

MANAGEMENT OF PATIENTS WITH MAIN SYMPTOMS AND SYNDROMES IN THE GASTROENTEROLOGY

A 33 y.o. male patient was admitted to a hospital. A patient **is pale**, at an attempt to stand up he complains of **strong dizziness**. There was **vomiting like coffee-grounds** approximately hour ago. **BP- 90/60 mm Hg., pulse- 120 b/min.** In anamnesis, a patient **has suffered from ulcer of the stomach**, painless form during 4 years. An **ulcer was exposed at gastrofiberoscopy**. Your diagnosis:

Acute myocardial infarction, abdominal form

Erosive gastritis

Acute pleurisy

Ulcer of duodenum, complicated with bleeding

Ulcer of stomach, complicated with bleeding

A 33 y.o. male patient was admitted to a hospital. A patient is pale, at an attempt to stand up he complains of strong dizziness. There was vomiting like coffee-grounds approximately hour ago. BP- 90/60 mm Hg., pulse- 120 b/min. In anamnesis, a patient has suffered from ulcer of the stomach, painless form during 4 years. An ulcer was exposed at gastrofi-beroscopy. Your diagnosis:

Acute myocardial infarction, abdominal form

Erosive gastritis

Acute pleurisy

Ulcer of duodenum, complicated with bleeding

Ulcer of stomach, complicated with bleeding

A 27 y.o. man complains of pain in epigastrium which is relieved by food intake. EGDFS shows antral erosive gastritis, biopsy of antral mucous presents *Helicobacter Pylori*. What can be diagnosed in this case?

Gastritis of type B

Gastritis of A type

Reflux - gastritis

Rigid antral gastritis

Menetrier's disease

A 27 y.o. man complains of pain in epigastrium which is relieved by food intake. EGDFS shows antral erosive gastritis, biopsy of antral mucous presents *Helicobacter Pylori*. What can be diagnosed in this case?

Gastritis of type B

Gastritis of A type

Reflux - gastritis

Rigid antral gastritis

Menetrier's disease

A 35 y.o. patient complains of a **difficult swallowing**, pain behind the breastbone. He **can eat only liquid food**. **While swallowing** sometimes he has attacks of **cough and dyspnea**. Above mentioned complaints are progressing. It is known that the patient has **had a chemical burn of esophagus** one month ago. What complication does the patient have?

Esophagitis and stricture

Esophagitis

Lower esophageal sphincter insufficiency

Lower esophageal sphincter achalasia

Esophageal diverticula

A 35 y.o. patient complains of a difficult swallowing, pain behind the breastbone. He can eat only liquid food. While swallowing sometimes he has attacks of cough and dyspnea. Above mentioned complaints are progressing. It is known that the patient has had a chemical burn of esophagus one month ago. What complication does the patient have?

Esophagitis and stricture

Esophagitis

Lower esophageal sphincter insufficiency

Lower esophageal sphincter achalasia

Esophageal diverticula

A 40 y.o. patient was admitted to the gastroenterology with skin itching, jaundice, discomfort in the right subcostal area, generalized weakness. On examination: skin is jaundice, traces of scratches, liver is +5 cm, splin is 6x8 cm. In blood: alkaline phosphatase - 480 U/L, general bilirubin - 60 mkmol/L, cholesterol - 8,0 mmol/L. What is the leading syndrome in the patient?

Liver-cells insufficiency

Asthenic

Cholestatic

Cytolytic

Mesenchymal inflammatory

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Liver-cells insufficiency

Asthenic

Cholestatic

Cytolytic

Mesenchymal inflammatory

A 51 y.o. woman complains of dull pain in the right subcostal area and epigastric area, nausea, appetite decline during 6 months. There is a history of gastric peptic ulcer. On examination: weight loss, pulse is 70 bpm, AP is 120/70 mm Hg. Diffuse tenderness and resistance of muscles on palpation. There is a lymphatic node 1x1cm in size over the left clavicle. What method of investigation will be the most useful?

Ultrasound examination of abdomen

Ureatic test

pH-metry

Esophagogastroduodenoscopy with biopsy

A 51 y.o. woman complains of dull pain in the right subcostal area and epigastric area, nausea, appetite decline during 6 months. There is a history of gastric peptic ulcer. On examination: weight loss, pulse is 70 bpm, AP is 120/70 mm Hg. Diffuse tenderness and resistance of muscles on palpation. There is a hard lymphatic node 1x1cm in size over the left clavicle. What method of investigation will be the most useful?

Ultrasound examination of abdomen

Ureatic test

pH-metry

Esophagogastroduodenoscopy with biopsy

A 55 y.o. patient complains of **distended abdomen and rumbling, increased winds evacuation, liquid foamy feces with sour smell** following the daily products consumption. What is the correct name of this syndrome?

Dyskinesia syndrome

Syndrome of fatty dyspepsia

Syndrome of decayed dyspepsia

Malabsorption syndrome

Syndrome of fermentative dyspepsia

A 55 y.o. patient complains of distended abdomen and rumbling, increased winds evacuation, liquid foamy feces with sour smell following the daily products consumption. What is the correct name of this syndrome?

Dyskinesia syndrome

Syndrome of fatty dyspepsia

Syndrome of decayed dyspepsia

Malabsorption syndrome

Syndrome of fermentative dyspepsia

A 56 y.o. man, who has taken **alcoholic drinks** regularly for 20 years, complains of **intensive** girdle **pain in the abdomen**. **Profuse non formed stool 23- times a day** has appeared for the last 2 years, **loss of weight for 8 kg for 2 years**. On examination: abdomen is soft, painless. **Blood amylase - 12g/L**. Feces examination-**neutral fat 15 g** per day, **starch grains**. What is the most reasonable treatment at this stage?

Pancreatine

Levomicytine

Aminocapron acid

Imodium

Contrykal

A 56 y.o. man, who has taken alcoholic drinks regularly for 20 years, complains of intensive girdle pain in the abdomen. Profuse nonformed stool 23- times a day has appeared for the last 2 years, loss of weight for 8 kg for 2 years. On examination: abdomen is soft, painless. Blood amylase - 12g/L. Feces examination-neutral fat 15 g per day, starch grains. What is the most reasonable treatment at this stage?

Pancreatine

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A 41 y.o. woman has suffered from nonspecific ulcerative colitis during 5 years. On rectoromanoscopy: marked inflammatory process of lower intestinal parts, pseudopolyposive changes of mucous. In blood: WbC- $9,8 \cdot 10^9/L$, RBC- $3,0 \cdot 10^{12}/L$, ESR-52 mm/hour. What medication provides pathogenetic treatment of this patient?

Vikasolum

Motilium

Sulfasalasine

Linex

Kreon

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Vikasolum

Motilium

Sulfasalazine

Linex

Kreon

A male patient complains of heartburn which gets stronger while bending the body, substernal pain during swallowing. There is a hiatus hernia on X-ray. What disorder should be expected at gastroscopy?

Gastric peptic ulcer

Gastroesophageal reflux

Acute erosive gastritis

Duodenal peptic ulcer

Chronic gastritis

A male patient complains of heartburn which gets stronger while bending the body, substernal pain during swallowing. There is a hiatus hernia on X-ray. What disorder should be expected at gastroscopy?

Gastric peptic ulcer

Gastroesophageal reflux

Acute erosive gastritis

Duodenal peptic ulcer

Chronic gastritis

A 43 y.o. male complains of stomach pain, which relieves with defecation, and is accompanied by abdominal winds, rumbling, the feeling of incomplete evacuation or urgent need for bowel movement, constipation or diarrhea in alternation. These symptoms have lasted for over 3 months. No changes in laboratory tests. What is the most likely diagnosis?

Colitis with hypertonic type dyskinesia

Chronic enterocolitis, exacerbation phase

Spastic colitis

Atonic colitis

Irritable bowel syndrome

A 43 y.o. male complains of stomach pain, which relieves with defecation, and is accompanied by abdominal winds, rumbling, the feeling of incomplete evacuation or urgent need for bowel movement, constipation or diarrhea in alternation. These symptoms have lasted for over 3 months. No changes in laboratory tests. What is the most likely diagnosis?

Colitis with hypertonic type dyskinesia

Chronic enterocolitis, exacerbation phase

Spastic colitis

Atonic colitis

Irritable bowel syndrome

A 76 y.o. woman complains of progressing swallowing disorder, mostly she has had problems with solid food for the last 6 weeks. Sometimes she has regurgitation of solid masses. Swallowing is not painful. She lost 6 kg. 10 years ago she had myocardial infarction, she takes constantly aspirin and prolonged nitrates. She consumes alcohol in moderate proportions, smokes. Objectively: icteric skin, neck has no peculiarities, lymph nodes are not enlarged. Thorax has no changes, cardiovascular system has no evident changes. Liver is +3 cm. What is the preliminary diagnosis?

Esophageal achalasia

Cancer of esophagus

Diffuse constriction of esophagus

Diaphragmatic hernia

Myasthenia

A 76 y.o. woman complains of progressing swallowing disorder, mostly she has had problems with solid food for the last 6 weeks. Sometimes she has regurgitation of solid masses. Swallowing is not painful. She lost 6 kg. 10 years ago she had myocardial infarction, she takes constantly aspirin and prolonged nitrates. She consumes alcohol in moderate proportions, smokes. Objectively: icteric skin, neck has no peculiarities, lymph nodes are not enlarged. Thorax has no changes, cardiovascular system has no evident changes. Liver is +3 cm. What is the preliminary diagnosis?

Esophageal achalasia

Cancer of esophagus

Diffuse constriction of esophagus

Diaphragmatic hernia

Myasthenia

A 38 y.o. man complains of having occasional problems with swallowing of both hard and fluid food for many months. Sometimes he feels intense pain behind his breast bone, especially after hot drinks. There are asphyxia onsets at night. He has not lost weight. Objectively: his general condition is satisfactory. Examination revealed no changes of gastrointestinal tract. X-ray picture of thorax organs presents esophagus dilatation with level of fluid in it. What is the preliminary diagnosis?

