrees
<variant> bronchial asthma, respiratory failure II degrees
<variant> ischemic disease hearts, ischemic KMP
<variant> compensated pulmonary heart
<question> U 68 summer women, suffering varicose expansion veins lower limbs, clinic acute right ventricular insufficiency. From anamnesis: suddenly pain behind the breastbone, an attack of suffocation, wheezing on the right, more than the middle ones fields. On the ECG: in the 1st standard lead there is a deep S wave, in the 3rd there is a deep Q wave (S_1; Q_3). Select leading symptom and syndrome, preliminary diagnosis:
<variant> suffocation, pain V precordial areas; pulmonary embolism; sharp right ventricular failure
<variant> coronarogenic cardialgia (anginal status); acute myocardial infarction; acute right ventricular failure
<variant> accumulation air V pleural cavities, spontaneous pneumothorax; sharp right ventricular failure
<variant> syndrome violations bronchial cross-country ability, bronchial asthma, sharp right ventricular failure
<variant> syndrome infiltrate V easy, total pneumonia, sharp right ventricular failure
<question> Male 64 years old, at 49 was treated for syphilis. Over the past year appeared headaches, shortness of breath when physical load. About: in second m/r on the right weakening of the second tone and diastolic murmur; blood pressure 160/40 mm Hg. On the ECG: LVH. Determine acquired vice, caused SN:
<variant> failure aortic valves
<variant> mitral insufficiency valves
<variant> tricuspid insufficiency valves
<variant> stenosis left a/v holes
<variant> stenosis mouths aorta
<question> 70 year old patient with acute myocardial infarction, treated in a cardiology department department. Sudden appearance holosystolic noise over top hearts simultaneously With acute left ventricular failure typical for:
<variant> breakaway papillary muscles
<variant> break interventricular partitions
<variant> stratifying aneurysms aorta
<variant> aneurysms left ventricle
<variant> embolism pulmonary arteries
<question> A 71-year-old patient complains of shortness of breath, progressing to suffocation, coughing with foamy sputum. On examination: orthopnea, gurgling breathing. Respiratory rate 30 per minute. In the lungs wet of different calibers wheezing over by all fields. Tones hearts muted, rhythm correct, heart rate 100 bpm, blood pressure 110/80 mm Hg. On the ECG in V1-V4 QR, arcuate rise ST, merging with with a tooth T. Guess diagnosis:
<variant> large-focal myocardial infarction of the anterior apical region of the left ventricle, acute period, complicated OLZHN, edema lungs
<variant> spicy large focal heart attack myocardium posterior diaphragmatic walls left ventricle
<variant> spicy transmural heart attack myocardium front walls left ventricle, cardiogenic shock
<variant> spicy small focal heart attack myocardium

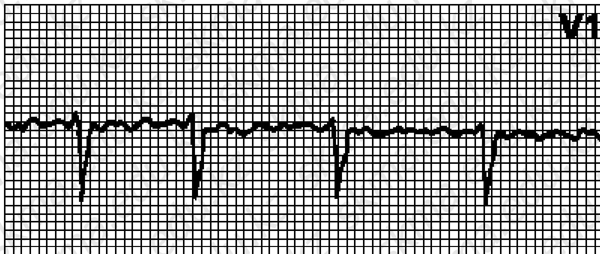
<variant> thromboembolism pulmonary arteries
<question> At localizations ECG changes, characteristic For THEM V leads II, III, AVF,accepted talk about/about:
<variant> lower heart attack myocardium (back heart attack myocardium)
<variant> front heart attack myocardium
<variant> heart attack interventricular partitions
<variant> heart attack tops
<variant> posterobasal (actually back) heart attack myocardium
<question> At localizations ECG changes, characteristic For THEM V leads I, AVL, V_1, V_2,accepted talk about/about:
<variant> front heart attack myocardium
<variant> lower heart attack myocardium (back heart attack myocardium)
<variant> heart attack interventricular partitions
<variant> heart attack tops
<variant> infarctionlateral walls left ventricle
<question> At localizations ECG changes, characteristic For THEM in the lead V_3, acceptedtalk about/about:
<variant> heart attack interventricular partitions
<variant> heart attack tops
<variant> posterobasal (actually back) heart attack myocardium
<variant> front heart attack myocardium
<variant> lower heart attack myocardium (back heart attack myocardium)
<question> At localizations ECG changes, characteristic For THEM V lead V_4, acceptedtalk about/about:
<variant> heart attack tops
<variant> lateral infarction walls left ventricle
<variant> front heart attack myocardium
<variant> lower heart attack myocardium (back heart attack myocardium)
<variant> heart attack interventricular partitions
<question> When localizing ECG changes characteristic of MI in leads V_5 and V_6, acceptedtalk about/about:
<variant> heart attack side walls left ventricle
<variant> front heart attack myocardium
<variant> lower heart attack myocardium (back heart attack myocardium)
<variant> heart attack interventricular partitions
<variant> heart attack tops
<question> Select correct statements relatively painless ischemia myocardium:
<variant> is revealed 48 hours ECG monitoring
<variant> Not It happens at persons without heart attack myocardium And angina pectoris
<variant> less dangerous, how painful ischemia myocardium
<variant> is being treated only nitrates
<variant> Not requires therapy to appearances angina pectoris
<question> A 72-year-old man complains of pain in the epigastric region, weakness. Previously, pain in there was no discomfort in the abdomen, no discomfort in the heart. On the ECG, the Q wave in leads III, AVF; segment ST in leads III, AVF is elevated above the isoline, arcuate, turns into high T wave; segment ST in leads V_1-V_3 below isolines. Yours conclusion:
<variant> heart attack lower walls left ventricle
<variant> heart attack front walls left ventricle

