

Документ подписан простой электронной подписью  
 Информация о владельце:  
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## Test task for diagnostic testing in the discipline:

### Hospital surgery, pediatric surgery Semester 11

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|---------------------|---------------------------|
| Curriculum          | 31.05.01 General Medicine |
| Specialty           | General Medicine          |
| Form of education   | full-time                 |
| Designer Department | Surgical diseases         |
| Graduate Department | Internal diseases         |

| Competence  | Task   | Answers   | The type of complexity |
|---|--|---|------------------------|
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate one correct answer</b><br>1. Acute appendicitis should be differentiated from all of the listed diseases, except: a) glomerulonephritis, b) acute pancreatitis, c) acute adnexitis, d) acute gastroenteritis, d) right-sided renal colic |   | Low                    |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate one correct answer</b><br>2. Clinically, acute appendicitis can be mistaken for: a) salpingitis, b) acute cholecystitis, c) Meckel's diverticulitis, d) ectopic pregnancy, d) any of these types of pathology.                           |   | Low                    |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate one correct answer</b><br>3. The most common cause of acute cholecystitis is:  | 1. Physical activity<br>2. Anomaly of the biliary tract<br>3. Violation of diet and nutrition regimen<br>4. Hematogenous infection<br>5. Trauma of abdominal organs | Low                    |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate one correct answer</b><br>4. Acute cholecystitis is characterized by a block of stones at the level of:  | 1. Cystic duct<br>2. Common bile duct<br>3. Ampulla of Vater<br>4. Intrahepatic ducts   | Low                    |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8                          | <b>Indicate one correct answer</b><br>5. The most characteristic sign in laboratory diagnostics  | 1. Hyperkalemia<br>2. Hyperleukocytosis<br>3. Hyperamylasemia   | Low                    |

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| PC-9, PC-10,<br>PC-11   | of acute pancreatitis:   | 4. Hypercoagulemia<br>5. Anemia   |                    |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate one correct answer</b><br>6. Surgical treatment of acute pancreatitis is not indicated in:   | 1. Edematous pancreatitis<br>2. Fatty pancreatic necrosis<br>3. Hemorrhagic pancreatic necrosis | Medium             |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate one correct answer</b><br>7. The polyclinic surgeon should remember that the most likely complication of ulcers of the anterior wall of the duodenum is: a) Malignancy; b) Perforation; c) Bleeding; d) Duodenostasis; d) Penetration into the head of the pancreas. |   | Medium             |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Choose the correct combination of answers:</b><br>8. In what cases is it necessary to examine the gastrin level in patients with peptic ulcer: A) With multiple ulcers; B) With ulcer recurrence after surgical treatment; C) With basal hyperchlorhydria.                    |   | Medium             |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate one correct answer</b><br>9. In case of general peritonitis of appendicular origin, the following access is used:  | 1. Volkovich-Dyakonov;<br>2. pararectal;<br>3. midline laparotomy.                              | Medium             |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate one correct answer</b><br>10. For the sanitation of the abdominal cavity in case of general peritonitis, the following solutions can be used:  | 1. 3% hydrogen peroxide solution;<br>2. 20% glucose solution;<br>3. 0.02% furacilin solution.   | Intermediate level |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate all correct answer</b><br>11. The reactive stage of peritonitis continues:   | 1. 4 – 6 hours;<br>2. 24 hours;<br>3. 48 hours;<br>4. 72 hours;<br>5. more than 72 hours        | Medium             |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate all correct answer</b><br>12. The main route of spread of hospital infection:  | 1. airborne;<br>2. airborne dust;<br>3. implantation;<br>4. contact.                            | Medium             |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate all correct answer</b><br>13. Mechanical intestinal obstruction includes all of the following except:  | 1. Obstructive<br>2. Spastic<br>3. Strangulation<br>4. Mixed                                    | Medium             |

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| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate all correct answer</b><br>14. The bone is considered dislocated  | 1. central;<br>2. peripheral   | Medium |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate all correct answer</b><br>15. What are the criteria for a patient's readiness for surgery for diffuse peritonitis?                     | 1. normalization of pulse<br>2. normalization of blood pressure<br>3. disappearance of shortness of breath<br>4. normalization of temperature<br>5. restoration of diuresis<br>6. normalization of the red blood picture<br>7. passage of stool and gases<br>8. decrease in temperature below 38 degrees C | Medium |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate all correct answer</b><br>16. What are the characteristic symptoms of a "cold" appendicular infiltrate?                                | 1. constant abdominal pain<br>2. vomiting<br>3. high temperature<br>4. positive Shchetkin-Blumbeog symptom<br>5. lack of peristalsis<br>6. presence of a dense, painful, tumor-like formation in the abdominal cavity  | High   |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate all correct answer</b><br>17. What operation is not performed in the early stages of acute osteomyelitis?                              | 1. opening of phlegmon;<br>2. dissection of periosteum;<br>3. trepanation of bone marrow cavity;<br>4. sequestrectomy;<br>5. bone grafting.  | High   |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate all correct answer</b><br>18. What is the danger of furuncles of the upper lip, nasolabial triangle, nose and suborbital region?       | 1. facial edema<br>2. development of mumps<br>3. development of purulent basal meningitis<br>4. nosebleed  | High   |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate all correct answer</b><br>19. Surgical treatment of Douglas abscess consists of opening through:                                       | 1. anterior abdominal wall<br>2. rectum<br>3. perineum<br>4. vagina (in girls)   | High   |
| GPC-6, GPC-8<br>GPC-11, PC-5<br>PC-6, PC-7, PC-8<br>PC-9, PC-10,<br>PC-11 | <b>Indicate all correct answer</b><br>20. What is the surgical tactic for "cold" appendicular infiltrate in older children (over three years old)? | 1. conservative treatment of infiltrate, aimed at relieving inflammation and resorption of infiltrate<br>2. Volkovich-Dyakonov access, removal of the appendix, drainage of the abdominal cavity<br>3. median laparotomy,  | High   |

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|  |  | removal of the appendix,<br>drainage<br>of the abdominal cavity<br>4. transrectal or pararectal<br>laparotomy, appendectomy,<br>abdominal drainage<br>5. What are the surgical<br>tactics for "cold"<br>appendicular infiltrate in<br>children |  |
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