Gastroesophageal reflux

Esophagus achalasia

Myasthenia

Cancer of esophagus

Esophagus candidosis

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Gastroesophageal reflux

Esophagus achalasia

Myasthenia

Cancer of esophagus

Esophagus candidosis

A 35 y.o. woman consulted a doctor about occasional pain in paraumbilical and iliac region that reduce after defecation or passage of gases. Defecation takes place up to 6 times a day, stool is not solid, with some mucus in it. Appetite is normal, she has not lost weight. First such symptoms appeared 1,5 year ago, but colonoscopy data reveals no organic changes. Objectively: abdomen is soft, a little bit painful in the left iliac region. Blood and urine are normal. What is the preliminary diagnosis?

Celiac disease

Dispancreatism

Pseudomembranous colitis

Irritable bowels syndrome

Crohn's disease

A 35 y.o. woman consulted a doctor about occasional pain in paraumbilical and iliac region that reduce after defecation or passage of gases. Defecation takes place up to 6 times a day, stool is not solid, with some mucus in it. Appetite is normal, she has not lost weight. First such symptoms appeared 1,5 year ago, but colonoscopy data reveals no organic changes. Objectively: abdomen is soft, a little bit painful in the left iliac region. Blood and urine are normal. What is the preliminary diagnosis?

Celiac disease

Dispancreatism

Pseudomembranous colitis

Irritable bowels syndrome

Crohn's disease

A 45 y.o. man has complained of having epigastric and right subcostal aching pain, pruritus, indigestion, dark color of the urine and acholic stool, fever and significant weight loss for 1 month. On examination: jaundice, presence of Courvoisier's sign. US scan did not reveal stones in the gallbladder and choledochus. What is the most likely diagnosis?

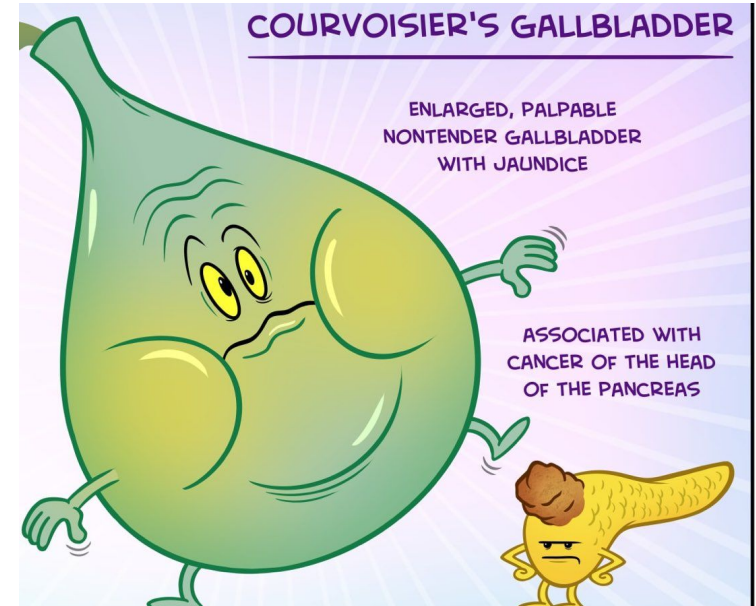
Cancer of the pancreas head

Gallbladder stones

Chronic hepatitis

Chronic cholangitis

Chronic pancreatitis



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Cancer of the pancreas head

Gallbladder stones

Chronic hepatitis

Chronic cholangitis

Chronic pancreatitis

A 27 y.o. man complained of aching **epigastric pain right after meal**, heartburn and **nausea**. Stomach **endoscopy** revealed a large amount of mucus, hyperemia and edema of mucous membrane in gastric fundus with **areas of atrophy**. Make a diagnosis.

Chronic gastritis of type A

Chronic gastritis of type C

Peptic ulcer of stomach

Chronic gastritis of type B

Menetrier's disease

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Chronic gastritis of type A

Chronic gastritis of type C

Peptic ulcer of stomach

Chronic gastritis of type B

Menetrier's disease

A 16 y.o. teenager complains of weakness, dizziness, heaviness in the left hypochondrium. Objectively: skin and visible mucous membranes are icteric. Steeple skull. Liver +2 cm, the lower pole of spleen is at the level of navel. Blood test: RBC- $2,7 \times 10^{12}/L$, Hb- 88 g/L, WBC- $5,6 \times 10^9/L$, ESR- 15 mm/h. What is the most probable reason of bilirubin level change?

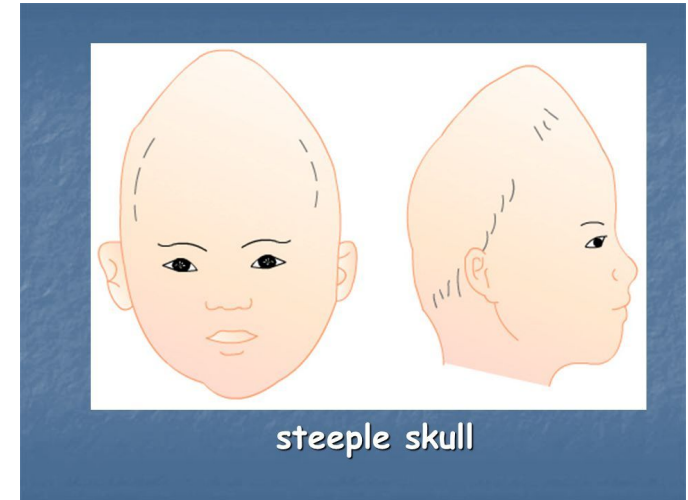
Decrease of conjugated bilirubin

Increase of conjugated bilirubin

Increase of unconjugated bilirubin

Increase of unconjugated and conjugated bilirubin

Decrease of unconjugated bilirubin



microspherocytosis

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Decrease of conjugated bilirubin

Increase of conjugated bilirubin

Increase of unconjugated bilirubin

Increase of unconjugated and conjugated bilirubin

Decrease of unconjugated bilirubin

A 60 y.o. woman complains of unbearable pain in the right hypochondrium. In the medical history: acute pancreatitis. Body temperature is 38,2 C. Objectively: sclera icteric. No symptoms of peritoneal irritation. There are positive Ortner's and Hubergrits Skulski symptoms. Urine diastase is 320 g/h. What diagnosis is the most probable?

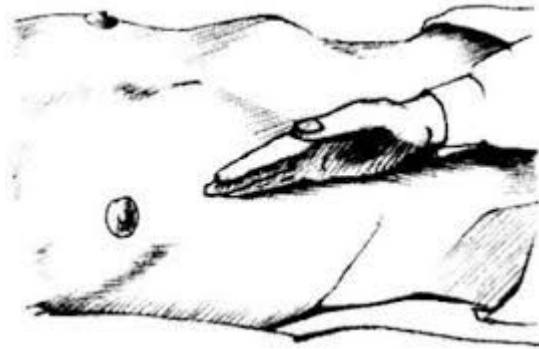
Chronic pancreatitis

Cancer of pancreas

Chronic cholecystitis

Acute cholangitis

Acute cholecystitis



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Chronic pancreatitis

Cancer of pancreas

Chronic cholecystitis

Acute cholangitis

Acute cholecystitis

A patient, aged 48, complains of heaviness in the right hypochondrium, itching of the skin. Repeatedly he had been treated in infectious diseases hospital because of icterus. Objectively: meteorism, ascitis, dilation of abdominal wall veins, protruding navel, spleen enlargement. Diagnosis is:

Cancer of the head of pancreas

Viral hepatitis B

Liver cirrhosis

Gallstones

Cancer of the liver

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Cancer of the head of pancreas

Viral hepatitis B

Liver cirrhosis

Gallstones

Cancer of the liver

A patient has been in a hospital. The beginning of the disease was gradual: nausea, vomiting, dark urine, acholic stools, yellowness of the skin and sclera. The liver is protruded by 3 cm. Jaundice progressed on the 14th day of the disease. The liver diminished in size. What complication of viral hepatitis caused deterioration of the patient's condition?

Cholangitis

Relapse of viral hepatitis

Meningitis

Hepatic encephlopathy

Infectious-toxic shock

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Cholangitis

Relapse of viral hepatitis

Meningitis

Hepatic encephalopathy

Infectious-toxic shock

A 50 year old woman complained of attacks of right subcostal pain after fatty meal she has been suffering from for a year. Last week the attacks repeated every day and became more painful. What diagnostic study would you recommend?

X-ray examination of the gastrointestinal tract

Ultrasound study of the pancreas

Blood cell count

Ultrasound examination of the gallbladder

Liver function tests

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X-ray examination of the gastrointestinal tract

Ultrasound study of the pancreas

Blood cell count

Ultrasound examination of the gallbladder

Liver function tests

A 68 year old patient has been suffering from chronic pancreatitis for 35 years. During the last 5 years he has been observing of pain syndrome, abdominal swelling, frequent defecations up to 3-4 times a day (feces are greyish, glossy, with admixtures of undigested food), progressing weight loss. Change of symptom set is caused by joining of:

Chronic enterocolitis

Syndrome of lactase deficiency

Endocrine pancreatic insufficiency

Irritable bowels syndrome

Exocrine pancreatic insufficiency

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Chronic enterocolitis

Syndrome of lactase deficiency

Endocrine pancreatic insufficiency

Irritable bowels syndrome

Exocrine pancreatic insufficiency

A 32 year old patient complains about heartburn and dull pain in the epigastrium that appear 2-3 hours after meal. Exacerbations happen in spring and in autumn. The patient has food intolerance of eggs and fish. Objectively: stomach palpation reveals painful gastroduodenal area. Electrophasoduodenoscopy revealed a 5 mm ulcer on the anterior wall of duodenum. Urease test is positive. What is the most probable leading mechanism of disease development?

Autoantibody production

Dietary allergy

Helicobacter infection

Reduced prostaglandin synthesis

Disorder of gastric motor activity

A 32 year old patient complains about heartburn and dull pain in the epigastrium that appear 2-3 hours after meal. Exacerbations happen in spring and in autumn. The patient has food intolerance of eggs and fish. Objectively: stomach palpation reveals painful gastroduodenal area. Electrophasoduodenoscopy revealed a 5 mm ulcer on the anterior wall of duodenum. Urease test is positive. What is the most probable leading mechanism of disease development?