<variant> sharp emerged infringement hernias digestive holes diaphragms
<variant> hypertrophic KMP
<variant> transferred heart attack myocardium
<question> Select correct conclusion. The main electrocardiographic signacute transmural infarction myocardium is -
<variant> appearance complex QS V two And more leads
<variant> rise segment ST V several leads
<variant> depression segment ST V several leads
<variant> blockade left legs bud Gisa
<variant> violation cardiac rhythm
<question> Exclude mistake. Electrocardiographic signs syndrome Wolf-Parkinson-White are –
<variant> availability complex QS V several leads
<variant> width complex qRS, exceeding 0.10s
<variant> interval Pq Not more 0.11s
<variant> availability delta waves V beginning ventricular complex
<variant> segment ST rejected from isolines
<question> Select correct conclusion. Electrocardiographic signs syndromeFrederica are:
<variant> flicker And patience atria+ full atrioventricular blockade
<variant> irregular rhythm ventricles
<variant> flickering And patience atrial + left ventricular ES
<variant> flickering And patience atria+total blockade LNPG
<variant> flicker And patience atria+ right ventricular ES
<question> Select correct judgments. Most characteristic signs syndrome weaknesses sinus node (SSSU) are: 1) migration source rhythm 2) syndrome tachycardia-bradycardia 3) absence teeth R4) availability AVB II degrees
< variant > right 1,2
< variant > correct 1.3
< variant > correct 1.4
<variant> true2.4
<variant> right 3.4
<question> Decipher ECG, select correct interpretation:

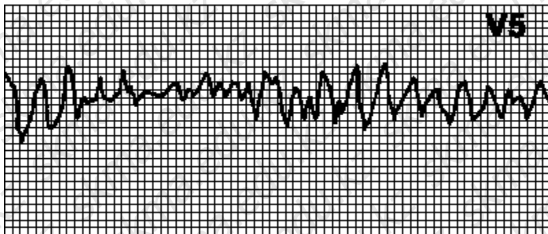


<variant> syndrome Frederica
<variant> syndrome W.P.W.
<variant> syndrome CLC
<variant> syndrome Wellens
<variant> syndrome SSU
<question> Select correct judgments. TO signs syndrome Frederica on ECG NOTrefers to:
<variant> intervals RR are constant, Heart rate 150 And more
<variant> are absent teeth R And instead of them are registered waves flickering (f) orflutters (F) atria

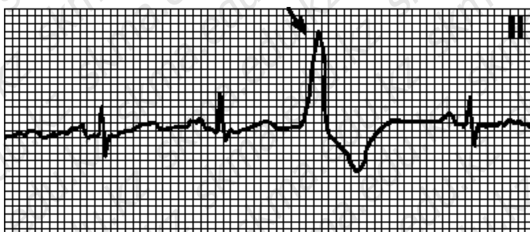
<variant> ventricular rhythm of non-sinus origin (ectopic: nodal oridioventricular)
<variant> intervals R.R. constant (correct rhythm)
<variant> number ventricular abbreviations Not exceeds 40-60 in min
<question> Interpretation ECG:



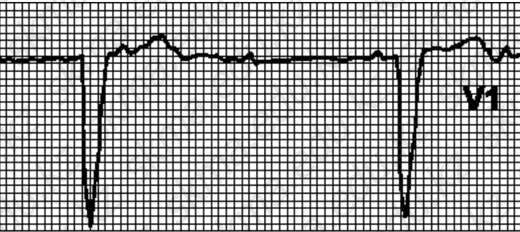
<variant> fibrillation atria
<variant> accelerated idioventricular rhythm
<variant> fibrillation ventricles
<variant> supraventricular paroxysmal tachycardia
<variant> sinus rhythm
<question> Decipher ECG, select correct interpretation:



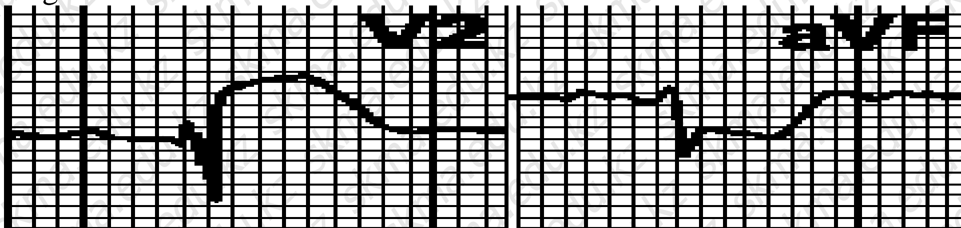
<variant> fibrillation ventricles
<variant> fibrillation atria
<variant> accelerated idioventricular rhythm
<variant> supraventricular paroxysmal tachycardia
<variant> ventricular extrasystoles
<question> Decipher ECG, select correct interpretation:



<variant> ventricular extrasystole
<variant> fibrillation ventricles
<variant> fibrillation atria
<variant> accelerated idioventricular rhythm
<variant> supraventricular paroxysmal tachycardia
<question> Decipher ECG, select correct interpretation:



<variant> atrioventricular block3 degrees (full AVB)
<variant> atrioventricular block 2 degrees Mobitz II
<variant> atrioventricular block 2 degrees Mobitz I
<variant> sinoauricular blockade
<variant> atrioventricular block 1 degrees
<question> A 65-year-old patient has been experiencing intense, squeezing chest pain for45 min, with irradiation to the left arm, taking nitroglycerin had no effect. On the ECG: rise ST segment with upward convexity and transition to the T wave; in reciprocal leads – depression segment ST.Your preliminary diagnosis:



<variant> ischemic heart disease hearts, spicy heart attack myocardium, the sharpest period
<variant> ischemic heart disease hearts, spicy heart attack myocardium, spicy period
<variant> ischemic heart disease hearts, spicy heart attack myocardium, subacute period
<variant> syndrome early repolarization ventricles
<variant> hypertrophic cardiomyopathy, syndrome angina pectoris
<question> Evaluate the medical tactics in relation to atrial fibrillation (constant V flow 4 years) at sick68 years, after transferred myocardial infarction And With cardiacinsufficiency I-II FC:
<variant> maintenance of normosystolic form of atrial fibrillation with beta- adrenergic blockers
<variant> conversion of atrial fibrillation to sinus rhythm in hospital (using quinidine)or EIT)
<variant> preventive treatment rhythmilenom or isoptin (or similar drugs) With the purpose of restoring sinus rhythm
<variant> it is expedient translation on constant cardiac pacing
<variant> constant therapy such to the patient Not required
<question> Accept solution: at sick suddenly arose attack heartbeats (160 V minute), which the doctor stopped with a carotid sinus massage. The attack of palpitations is more likely total was conditioned by:
<variant> paroxysmal supraventricular tachycardia
<variant> sinus tachycardia
<variant> paroxysmal flickering arrhythmia
<variant> paroxysmal fluttering atria
<variant> paroxysmal ventricular tachycardia