Autoantibody production

Dietary allergy

Helicobacter infection

Reduced prostaglandin synthesis

Disorder of gastric motor activity

A 20-year-old woman has a 3-4 month history of bloody diarrhea; stool examination proved negative for ova and parasites; stool cultures negative for clostridium, campylobacter and yersinia; normal small bowel series; edema, hyperemia and ulceration of the rectum and sigmoid colon seen on sigmoidoscopic examination. Select the most likely diagnosis:

Gastroenteritis

Ulcerative colitis

Granulomatous colitis

Carcinoid syndrome

Zollinger-Ellison syndrome

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Gastroenteritis

Ulcerative colitis

Granulomatous colitis

Carcinoid syndrome

Zollinger-Ellison syndrome

A 60-year-old woman, mother of 6 children, developed a sudden onset of upper abdominal pain radiating to the back, accompanied by nausea, vomiting, fever and chills. Subsequently, she noticed yellow coloration of her sclera and skin. On physical examination the patient was found to be febrile with temp. of 38,9oC, with right upper quadrant tenderness. The most likely diagnosis is:

Choledochal cyst

Choledocholithiasis

Carcinoma of the head of the pancreas

Malignant biliary stricture

Benign biliary stricture

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Carcinoma of the head of the pancreas

Malignant biliary stricture

Benign biliary stricture

In which of the following disorders pathophysiology of portal hypertension involve **presinusoidal intrahepatic** obstruction?

Budd-Chiari syndrome

Alcoholic cirrhosis

Hemochromatosis

Congenital hepatic fibrosis

Cavernomatous transformation of the portal vein

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Budd-Chiari syndrome

Alcoholic cirrhosis

Hemochromatosis

Congenital hepatic fibrosis

Cavernomatous transformation of the portal vein

In autumn a 25-year-old patient developed stomach ache that arose 1,5-2 hours after having meals and at night. He complains about constipation. The pain is getting worse after consuming spicy, salty and sour food, it can be relieved by soda and hot-water bag. The patient has been suffering from this disease for a year. Objectively: moist tongue. Abdomen palpation reveals epigastric pain on the right, resistance of abdominal muscles in the same region. What is the most likely diagnosis?

Stomach ulcer

Duodenal ulcer

Chronic cholecystitis

Diaphragmatic hernia

Chronic pancreatitis

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Stomach ulcer

Duodenal ulcer

Chronic cholecystitis

Diaphragmatic hernia

Chronic pancreatitis

A 50-year-old patient complains about having pain attacks in the right subcostal area for about a year. He pain arises mainly after eating fatty food. Over the last week the attacks occurred daily and became more painful. On the 3rd day of hospitalization the patient presented with icterus of skin and sclera, light-colored feces and dark urine. In blood: neutrophilic leukocytosis - $13,1 \cdot 10^9/l$, ESR - 28 mm/h. What is the most likely diagnosis?

Chronic recurrent pancreatitis

Chronic calculous cholecystitis

Hypertensive dyskinesia of gallbladder

Fatty degeneration of liver

Chronic cholangitis, exacerbation stage

A 50-year-old patient complains about having pain attacks in the right subcostal area for about a year. The pain arises mainly after eating fatty food. Over the last week the attacks occurred daily and became more painful. On the 3rd day of hospitalization the patient presented with icterus of skin and sclera, light-colored feces and dark urine. In blood: neutrophilic leukocytosis $13,1 \cdot 10^9/l$, ESR - 28 mm/h. What is the most likely diagnosis?

Chronic recurrent pancreatitis

Chronic calculous cholecystitis

Hypertensive dyskinesia of gallbladder

Fatty degeneration of liver

Chronic cholangitis, exacerbation stage

4 hours after meal a patient with signs of malnutrition and steatorrhea experiences stomach pain, especially above navel and to the left of it. Diarrheas turns with constipation lasting up to 3-5 days. Palpation reveals moderate pain in the choledochopancreatic region. The amylase rate in blood is stable. X-ray reveals some calcifications located above navel. What is the most likely diagnosis?

Chronic gastroduodenitis

Duodenal ulcer

Chronic calculous cholecystitis

Chronic pancreatitis

Zollinger-Ellison syndrome

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Chronic gastroduodenitis

Duodenal ulcer

Chronic calculous cholecystitis

Chronic pancreatitis

Zollinger-Ellison syndrome

A 43-year-old female patient complains of **unstable defecation with frequent constipations**, abdominal swelling, headache, **sleep disturbance**. Body weight is unchanged. What disease are these clinical presentations typical for?

Chronic atrophic gastritis

Irritable colon syndrome

Colorectal cancer

Chronic pancreatitis

Chronic enteritis

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Chronic atrophic gastritis

Irritable colon syndrome

Colorectal cancer

Chronic pancreatitis

Chronic enteritis

A 49-year-old patient complains of **swallowing problems, especially with solid food, hiccups, voice hoarseness, nausea, regurgitation, significant weight loss (15 kg within 2,5 months)**. Objectively: **body weight is reduced. Skin is pale and dry**. In lungs: vesicular breathing, heart sounds are loud enough, heart activity is rhythmic. The abdomen is soft, painless on palpation. Liver is not enlarged. What study is required to make a diagnosis?

Clinical blood test

X-ray in Trendelenburg's position

X-ray of digestive tract organs

FEGDS with biopsy

Study of gastric secretion

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Clinical blood test

X-ray in Trendelenburg's position

X-ray of digestive tract organs

FEGDS with biopsy

Study of gastric secretion

A 60-year-old patient had eaten **too much fatty food**, which resulted in sudden **pain in the right subcostal area, nausea, bilious vomiting**, strong sensation of **bitterness in the mouth**. Two days later the patient presented with **jaundice, dark urine**. Objectively: **sclera and skin are icteric**, Liver is increased by 3 cm, soft, painful on palpation, **Ortner's, Kehr's, Murphy's, Zakharyin's, Mayo-Robson's symptoms are positive**. Which method should be applied for diagnosis in the first place?

USI of gallbladder and biliary duct

Diagnostic laparotomy

Fibrogastroduodenoscopy

Radionuclide scanning of liver and gallbladder

X-ray of abdominal organs

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USI of gallbladder and biliary duct

Diagnostic laparotomy

Fibrogastroduodenoscopy

Radionuclide scanning of liver and gallbladder

X-ray of abdominal organs

Gastric juice analysis of a 42-year-old male patient revealed **absence of free hydrochloric acid** at all stages. Endoscopy revealed **pallor, thinning of gastric mucosa**, smoothed folds. Microscopically the **atrophy of glands with intestinal metaplasia** was found. What disease is this situation typical for?

Chronic type A gastritis

Menetrier disease

Chronic type C gastritis

Stomach cancer

Chronic type B gastritis

Gastric juice analysis of a 42-year-old male patient revealed absence of free hydrochloric acid at all stages. Endoscopy revealed pallor, thinning of gastric mucosa, smoothed folds. Microscopically the atrophy of glands with intestinal metaplasia was found. What disease is this situation typical for?

Chronic type A gastritis

Menetrier disease

Chronic type C gastritis

Stomach cancer

Chronic type B gastritis

A 24-year-old female patient complains of pain in the right hypochondrium that is getting worse after taking meals; nausea, fever up to 37, 7°C, icteric skin, pain in the large joints. These presentations have been observed for 8 months.

Objectively: hepatosplenomegaly. Blood test results: ESR- 47 mm/h, total bilirubin - 86,1 mmol/l, direct bilirubin - 42,3 mmol/l. Total protein - 62 g/l, albumins - 40%, globulins - 60%, gamma globulins - 38%. Viral hepatitis markers were not detected. The antibodies to smooth muscle cells are present. On ultrasound the portal vein diameter was of 1 cm. What is the most likely diagnosis?

Primary biliary cirrhosis

Gilbert's syndrome

Autoimmune hepatitis

Hemachromatosis

Cholangiogenic hepatitis

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Objectively: hepatosplenomegaly. Blood test results: ESR- 47 mm/h, total bilirubin - 86,1 mmol/l, direct bilirubin - 42,3 mmol/l. Total protein - 62 g/l, albumins - 40%, globulins - 60%, gamma globulins - 38%. Viral hepatitis markers were not detected. The antibodies to smooth muscle cells are present. On ultrasound the portal vein diameter was of 1 cm. What is the most likely diagnosis?

Primary biliary cirrhosis

Gilbert's syndrome

Autoimmune hepatitis

Hemachromatosis

Cholangiogenic hepatitis

A 57-year-old female complains on **sensation of esophageal compression**, palpitation, **difficulty breathing during eating solid food**, occasional **vomiting with a full mouth**, 'wet pillow sign at night for the last 6 months. Objectively: body temperature - 39°C, height - 168 cm, weight - 72 kg, Ps- 76/min, AP- 120/80 mm Hg. X-ray revealed a considerable **dilation of esophagus and its constriction in the cardial part**. What pathology is most likely to have caused dysphagia in this patient?

Primary esophagism

Hiatal hernia

Achalasia cardiae

Esophageal carcinoma

Reflux esophagitis

A 57-year-old female complains on sensation of esophageal compression, palpitation, difficulty breathing during eating solid food, occasional vomiting with a full mouth, 'wet pillow sign at night for the last 6 months. Objectively: body temperature - 39°C, height - 168 cm, weight - 72 kg, Ps- 76/min, AP- 120/80 mm Hg. X-ray revealed a considerable dilation of esophagus and its constriction in the cardial part. What pathology is most likely to have caused dysphagia in this patient?

Primary esophagism

Hiatal hernia

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Esophageal carcinoma

Reflux esophagitis

A patient is 31 years old. Double Contrast barium swallow revealed a filling defect on the posterior wall in the middle segment of esophagus. The defect looked like a well-defined oval 1,8x1,3 cm large. Mucosal folds adjacent to the defect were intact, peristalsis and elasticity of the walls remained unchanged. Digestive tract problems were absent. What is the provisional diagnosis?

Diverticulum

Esophageal tumor

Achalasia cardia

Esophageal burn

Barrett's esophagus

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Diverticulum

Esophageal tumor

Achalasia cardia

Esophageal burn

Barrett's esophagus

A 28-year-old male patient complains of regurgitation, cough and heartburn that occurs every day after a meal, when bending forward or lying down. These problems have been observed for 4 years. Objective status and laboratory values are normal. FEGDS revealed esophagitis. What is the leading factor in the development of this disease?

Hypergastrinemia

Hypersecretion of hydrochloric acid

Failure of the inferior esophageal sphincter

Duodeno-gastric reflux

Helicobacter pylori infection

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Hypergastrinemia

Hypersecretion of hydrochloric acid

Failure of the inferior esophageal sphincter

Duodeno-gastric reflux

Helicobacter pylori infection

A 56-year-old male patient with **decompensated cirrhosis** complains of **dizziness, palpitations**, moving black specks seen before the eyes, **general weakness**. The patient **is pale, Ps- 110/min, AP- 90/50 mm Hg**. What complication is most likely to have occurred in the patient?

Acute coronary syndrome

Hepatocellular insufficiency

Bleeding from esophageal varices

Hepatic encephalopathy

Paroxysmal tachycardia

A 56-year-old male patient with decompensated cirrhosis complains of dizziness, palpitations, moving black specks seen before the eyes, general weakness. The patient is pale, Ps- 110/min, AP- 90/50 mm Hg. What complication is most likely to have occurred in the patient?

Acute coronary syndrome

Hepatocellular insufficiency

Bleeding from esophageal varices

Hepatic encephalopathy

Paroxysmal tachycardia

A 57-year-old female patient complains of intense pain in the right hypochondrium irradiating to the right supraclavicular region. Skin and sclerae are icteric. There is tension and tenderness in the right hypochondrium on palpation. Body temperature is 38,8°C. Blood test results: WbC- 11,2 • 10⁹/l, total bilirubin - 112 mmol/l (conjugated - 86 mmol/l, unconjugated 26 mmol/l). What is the most likely diagnosis?

Pancreatic tumor

Perforated duodenal ulcer

Acute pancreatitis

Cholangitis

Acute appendicitis

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Pancreatic tumor

Perforated duodenal ulcer

Acute pancreatitis

Cholangitis

Acute appendicitis

A 33-year-old female complains of escalating **spastic pain in the abdomen after the psychoemotional stress**. The patient has intermittent bowel movements, that is 2-3 bowel movements after waking up alternate with constipation lasting for 1-2 days. Objectively: body weight is unchanged, there is moderate pain on palpation of the sigmoid colon. Hb- 130 g/l, WBC- $5,2 \cdot 10^9 /l$, ESR- 9 mm/h. Proctosigmoidoscopy causes pain due to spastic bowel condition, intestinal mucosa is not changed. In the lumen there is a lot of mucus. What is the most likely diagnosis?

Acute bowel ischemia

Malabsorption syndrome

Crohn's disease

Irritable bowel syndrome

Non-specific ulcerative colitis

A 33-year-old female complains of escalating spastic pain in the abdomen after the psychoemotional stress. The patient has intermittent bowel movements, that is 2-3 bowel movements after waking up alternate with constipation lasting for 1-2 days. Objectively: body weight is unchanged, there is moderate pain on palpation of the sigmoid colon. Hb- 130 g/l, WBC- $5,2 \cdot 10^9 /l$, ESR- 9 mm/h. Proctosigmoidoscopy causes pain due to spastic bowel condition, intestinal mucosa is not changed. In the lumen there is a lot of mucus. What is the most likely diagnosis?

Acute bowel ischemia

Malabsorption syndrome

Crohn's disease

Irritable bowel syndrome

Non-specific ulcerative colitis

A 40-year-old male patient has had heaviness in the epigastric region for the last 6 months. He has not undergone any examinations. The night before, he abused vodka. In the morning there was vomiting, and 30 minutes after physical activity the patient experienced dizziness and profuse hematemesis. What pathology should be suspected in the first place?

Perforated ulcer

Zollinger-Ellison syndrome

Menetrier's disease

Mallory-Weis's syndrome

Gastric ulcer

A 40-year-old male patient has had heaviness in the epigastric region for the last 6 months. He has not undergone any examinations. The night before, he abused vodka. In the morning there was vomiting, and 30 minutes after physical activity the patient experienced dizziness and profuse hematemesis. What pathology should be suspected in the first place?

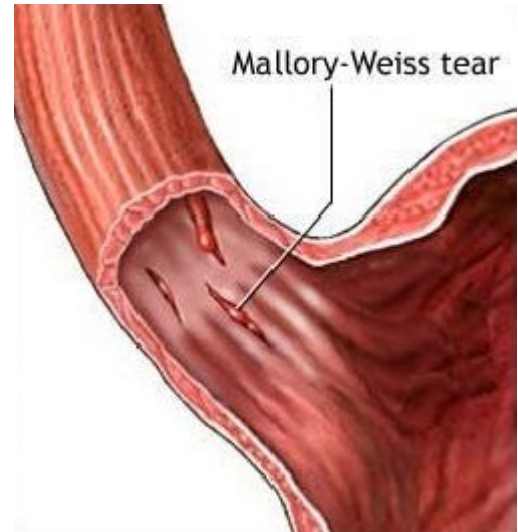
Perforated ulcer

Zollinger-Ellison syndrome

Menetrier's disease

Mallory-Weiss syndrome

Gastric ulcer



A 46-year-old male patient complains of periodic epigastric pain that occurs at night. Objectively: HR- 70/min, AP- 125/75 mm Hg, tenderness in the epigastric region is present. EGD confirms **duodenal ulcer of 0,6 cm in diameter. Test for H. Pylori is positive.** Which of the given **antisecretory drugs** will be a compulsory element of the treatment regimen?

Pirenzepine

Maalox

Atropine

Omeprazole

Famotidine

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Maalox

Atropine

Omeprazole

Famotidine

A 49-year-old male patient complains of retrosternal pain, heartburn, weight loss of 8 kg over the last year, constipation, weakness. The patient has been a smoker for 20 years, and has a 10-year history of gastroesophageal reflux disease. The patient is asthenic, has dry skin. EGD revealed an ulcer in the lower third of the esophagus and esophageal stricture accompanied by edema, hyperemia and multiple erosions of the mucosa. What study is required for more accurate diagnosis?

pH-metry of the esophagus and the stomach

Fecal occult blood test

Biopsy of the esophageal mucosa

X-ray examination of the esophagus

Respiratory test for Helicobacter pylori

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pH-metry of the esophagus and the stomach

Fecal occult blood test

Biopsy of the esophageal mucosa

X-ray examination of the esophagus

Respiratory test for *Helicobacter pylori*

A 48-year-old man complains of constant pain in the upper abdomen, predominantly on the left, which aggravates after eating, diarrhea, loss of weight. The patient has alcohol use disorder. Two years ago he had a case of acute pancreatitis. Blood amylase is 4 g/hourl. Feces analysis: steatorrhea, creatorrhea. Blood sugar is 6,0 mmol/l. What treatment should be prescribed?

Contrykal (Aprotinin)

Insulin

Gastrozepin (Pirenzepine)

Panzinorm forte (Pancreatin)

No-Spa (Drotaverine)

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A 51-year-old female patient complains of frequent defecation and liquid blood-streaked stools with mucus admixtures, diffuse pain in the inferolateral abdomen, 6 kg weight loss within the previous month. Objectively: body temperature - 37,4oC, malnutrition, skin is pale and dry. Abdomen is soft, sigmoid is painful and spasmodic, makes a rumbling sound. Liver is dense, painful, extends 3 cm below the costal margin. What is the most likely diagnosis?

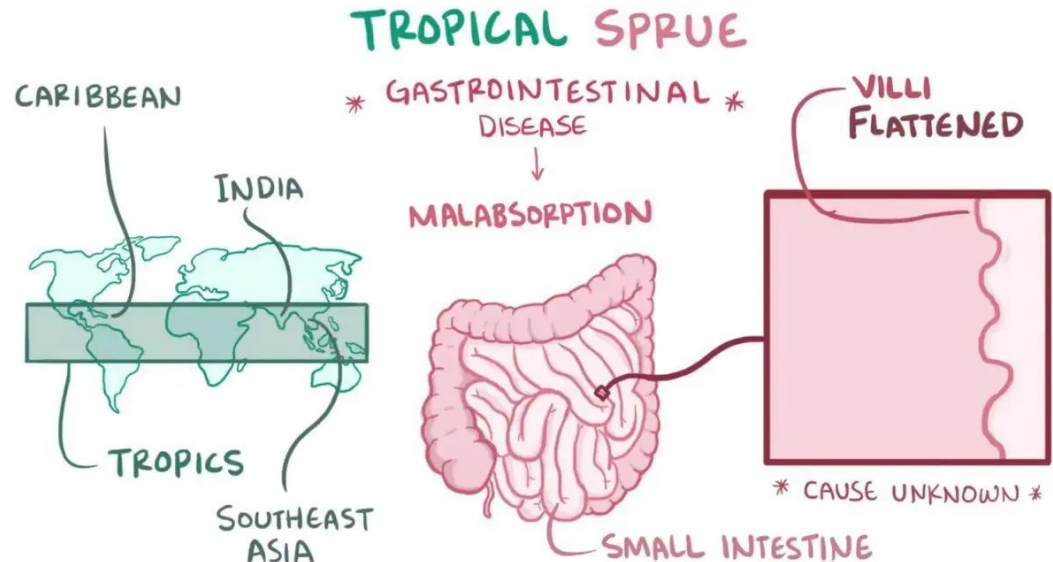
Bacillary dysentery

Non-specific ulcerative colitis

Intestinal enzymopathy

Sprue

Helminthic invasion



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Bacillary dysentery

Non-specific ulcerative colitis

Intestinal enzymopathy

Sprue

Helminthic invasion

A 45-year-old patient complains of **pain in the epigastric region, left subcostal area**, abdominal distension, **diarrhea, loss of weight**. He has been suffering from this condition for **5 years**. Objectively: tongue is moist with white coating near the root; deep palpation of abdomen reveals slight **pain** in the epigastric region and **Mayo-Robson's point**. Liver is painless and protrudes 1 cm from the costal arch. Spleen cannot be palpated. What disease can be primarily suspected?