<question> Assess the clinical situation and suggest a diagnosis: to the local therapist a man came 68 years old with complaints of palpitations, a feeling of the heart "stopping", shortness of breath, dizziness, weakness. IN anamnesis 2 years back transferred heart attack myocardium. At auscultation: muffled heart sounds, bradycardia, pulse 40-42 beats per minute, blood pressure 160/80 mm Hg. ECG shows pronounced sinus bradycardia of 40 beats per minute. Bradycardia persists and after the introduction of atropine solution. During the orthostatic test, there is also no increase in heart rate rhythm. Which complication more likely total developed in the patient?
<variant> atrioventricular blockade3 degrees
<variant> sinus arrhythmia
<variant> atrioventricular blockade 1 degrees
<variant> atrioventricular blockade 2 degrees
<variant> extrasystole
<question> Analyze the patient's condition: a 65-year-old man came to the reception with complaints of squeezing pain behind the sternum radiating to the left arm, relieved by nitroglycerin, which appear at physical load, heartbeat, interruptions V work hearts. IN history of arterial hypertension for 20 years with a maximum increase of up to 200/100 mm Hg. For the last year I have been taking verapamil 240 mg per day. ECG prolongation of PQ interval more 0.24 sec. This patient has more likely total developed complication:
<variant> atrioventricular blockade I degrees
<variant> full blockade left legs beam Gisa
<variant> incomplete blockade right legs beam Gisa
<variant> full blockade right legs beam Gisa
<variant> sinoatrial blockade
<question> Choose the most optimal treatment tactics. The patient has atrioventricularblockade III degree with attacks of loss of consciousness:
<variant> direct on surgical treatment - implantation pacemaker (EX)
<variant> appoint 1 antiarrhythmic preparation
<variant> appoint combination antiarrhythmic drugs
<variant> appoint drugs that improve exchange processes V cardiac muscle
<variant> appoint physiotherapy
<question> Determine, indication For conducting constant cardiac pacing:
<variant> sinusoidal bradycardia 44-42 blow V 1 min
<variant> attacks Morgagni-Adams-Stokes
<variant> atrioventricular blockade I degrees
<variant> full blockade left legs beam Gisa
<variant> full blockade right legs beam Gisa
<question> Choose the correct statement: rare rhythm (heart rate 40 beats per minute or less) with Morgagni attacks - Edens - Stokes.
<variant> full atrioventricular blockade
<variant> atrioventricular blockadeI degrees
<variant> at blockade left legs beam Gisa
<variant> ventricular extrasystole
<variant> interatrial blockade
<question> Select preparation For treatments frequent ventricular extrasystoles V sharp period myocardial infarction:
<variant> lidocaine
<variant> cordarone
<variant> novocainamide

<variant> β-blockers
<variant> cardiac glycosides
<question> Organize a treatment option: a patient, 73 years old, contacted the local doctor therapist With complaints on shortness of breath, periodically discomfort V areas hearts, interruptions, episodes of palpitations. Blood pressure at the level of 154/80 mm Hg. Heart rate 82 beats per minute. On the ECG - hypertrophy left ventricle. At daily monitoring ECG: average Heart rate - 78 beats/min, (minimum - 58, maximum - 147). There were no reliable ischemic changes in the ST segment. revealed. IN flow total period monitoring registered supraventricular extrasystoles, periodically frequent, grouped. Against this background, 4 episodes of short paroxysms fibrillation atria.
<variant> To enalapril 5 mg And hypothiazide 25 mg added diltiazem
<variant> dose enalapril increased to 10 mg + hypothiazide 25 mg
<variant> To enalapril 5 mg And hypothiazide 25 mg added bisoprolol 5 mg/day
<variant> therapy enalapril 5 mg And hypothiazide 25 mg abandoned without changes
<variant> To enalapril 5 mg And hypothiazide 25 mg added sedatives means (Nazepam)
<question> A 70-year-old patient complains of unexplained discomfort in the chest, a feeling shortness of breath and pain in the lower jaw on the left, interruptions. From the anamnesis: at the age of 60, for the first time I began to feel pain in my heart of a squeezing nature with irradiation to my left shoulder and left shoulder blade. At the beginning of the disease, attacks of chest pain were rare (1-2 times a year), but in the last 2 years they have become much more frequent. There is practically no need for medical help. addressed. Objectively: borders hearts expanded to the left on 2 cm, width vascular beam 9 cm, heart sounds are muffled, Heart rate 90 per minute, interrupted by extrasystoles every 20-25 beats. HELL 150/90 mmHg, temperature bodies 37.2 ^{0}. IN UAC moderate leukocytosis With small shift to the left, ESR 26 mm/h. On the ECG: ST in leads I, AVL, V4, 5, 6, shifted above isolines. T in leads AVL, V4,5,6 negative Yours diagnosis:
<variant> Spicy coronary syndrome
<variant> IHD. Stable angina pectoris
<variant> IHD. Large focal heart attack myocardium
<variant> IHD. Progressive angina pectoris
<variant> TELA
<question> A 70-year-old patient has total heart failure stage II-B (according to Myasnikov), predominantly By right ventricular type (edema legs, enlarged liver, stagnation V lungs). Borders hearts expanded V diameter. First tone on top saved, trinomial rhythm on top, accent And bifurcation second tones on pulmonary arteries, systolic noise predominantly on top.The most likely diagnosis:
<variant> Rheumatic vice hearts
<variant> IHD
<variant> Pulmonary heart
<variant> Myocardial dystrophy
<variant> Cardiomyopathy
<question> U sick 70 years total cardiac failure II-B stages, predominantly By right ventricular type (edema legs, enlarged liver, stagnation V lungs). Borders hearts expanded V diameter. First tone on top saved, trinomial rhythm on top, accent And bifurcation second tones on pulmonary arteries, systolic noise predominantly on top.What from additional methods research required for confirmation diagnosis?
< variant > EchoCG
< variant > X-ray