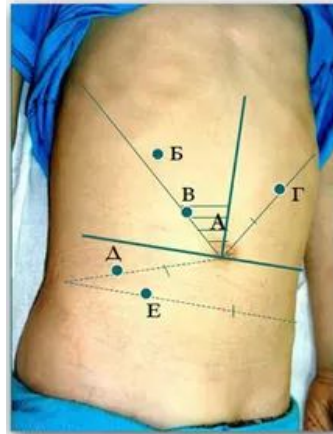
Chronic cholecystitis

Atrophic gastritis

Peptic stomach ulcer

Chronic enteritis

Chronic pancreatitis



Points for palpation

A – Chauffard's zone

Б – Kehr's point

В – Desgandin's point

Г – Mayo-Robson's point

Д – Mc-Burney's point

Е – Lants's point

A 45-year-old patient complains of pain in the epigastric region, left subcostal area, abdominal distension, diarrhea, loss of weight. He has been suffering from this condition for 5 years. Objectively: tongue is moist with white coating near the root; deep palpation of abdomen reveals slight pain in the epigastric region and Mayo-Robson's point. Liver is painless and protrudes 1 cm from the costal arch. Spleen cannot be palpated. What disease can be primarily suspected?

Chronic cholecystitis

Atrophic gastritis

Peptic stomach ulcer

Chronic enteritis

Chronic pancreatitis

A 45-year-old man was delivered to a hospital with complaints of vomiting with streaks of blood, loss of weight. On EGDS a cauliflower-shaped mucosal growth was detected in the abdominal esophagus. The mucosa there bleeds on contact. What preliminary diagnosis can be made?

Esophageal tumor

Abdominal esophagitis

Esophageal diverticulum

Esophageal achalasia

Barrett esophagus

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Esophageal tumor

Abdominal esophagitis

Esophageal diverticulum

Esophageal achalasia

Barrett esophagus

A 54-year-old patient complains of weakness, jaundice, itching skin. Disease onset was 1,5 months ago: fever up to 39°C appeared at first, with progressive jaundice developed 2 weeks later. On hospitalisation jaundice was severely progressed. Liver cannot be palpated. Gallbladder is enlarged and painless. Blood bilirubin is 190 micromole/l (accounting for direct bilirubin). Stool is acholic. What is the most likely jaundice genesis in this patient?

Gilbert's syndrome

Hepatocellular jaundice

Hemolytic jaundice

Mechanical jaundice

Caroli syndrome

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Hepatocellular jaundice

Hemolytic jaundice

Mechanical jaundice

Caroli syndrome

A 43 y.o. woman complains of severe pain in the right abdominal side irradiating in the right supraclavicular area, fever, dryness and bitterness in the mouth. There were multiple vomitings without relief. Patient relates the onset of pain to the taking of fat and fried food. Physical examination: the patient lies on the right side, pale, dry tongue, tachycardia. Right side of abdomen is painful during palpation and somewhat tense in right hypochondrium. What is the most likely diagnosis?

Perforated ulcer

Acute bowel obstruction

Right-sided renal colic

Acute cholecystitis

Acute appendicitis

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Perforated ulcer

Acute bowel obstruction

Right-sided renal colic

Acute cholecystitis

Acute appendicitis

A patient, aged 25, suffering from **stomach ulcer**. Had a course of treatment in the gastroenterological unit. 2 weeks later developed **constant pain, increasing and resistant to medication**. The abdomen is **painful in epigastric area, moderate defence in pyloroduodenal area**. Which complication development aggravated the patient's state?

Perforation

Stenosis

Penetration

Haemorrhage

Malignization

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Perforation

Stenosis

Penetration

Haemorrhage

Malignization

A 34-year-old man on the 3rd day of ceftriaxone treatment for acute otitis (daily dosage - 2 grams) developed diarrhea occurring 5-6 times per day. Feces are without mucus or blood admixtures. Temperature is 36.6°C. Gregersen reaction (occult blood in feces) is negative. Stool culture detected no pathogenic germs. What is the most likely cause of diarrhea in this case

Ulcerative colitis

Crohn's disease (regional enteritis)

Intestinal dysbiosis

Bacterial overgrowth syndrome

Antibiotic-associated diarrhea

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Antibiotic-associated diarrhea

A 51-year-old man complains of vomiting with blood. He has been drinking alcohol excessively. Health disorder has been observed since he was 40, when he first developed jaundice. On examination the skin and visible mucosa are icteric, with a stellate vascular pattern. The patient is malnourished and presents with abdominal distension, umbilical hernia, and ascites. The edge of the liver is tapered and painless, +3 cm, the spleen is +2 cm. Blood test: Hb- 80 g/L, leukocytes - $3 \cdot 10^9/L$, platelets - $85 \cdot 10^9/L$. What is the cause of portal hypertension in this patient?

Constrictive pericarditis

Budd-Chiari syndrome

Thrombosis of the splenic vein

Hemochromatosis

Hepatic cirrhosis



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Constrictive pericarditis

Budd-Chiari syndrome

Thrombosis of the splenic vein

Hemochromatosis

Hepatic cirrhosis

A 52-year-old woman has been suffering for 2 years from **dull, occasionally exacerbating pain in her right subcostal area**, occurring after eating **high-fat foods**, bitter taste in her mouth in the morning, constipations, and flatulence. Objectively she **has excess weight**, her body temperature is 36.9°C; there is a coating on the root of her tongue; the abdomen is moderately distended and **painful in the area of gallbladder projection**. What examination would be the most helpful for diagnosis making?

Liver scanning

Ultrasound

Cholecystography

Duodenal intubation

Duodenoscopy

A 52-year-old woman has been suffering for 2 years from dull, occasionally exacerbating pain in her right subcostal area, occurring after eating high-fat foods, bitter taste in her mouth in the morning, constipations, and flatulence. Objectively she has excess weight, her body temperature is 36.9°C; there is a coating on the root of her tongue; the abdomen is moderately distended and painful in the area of gallbladder projection. What examination would be the most helpful for diagnosis making?

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Duodenal intubation

Duodenoscopy

A woman undergoing in-patient treatment for viral hepatitis type B developed headache, nausea, recurrent vomiting, memory lapses, flapping tremor of her hands, and rapid pulse. Sweet smell from her mouth is detected. Body temperature is 37.6°C , heart rate is 89/min. What complication developed in the patient?

Gastrointestinal hemorrhage

Ischemic stroke

Acute liver failure

Hypoglycemic shock

Meningoencephalitis

A 27-year-old woman, a teacher in the elementary school, complains of frequent stools, up to 3 times per day, with lumpy feces and large amount of mucus, abdominal pain that gradually abates after a defecation, irritability. Pulse is 74/min., rhythmic, can be characterized as satisfactory. Blood pressure is 115/70 mm Hg. The abdomen is soft, moderately tender along the colon on palpation. Colonoscopy detects no changes. What disease can be suspected?

Irritable bowel syndrome

Chronic enteritis

Whipple disease

Crohn disease (regional enteritis)

Chronic non-ulcerative colitis

A 27-year-old woman, a teacher in the elementary school, complains of frequent stools, up to 3 times per day, with lumpy feces and large amount of mucus, abdominal pain that gradually abates after a defecation, irritability. Her skin is pale and icteric. Pulse is 74/min., rhythmic, can be characterized as satisfactory. Blood pressure is 115/70 mm Hg. The abdomen is soft, moderately tender along the colon on palpation. Fiberoptic colonoscopy detects no changes. What disease can be suspected?

Irritable bowel syndrome

Chronic enteritis

Whipple disease

Crohn disease (regional enteritis)

Chronic non-ulcerative colitis

2 hours after **eating unknown mushrooms**, a 28-year-old man sensed a decrease in his mobility and deterioration of his ability to focus. This condition was then followed by a state of agitation and aggression. On examination he is disoriented and his speech is illegible. 4 hours later he developed **fetor hepaticus and lost his consciousness**. What syndrome can be observed in this patient?

Hepatolienal syndrome

Cholestatic syndrome

Cytolytic syndrome

Acute hepatic failure

Portal hypertension



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Hepatolienal syndrome

Cholestatic syndrome

Cytolytic syndrome

Acute hepatic failure

Portal hypertension

A woman complains of frequent watery stool (up to 9-10 times per day) with mucus and blood admixtures, dull pain in the hypogastrium, weight loss of 4 kg within the last year. Objectively: malnutrition, dry skin, low turgor, aphthous stomatitis. The abdomen is soft, the sigmoid colon is spastic and painful on palpation. Occult blood test is positive. Fibrocolonoscopy: edema, hyperemia, mucosal granulation, pseudopolyps, small ulcers with irregular edges. Make the diagnosis:

Chronic enterocolitis

Irritable bowel syndrome

Crohn's disease (regional enteritis)

Nonspecific ulcerative colitis

Colon cancer

A woman complains of frequent watery stool (up to 9-10 times per day) with mucus and blood admixtures, dull pain in the hypogastrium, weight loss of 4 kg within the last year. Objectively: malnutrition, dry skin, low turgor, aphthous stomatitis. The abdomen is soft, the sigmoid colon is spastic and painful on palpation. Occult blood test is positive. Fibrocolonoscopy: edema, hyperemia, mucosal granulation, pseudopolyps, small ulcers with irregular edges. Make the diagnosis:

Chronic enterocolitis

Irritable bowel syndrome

Crohn's disease (regional enteritis)

Nonspecific ulcerative colitis

Colon cancer

A 17-year-old girl has been suffering from **hepatic cirrhosis for 3 years**. Lately her periods of excitement have been intermittent with **depression, she does not sleep enough**. Objectively, her condition is severe, the girl is **sluggish, gives one-word responses, has tremor in her extremities, her skin is icteric**, with single hemorrhagic rashes. Name the likely complication of her disease:

Reye syndrome

Hepatic encephalopathy

Bipolar affective disorder

Kidney failure

Sepsis

A 17-year-old girl has been suffering from hepatic cirrhosis for 3 years. Lately her periods of excitement have been intermittent with depression, she does not sleep enough. Objectively, her condition is severe, the girl is sluggish, gives one-word responses, has tremor in her extremities, her skin is icteric, with single hemorrhagic rashes. Name the likely complication of her disease:

Reye syndrome

Hepatic encephalopathy

Bipolar affective disorder

Kidney failure

Sepsis

A person with peptic ulcer disease of the stomach, who undergoes no treatment and periodically has pain in the epigastrium and sour eructation, suddenly developed general weakness, palpitations, dizziness, and "coffee grounds" vomiting, later melena appeared as well. Objectively, the patient has pain in the epigastrium and positive Mendel sign. Blood test revealed the following: hemoglobin — 82 g/L, leukocytes — $7.5 \cdot 10^9/L$, ESR — 22 mm/hour. What complication has developed in the patient?

- A. Gastrointestinal bleeding
- B. Intestinal obstruction
- C. Pleural empyema
- D. Portal hypertension
- E. Ulcer malignization

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A. Gastrointestinal bleeding

B. Intestinal obstruction

C. Pleural empyema

D. Portal hypertension

E. Ulcer malignization

A 63-year-old woman for the last 5 weeks presents with progressing painless jaundice, skin itching, weight loss of 10 kg, and acholia. Positive Courvoisier sign was detected during palpation. What is the most likely diagnosis in this case?

- A. Pancreatic cancer
- B. Viral hepatitis
- C. Liver cancer
- D. Gallbladder cancer
- E. Malaria

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A. Pancreatic cancer

B. Viral hepatitis

C. Liver cancer

D. Gallbladder cancer

E. Malaria

A man complains of **dizziness and vomiting**. **Vomit is dark-colored**. The patient's history states that he **often drinks alcohol**. Esophagogastroduodenoscopy detected that the **contents of the stomach resembled "coffee grounds"**, **in the area of the cardia, there were four longitudinal fissures in the mucosa**, from which a small amount of blood was leaking. What is the most likely diagnosis in this case?

- A. Mallory-Weiss syndrome
- B. Gastric cardia ulcer
- C. Bleeding from gastric varices
- D. Erosive gastritis
- E. Zollinger-Ellison syndrome

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- A. Mallory-Weiss syndrome
- B. Gastric cardia ulcer
- C. Bleeding from gastric varices
- D. Erosive gastritis
- E. Zollinger-Ellison syndrome

An 18-year-old patient complains of **cramping abdominal pain**, and **loose stools up to 6 times a day with mucus and fresh blood**. He has been ill for a year and lost 10 kg. Objectively, the abdomen is soft and **painful along the large intestine, especially on the left**. The **sigmoid colon is spastic**. Blood test results are as follows: **erythrocytes — $3.2 \cdot 10^{12}/L$, hemoglobin — 92 g/L , leukocytes — $10.6 \cdot 10^9/L$, ESR — 34 mm/hour** . Irrigoscopy shows that the large intestine is narrowed, there are no haustra, the contours are unclear, the "lead pipe" sign is observed. What is the most likely diagnosis in this case?

- A. Chronic enterocolitis
- B. Shigellosis
- C. Nonspecific ulcerative colitis
- D. Intestinal tuberculosis
- E. Crohn's disease



An 18-year-old patient complains of cramping abdominal pain, and loose stools up to 6 times a day with mucus and fresh blood. He has been ill for a year and lost 10 kg. Objectively, the abdomen is soft and painful along the large intestine, especially on the left. The sigmoid colon is spastic. Blood test results are as follows: erythrocytes — $3.2 \cdot 10^{12}/L$, hemoglobin — 92 g/L, leukocytes — $10.6 \cdot 10^9/L$, ESR — 34 mm/hour. Irrigoscopy shows that the large intestine is narrowed, there are no haustra, the contours are unclear, the "lead pipe" sign is observed. What is the most likely diagnosis in this case?

A. Chronic enterocolitis

B. Shigellosis

C. Nonspecific ulcerative colitis

D. Intestinal tuberculosis

E. Crohn's disease

A woman complains of weight loss, pain in the lower abdomen, and stools with mucus and blood that occur up to 12 times per 24 hours. Fibrocolonoscopy detects the following in the area of the sigmoid colon: local pseudopolypous proliferations, flat superficial irregular-shaped ulcerated patches that do not merge together and are covered with mucus and fibrin, and contact bleeding. What is the most likely diagnosis in this case?

- A. Crohn's disease
- B. Pseudomembranous colitis
- C. Irritable bowel syndrome
- D. Nonspecific ulcerative colitis
- E. Intestinal polyposis

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- A. Crohn's disease
- B. Pseudomembranous colitis
- C. Irritable bowel syndrome
- D. Nonspecific ulcerative colitis
- E. Intestinal polyposis

A 16-year-old patient complains of aching pain in the epigastric region, sour eructation, and periodic heartburn after eating spicy, sour, or fried foods. Examination detects erosive gastritis with an increased acid-producing function of the stomach. What group of drugs should be prescribed for this patient to regulate the acidity of gastric juice?

- A. Histamine H₂ blockers
- B. Proton pump inhibitors
- C. Selective muscarinic antagonists
- D. Histamine H₁ blockers
- E. Bismuth preparation

A 16-year-old patient complains of aching pain in the epigastric region, sour eructation, and periodic heartburn after eating spicy, sour, or fried foods. Examination detects erosive gastritis with an increased acid-producing function of the stomach. What group of drugs should be prescribed for this patient to regulate the acidity of gastric juice?

A. Histamine H2 blockers

B. Proton pump inhibitors

C. Selective muscarinic antagonists

D. Histamine H1 blockers

E. Bismuth preparation

A 36-year-old man complains of nausea, recurrent episodes of vomiting, and pain in the right hypochondrium that radiates into the right shoulder blade. According to the patient's medical history, the symptoms appeared 11 hours ago after excessive consumption of fatty fried foods. Objectively, the patient's tongue is dry and has a white coating. The abdomen is tense and painful during palpation in the right hypochondrium. Positive signs of Ortner, Zakharin, Murphy, and MussiGeorgievsky can be detected. Pulse — 96/min. Complete blood count: leukocytes — $10.4 \cdot 10^9/L$. What is the most likely diagnosis in this case?

- A. Intestinal obstruction
- B. Acute pancreatitis
- C. Acute gastritis
- D. Acute cholecystitis
- E. Right-sided renal colic

A 36-year-old man complains of nausea, recurrent episodes of vomiting, and pain in the right hypochondrium that radiates into the right shoulder blade. According to the patient's medical history, the symptoms appeared 11 hours ago after excessive consumption of fatty fried foods. Objectively, the patient's tongue is dry and has a white coating. The abdomen is tense and painful during palpation in the right hypochondrium. Positive signs of Ortner, Zakharin, Murphy, and Mussi-Georgievsky can be detected. Pulse — 96/min. Complete blood count: leukocytes — $10.4 \cdot 10^9/L$. What is the most likely diagnosis in this case?

A. Intestinal obstruction

B. Acute pancreatitis

C. Acute gastritis

D. Acute cholecystitis

E. Right-sided renal colic

For the **last 2 years**, a 32-year-old woman has been observing **periodical pain attacks** in her **right subcostal area that could be removed with no-spa** (drotaverine). The pain is **not always associated with meals**, sometimes it is caused by anxiety and accompanied by cardiac pain and palpitations. Objectively, the woman is **emotionally labile**. Abdominal palpation detects a **slight pain in the area of the gallbladder**. What pathology is the most likely to cause such clinical presentation?

- A. Biliary dyskinesia
- B. Chronic cholecystitis
- C. Chronic cholangitis
- D. Chronic pancreatitis
- E. Duodenitis

For the last 2 years, a 32-year-old woman has been observing periodical pain attacks in her right subcostal area that could be removed with no-spa (drotaverine). The pain is not always associated with meals, sometimes it is caused by anxiety and accompanied by cardiac pain and palpitations. Objectively, the woman is emotionally labile. Abdominal palpation detects a slight pain in the area of the gallbladder. What pathology is the most likely to cause such clinical presentation?

A. Biliary dyskinesia

B. Chronic cholecystitis

C. Chronic cholangitis

D. Chronic pancreatitis

E. Duodenitis

A 35-year-old patient complains of watery stools with mucus and blood that occur up to 10 times per 24 hours, constant cramping abdominal pain, a fever of 39°C, and general weakness. According to the patient's medical history, the patient was taking clindamycin for a month for the treatment of osteomyelitis. Rectoromanoscopy visualizes gray-yellow plaques against the background of edematous and hyperemic mucosa of the sigmoid colon and rectum. What is the most likely diagnosis in this case?

- A. Pseudomembranous colitis
- B. Intestinal amebiasis
- C. Nonspecific ulcerative colitis
- D. Shigellosis
- E. Crohn's diseases

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A. Pseudomembranous colitis

B. Intestinal amebiasis

C. Nonspecific ulcerative colitis

D. Shigellosis

E. Crohn's diseases

A man complains of a sensation of heaviness behind the sternum, periodical sensation of food retention, and dysphagia. Barium contrast X-ray reveals a single pouch-like protrusion in the right anterior wall of the esophagus. The protrusion has clear contours and a clearly defined neck. What is the most likely diagnosis in this case?

- A. Esophageal diverticulum
- B. Esophageal carcinoma
- C. Hiatal hernia
- D. Esophageal varices
- E. Esophageal polyp

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A. Esophageal diverticulum

B. Esophageal carcinoma

C. Hiatal hernia

D. Esophageal varices

E. Esophageal polyp

A 43-year-old patient complains of persistent pain in the epigastrium that cannot be relieved by taking antacids. Fibrogastroduodenoscopy detects multiple ulcerative lesions in the stomach and duodenum against the background of marked hyperacidity. Blood testing detects increased gastrin levels. What is the most likely diagnosis in this case?