< variant > ECG
<variant> Aortography
<variant> Coronary angiography
<question> A 72-year-old man consulted a doctor with complaints of palpitations, discomfort in heart area, weakness, feeling of fear. Objectively: pulse 180 per minute, blood pressure 100/70 mmHg. Heart sounds are unchanged. Compression of the carotid sinus has resulted in a decrease in heart rate. abbreviations up to 90.
Most likely diagnosis:
<variant> Supraventricular paroxysmal tachycardia
<variant> Flutter atria
<variant> Sinus arrhythmia
<variant> Flickering atria
<variant> Ventricular paroxysmal tachycardia
<question> A 72-year-old man consulted a doctor with complaints of palpitations, discomfort in heart area, weakness, feeling of fear. Objectively: pulse 180 per minute, blood pressure 100/70 mmHg. Heart sounds are unchanged. Compression of the carotid sinus has resulted in a decrease in heart rate. abbreviations up to 90. To the vagal samples NOT refers to:
<variant> Try Heimlich
<variant> Compression carotid sinus
<variant> Summoning vomiting
<variant> Try Valsalva
<variant> Pressure on eye apples
<question> A 72-year-old man consulted a doctor with complaints of palpitations, discomfort in heart area, weakness, feeling of fear. Objectively: pulse 180 per minute, blood pressure 100/70 mm Hg. Heart sounds are unchanged. Compression of the carotid sinus has led to lowering heart abbreviations up to 90.
TO applicable medicines follows relate:
< variant > ATP
< variant > Digitalis
< variant > Aminophylline
<variant> Ephedrine
<variant> Atropine
<question> A 72-year-old man consulted a doctor with complaints of palpitations, discomfort in heart area, weakness, feeling of fear. Suffers from COPD, takes Seretide. Objectively: pulse180 per minute, BP 100/70 mm Hg. Heart sounds are unchanged. Compression of the carotid sinus is not resulted in a decrease in heart rate. Select the drugs that are recommended foremergency help:
<variant> verapamil or cordarone
<variant> propranolol, atenolol, verapamil
<variant> lidocaine, sotalol, ajmaline
<variant> verapamil, diltiazem, metoprolol
<variant> digoxin, verapamil, got enough
<question> Patient, 63 years old. History: deterioration of condition over the course of a year - gradually general weakness, shortness of breath, and dull aching pains in the heart area increased. Before appeal dizziness during exertion, 3 times - syncope per month. From the objective data it is noteworthy attention: pallor, swollen cervical veins, changes colors faces V horizontal position, cardiomegaly, deaf tones hearts, frequent soft pulse, hepatomegaly. Low voltage ECG. Over easy vesicular breath. Preliminary diagnosis:

<variant> Exudative pericarditis With threat tamponades hearts
<variant> IHD. Angina pectoris tension FC III
<variant> Heart attack myocardium
<variant> Exudative pleurisy
<variant> Tumor brain
<question> U men 65 years, suffering many years arterial hypertension, angina pectoris, chronic obstructive bronchitis, suddenly there was a pressing pain in areas top thirds sternum With irradiation V shoulders, interscapular region, short-term loss consciousness (seconds) , embarrassment V chest. At examination rhythmthe heart is right, tones are preserved. BP 120/70 mm Hg Art. over easy dry scattered wheezing. Reception nitroglycerin Not improved condition. Most likely diagnosis:
<variant> Stratifying aneurysm
<variant> Bronchial asthma
<variant> Heart attack myocardium, complicated edema easy
<variant> Heart attack myocardium, complicated cardiogenic shock
<variant> TELA
<question> Sick 81 years, addressed With phenomena expressed decompensation circulatory failure (CH FC IIINYHA) against the background of atrial tachyarrhythmia. Which of the drugs choose for the treatment of the patient:
<variant> digoxin
<variant> anaprilin
<variant> verapamil
<variant> novocainamide
<variant> ethmozin
<question> A 76-year-old patient is bothered by paroxysms of atrial fibrillation at the height of an attack angina pectoris. Sick suffered from myocardial infarction some years back. Select planned treatment.
<variant> BAB prolonged, nitrates prolonged
<variant> digoxin, nitrates prolonged
<variant> novocainamide, nitrates prolonged
<variant> electrocardiostimulation
<variant> BAB short actions, nitrates prolonged