- A. Zollinger-Ellison syndrome
- B. Dubin-Johnson syndrome
- C. Crohn's disease
- D. Gilbert's syndrome
- E. Acute pancreatitis

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A. Zollinger-Ellison syndrome

B. Dubin-Johnson syndrome

C. Crohn's disease

D. Gilbert's syndrome

E. Acute pancreatitis

A 19-year-old patient complains of loose stools with blood and mucus, occurring up to 8–9 times per 24 hours, weight loss of 10 kg over the past 4 months, and pain along the large intestine. Objectively, the abdomen is soft to palpation, painful in the left iliac region and periumbilical region. Blood test results: erythrocytes — $2.9 \cdot 10^{12}/L$, hemoglobin — 100 g/L, leukocytes — $10.2 \cdot 10^9/L$, eosinophils — 3%, band neutrophils — 8%, segmented neutrophils — 70%, lymphocytes — 14%. Colonoscopy detects brightly hyperemic mucosa and no vascular pattern. On the surface, there are multiple erosions and superficial ulcers, covered with fibrin in some places. What is the most likely diagnosis in this case?

- A. Cholera
- B. Crohn's disease
- C. Typhoid fever
- D. Nonspecific ulcerative colitis
- E. Colorectal cancer

A 19-year-old patient complains of loose stools with blood and mucus, occurring up to 8–9 times per 24 hours, weight loss of 10 kg over the past 4 months, and pain along the large intestine. Objectively, the abdomen is soft to palpation, painful in the left iliac region and periumbilical region. Blood test results: erythrocytes — $2.9 \cdot 10^{12}/L$, hemoglobin — 100 g/L, leukocytes — $10.2 \cdot 10^9/L$, eosinophils — 3%, band neutrophils — 8%, segmented neutrophils — 70%, lymphocytes — 14%. Colonoscopy detects brightly hyperemic mucosa and no vascular pattern. On the surface, there are multiple erosions and superficial ulcers, covered with fibrin in some places. What is the most likely diagnosis in this case?

- A. Cholera
- B. Crohn's disease
- C. Typhoid fever
- D. Nonspecific ulcerative colitis
- E. Colorectal cancer

A 54-year-old patient complains of heaviness in the right hypochondrium, yellowing of the skin and sclera, dark urine and colorless stools. According to the patient's medical history, the jaundice has been persisting for the last 3 weeks and before that the patient was noting general weakness. Objectively, the patient's condition is satisfactory, the skin and sclerae are icteric. The abdomen is soft, an enlarged painless gallbladder can be palpated in the right hypochondrium. There are no symptoms of peritoneal irritation. What is the most likely diagnosis in this case?

- A. Choledocholithiasis
- B. Hemolytic jaundice
- C. Acute hepatitis
- D. Pancreatic head cancer
- E. Acute cholecystitis

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A. Choledocholithiasis

B. Hemolytic jaundice

C. Acute hepatitis

D. Pancreatic head cancer

E. Acute cholecystitis

A 35-year-old man complains of nosebleeds, bleeding gums, drowsiness, and dizziness. The patient abuses alcohol and has a 6-year-long history of hepatic cirrhosis. Objectively, an unpleasant sweet smell can be detected from his mouth, the patient has ascites, jaundice, ataxia, and hyperreflexia. The liver is not palpable. Laboratory testing results are as follows: bilirubin — 150 $\mu\text{mol/L}$, ALT — 2.0 mmol/L , AST — 1.2 mmol/L , platelets — $130 \cdot 10^9/\text{L}$, prothrombin index — 52%. What complication has developed in the patient?

- A. Liver cancer
- B. Liver failure
- C. Uremic coma
- D. Bleeding from esophageal varices
- E. Portal vein thrombosis

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A. Liver cancer

B. Liver failure

C. Uremic coma

D. Bleeding from esophageal varices

E. Portal vein thrombosis

A 45-year-old patient complains of **delayed passage of food**, a bursting sensation behind the sternum, and **vomiting with undigested food**. Artificial **contrasting of the esophagus with a barium mixture reveals stable conical narrowing of the supradiaphragmatic, subdiaphragmatic, and diaphragmatic segments of the esophagus** with clear even contours. **Above, along all other segments, marked diffuse widening** of the esophagus is observed, as well as its elongation with the formation of bends. The gastric bubble is absent. What is the most likely diagnosis in this case?

- A. Hirschsprung's disease
- B. Achalasia cardia
- C. Esophageal cancer
- D. Esophageal perforation
- E. Esophagitis

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A. Hirschsprung's disease

B. Achalasia cardia

C. Esophageal cancer

D. Esophageal perforation

E. Esophagitis

A 53-year-old woman complains of pain in the right subcostal region that radiates into the right shoulder blade, shoulder, and right side of the neck. The pain significantly intensifies after eating fatty and fried foods. She has a bitter taste in her mouth. Objectively, sharp pain and mild muscle tension are observed in the right hypochondrium. Ortner, Murphy, and Mussy-Georgievsky signs are positive. Blood test results: leukocytes — $9.3 \cdot 10^9/L$, ESR — 27 mm/hour, bilirubin — 18.3 $\mu\text{mol/L}$, urea — 5.3 mmol/L, creatinine — 86 $\mu\text{mol/L}$. What is the most likely diagnosis in this case?

- A. Acute cholecystitis
- B. Acute pancreatitis
- C. Peptic ulcer disease of the stomach
- D. Acute appendicitis
- E. Intestinal obstruction

A 53-year-old woman complains of pain in the right subcostal region that radiates into the right shoulder blade, shoulder, and right side of the neck. The pain significantly intensifies after eating fatty and fried foods. She has a bitter taste in her mouth. Objectively, sharp pain and mild muscle tension are observed in the right hypochondrium. Ortner, Murphy, and Mussy-Georgievsky signs are positive. Blood test results: leukocytes — $9.3 \cdot 10^9/L$, ESR — 27 mm/hour, bilirubin — 18.3 $\mu\text{mol/L}$, urea — 5.3 mmol/L, creatinine — 86 $\mu\text{mol/L}$. What is the most likely diagnosis in this case?

A. Acute cholecystitis

B. Acute pancreatitis

C. Peptic ulcer disease of the stomach

D. Acute appendicitis

E. Intestinal obstruction

A man complains of **dizziness and vomiting. Vomitus is dark colored**. According to the patient's history, he **often drinks alcohol**. Esophagogastroduodenoscopy shows that the **contents of the stomach resembles "coffee grounds"**. In the area of the cardia, **there are four longitudinal fissures in the mucosa**, from which a small amount of blood is leaking. What is the most likely diagnosis in this case?

- A. Zollinger-Ellison syndrome
- B. Gastric cardia ulcer
- C. Bleeding from gastric varices
- D. Erosive gastritis
- E. Mallory-Weiss syndrome

A man complains of dizziness and vomiting. Vomitus is dark colored. According to the patient's history, he often drinks alcohol. Esophagogastroduodenoscopy shows that the contents of the stomach resembles "coffee grounds". In the area of the cardia, there are four longitudinal fissures in the mucosa, from which a small amount of blood is leaking. What is the most likely diagnosis in this case?

- A. Zollinger-Ellison syndrome
- B. Gastric cardia ulcer
- C. Bleeding from gastric varices
- D. Erosive gastritis
- E. Mallory-Weiss syndrome

A 24-year-old man complains of pain in the epigastrium that occurs 1–1.5 hours after eating, night pain, and frequent vomiting that brings relief. According to the patient's medical history, he abuses alcohol and is a heavy smoker. Objectively, the tongue is clean. Superficial palpation of the abdomen detects pain on the right above the navel. A fecal occult blood test is positive. What is the most likely diagnosis in this case?

- A. Chronic enteritis
- B. Chronic gastritis
- C. Chronic cholecystitis
- D. Peptic ulcer disease
- E. Chronic colitis

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- A. Chronic enteritis
- B. Chronic gastritis
- C. Chronic cholecystitis
- D. Peptic ulcer disease
- E. Chronic colitis

In recent months, a 29-year-old woman developed complaints of pain in her right iliac region, diarrhea with mucus and pus, pain in the hip joints, and periodic increases in body temperature. The abdomen during palpation is soft, with tenderness in the right iliac region. Irrigography shows that the mucosa resembles a "cobblestone pavement", the ileocecal junction is narrowed. What disease can be suspected in this case?

- A. Crohn's disease
- B. Whipple's disease
- C. Gluten enteropathy (celiac disease)
- D. Tuberculous ileotyphlitis
- E. Pseudomembranous enterocolitis

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A. Crohn's disease

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C. Gluten enteropathy (celiac disease)

D. Tuberculous ileotyphlitis

E. Pseudomembranous enterocolitis

In a 70-year-old woman, chest fluorography shows a shadow of a heterogeneous structure over the left dome of the diaphragm. X-ray with contrast detects the abdominal segment of the esophagus in the chest cavity. What is the most likely diagnosis in this case?

- A. Esophageal diverticulum
- B. Benign esophageal tumor
- C. Achalasia cardia
- D. Hiatal hernia
- E. Esophagitis

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- A. Esophageal diverticulum
- B. Benign esophageal tumor
- C. Achalasia cardia
- D. Hiatal hernia
- E. Esophagitis

A 45-year-old man came to a doctor complaining of a sore throat and fever that last for ten days. The patient has a **history of ulcerative colitis**, is a smoker, and has been smoking one pack of cigarettes per day for ten years. The **patient's father died of cancer of the large intestine** at the age of 50. Physical examination shows the following: body temperature — 38.6°C, blood pressure — 130/80 mm Hg, pulse — 72/min., respiratory rate — 18/min. Examination of the oral cavity reveals erythematous pharynx and exudate in the tonsillar crypts. Antigen test for group A streptococcus was positive. **What procedure that doctor can recommend for secondary prevention of cancer would be optimal for this patient?**

- A. Fecal occult blood test
- B. Colonoscopy
- C. Flexible sigmoidoscopy
- D. Low-dose CT scan of the lungs
- E. PSA test and digital rectal examination

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A. Fecal occult blood test

B. Colonoscopy

C. Flexible sigmoidoscopy

D. Low-dose CT scan of the lungs

E. PSA test and digital rectal examination

A 36-year-old man came to a doctor with complaints of burning retrosternal pain that usually occurs 1–1.5 hours after eating and becomes worse in a horizontal position.

Esophagogastroduodenoscopy (EGD test) detects two lesion foci in the lower third of the esophageal mucosa. The foci are up to 5 mm in size and located within one fold. What tactics would be optimal in this case?

- A. Surgical treatment
- B. Prescription of non-narcotic analgesics
- C. Prescription of clarithromycin
- D. Prescription of proton pump inhibitors
- E. Monitoring in the inpatient department

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- E. Monitoring in the inpatient department

A 26-year-old woman complains of cramping abdominal pain, diarrhea with a significant amount of mucus and blood, and fever of 37.5–38.0°C. Objectively, her skin and mucosa are pale, the body type is asthenic. Palpation detects pain along the large intestine. Colonofibrosocopy reveals edematous wall of the rectum and sigmoid colon, erosions, small ulcers, and mucus with blood in the lumen. What is the likely diagnosis in this case?

- A. Dysentery
- B. Chronic enteritis
- C. Cancer of the large intestine
- D. Crohn's disease
- E. Nonspecific ulcerative colitis

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- A. Dysentery
- B. Chronic enteritis
- C. Cancer of the large intestine
- D. Crohn's disease
- E. Nonspecific ulcerative colitis

An 18-year-old young man came to a doctor with complaints of cramping abdominal pain, frequent liquid stools with mucus and fresh blood. The symptoms have been observed for the last four months, during which the patient lost 10 kg. Physical examination shows soft abdomen, painful on the left along the large intestine; the sigmoid colon is spastic. Complete blood count shows the following: erythrocytes — $3.2 \cdot 10^{12}/L$, hemoglobin — 92 g/L, leukocytes — $10.6 \cdot 10^9/L$, ESR — 34 mm/hour. Bacteriological culture of feces shows negative results. Colonoscopy revealed inflammation of the large intestine with the loss of vascular pattern, as well as an area of increased bleeding with clear boundaries. What treatment tactics should be chosen for this patient?

- A. Prescription of prednisolone and mesalamine (mesalazine)
- B. Prescription of metronidazole
- C. Surgical treatment
- D. Transfusion of packed red blood cells
- E. Repeated collection of a stool sample for bacteriological testing

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A 25-year-old woman had an abortion half a year ago. She complains of loss of appetite, weakness, and arthralgia. Two weeks later, she developed dark urine and jaundice. Against this background, her general condition continues to deteriorate. Viral hepatitis is suspected. What marker of viral hepatitis is likely to be positive in the patient?

- A. Anti-Hbs
- B. Anti-HEV IgM
- C. Anti-CMV IgM
- D. Anti-HBc IgM
- E. Anti-HAV IgM

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- A. Anti-Hbs
- B. Anti-HEV IgM
- C. Anti-CMV IgM
- D. Anti-HBc IgM**
- E. Anti-HAV IgM

A 42-year-old woman suffers from micronodular cryptogenic cirrhosis of the liver. During the last week, her condition deteriorated: she developed seizures and clouded consciousness, her jaundice intensified. What test can help find the cause of deterioration in this patient's condition?

- A. Alkaline phosphatase levels
- B. Cholesterol ethers
- C. α -fetoprotein levels
- D. ALT and AST levels
- E. Serum ammonia levels

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A. Alkaline phosphatase levels

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C. α -fetoprotein levels

D. ALT and AST levels

E. Serum ammonia levels

A 63-year-old woman complains of weakness without an obvious cause, loss of appetite, and a feeling of disgust towards meat products. Two weeks ago she had a gastric bleeding. Objectively, $t_o = 37.5^\circ\text{C}$, respiratory rate – 20/min., pulse – 96/min., blood pressure – 110/75 mm Hg. Epigastric palpation detects pain and muscle tension. In the blood: Hb – 82 g/L, ESR – 35 mm/hour. What study would be the most useful for making a diagnosis?

- A. X-ray
- B. Cytology
- C. Endoscopy
- D. Gastric contents analysis
- E. Stool test

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A. X-ray

B. Cytology

C. Endoscopy

D. Gastric contents analysis

E. Stool test

A 32-year-old man lives in an area that is endemic for echinococcosis. For the last 6 months he has been suffering from pain in his right subcostal region and fever. Echinococcal liver damage is suspected. What study will be the most informative in this case?

- A. Ultrasound examination
- B. Survey X-ray-of the abdominal cavity
- C. Biochemical testing
- D. Angiography
- E. Liver scan

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A. Ultrasound examination

B. Survey X-ray-of the abdominal cavity

C. Biochemical testing

D. Angiography

E. Liver scan

For the last 2 years, a 51-year-old woman has been experiencing a dull pain with periodical exacerbations in her right subcostal region. The pain is associated with eating fatty foods. The woman complains of bitterness in her mouth in the morning, constipations, and flatulence. Objectively, she is overeating, $t_o = 36.9^{\circ}\text{C}$, the tongue is coated near its root, the abdomen is moderately distended and painful at the point of gallbladder projection. What study would be the most useful for making a diagnosis?

- A. Liver scan
- B. Duodenal sounding
- C. Cholecystography
- D. Duodenoscopy
- E. Abdominal ultrasound

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D. Duodenoscopy

E. Abdominal ultrasound

A 36-year-old woman complains of **epigastric pain that occurs after eating, nausea, belching, and loose stools**. The disease gradually progresses over the course of the last 2 years. Objectively, her **skin is pale and dry**, her tongue is coated, moist, and has teeth imprints on its edges. **Abdominal palpation detects diffuse epigastric pain**. What study would be the most informative in this case?

- A. X-ray of the stomach and intestine
- B. Comprehensive clinical blood test
- C. Fibrogastroscopy with biopsy of the gastric mucosa
- D. Fractional study of gastric secretion
- E. Computed tomography of the abdominal cavity

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A 46-year-old woman was awakened at 3 a.m. by a sharp pain in her right subcostal region that irradiated into her right shoulder. The woman is anxious, had two episodes of vomiting, notes fever and excessive sweating. Her temperature is 39.0°C.

Objectively, her abdominal muscles are tense in the right subcostal region. Make the diagnosis:

- A. Cholelithiasis
- B. Peptic ulcer disease
- C. Unstable angina pectoris
- D. Acute cholecystitis
- E. Benign stricture of the common bile duct

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A 38-year-old man complains of **periodical problematic swallowing of both solid and liquid foods** that is observed for many months. Sometimes he develops an intense **retrosternal pain, especially after hot beverages**. **Asphyxia attacks are observed at night**. He has no **weight loss**. Objectively, his general condition is satisfactory, the skin is of normal color. Examination detects no changes in the gastrointestinal tract. Chest X-ray shows **dilation of the esophagus with air-fluid levels in it**. Make the diagnosis:

- A. Myasthenia
- B. Esophageal achalasia
- C. Esophageal cancer
- D. Esophageal candidiasis
- E. Gastroesophageal reflux disease

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A. Myasthenia

B. Esophageal achalasia

C. Esophageal cancer

D. Esophageal candidiasis

E. Gastroesophageal reflux disease

A 76-year-old woman complains of a progressive swallowing disorder, predominantly when she eats solid foods. This sign is observed over the past 6 weeks. Sometimes she notes episodes of vomiting with solid vomitus. Swallowing is painless. She has lost 6 kg. Ten years ago she had a myocardial infarction. She permanently takes aspirin and long-acting nitrates, drinks alcohol in moderation, and smokes. Objectively, her skin is icteric, her neck is normal, the lymph nodes are not enlarged. The chest is normal. The cardiovascular system shows no marked changes. The liver is +3 cm. Make the diagnosis:

- A. Esophageal cancer
- B. Diaphragmatic hernia
- C. Diffuse esophageal narrowing
- D. Myasthenia
- E. Esophageal achalasia

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A. Esophageal cancer

B. Diaphragmatic hernia

C. Diffuse esophageal narrowing

D. Myasthenia

E. Esophageal achalasia

A 76-year-old man complains of epigastric pain and periodical vomiting throughout the past 2 months. He has no dysphagia or «coffee grounds» vomiting. During this period, he has lost 5 kg, his appetite is low. He does not smoke and is not a heavy drinker. Previously, due to gastric dyspepsia he was taking antacids and proton pump inhibitors, but recently these drugs have stopped bringing him relief. Objectively, he is underweight, a lymph node can be palpated in his left supraclavicular fossa. The liver is not enlarged. Make the diagnosis:

- A. Pylorostenosis
- B. Gastric ulcer
- C. Esophageal tumor
- D. Gastric carcinoma
- E. Diaphragmatic hernia

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- A. Pylorostenosis
- B. Gastric ulcer
- C. Esophageal tumor
- D. Gastric carcinoma
- E. Diaphragmatic hernia

A 35-year-old man complains of a chest pain that persists for several months already and an occasionally observed bitter taste in his mouth. The **pain is localized behind the sternum, occurs at rest, and sometimes irradiates into the neck**. It does not intensify during physical exertion, but **may intensify after drinking alcohol or eating a large meal. At night, this condition becomes worse**. Swallowing is not disturbed. The **body weight is increased**. Examination detected no changes. Make the diagnosis:

- A. Globus hystericus
- B. Esophageal achalasia
- C. Esophageal tumor
- D. Diaphragmatic hernia
- E. Gastroesophageal reflux disease

A 35-year-old man complains of a chest pain that persists for several months already and an occasionally observed bitter taste in his mouth. The pain is localized behind the sternum, occurs at rest, and sometimes irradiates into the neck. It does not intensify during physical exertion, but may intensify after drinking alcohol or eating a large meal. At night, this condition becomes worse. Swallowing is not disturbed. The body weight is increased. Examination detected no changes. Make the diagnosis:

- A. Globus hystericus
- B. Esophageal achalasia
- C. Esophageal tumor
- D. Diaphragmatic hernia
- E. Gastroesophageal reflux disease