

**6. Local and widespread purulent-inflammatory processes of the abdominal cavity and peritoneum. Etiology, pathogenesis, clinic, diagnosis and treatment. Variants of atypical course, possible complications\***

1. It is suspected that a 34 year old patient has an abscess of Douglas pouches. What diagnostic method is to be chosen?
  - A. Digital examination of rectum**
  - B. R-scopy of abdominal cavity
  - C. Laparoscopy
  - D. Rectoromanoscopy
  - E. Percussion and auscultation of stomach
  
2. A 45-year-old woman, mother of four children, comes to the emergency room complaining of a sudden onset of the epigastric and right upper quadrant pain, radiating to the back, accompanied by vomiting. On examination, tenderness is elicited in the right upper quadrant, bowel sounds are decreased, and laboratory data shows leukocytosis, normal serum levels of amylase, lipase, and bilirubin. The most likely diagnosis is:
  - A. Acute cholecystitis**
  - B. Perforated peptic ulcer disease
  - C. Sigmoid diverticulitis
  - D. Acute pancreatitis
  - E. Myocardial infarction
  
3. A 19 year old patient was admitted to a hospital with acute destructive appendicitis. He suffers from hemophilia of B type. What antihemophilic medications should be included in pre- and post-operative treatment plan?
  - A. Fresh frozen plasma**
  - B. Native plasma
  - C. Dried plasma
  - D. Cryoprecipitate
  - E. Fresh frozen blood
  
4. A 54-year-old female patient has been admitted to a hospital 12 days after the beginning of acute pancreatitis. Objectively: the patient is in grave condition. The body temperature is hectic. Ps - 112 bpm. The abdomen is swollen. Epigastrium palpation reveals a very painful infiltration falling in the localization of pancreas. Abdominal cavity contains fluid. There is an edema of the left lumbar region. In blood: WBCs –  $18 \times 10^9/l$ . What is the required tactics of the patients treatment?
  - A. Surgical treatment**
  - B. Massive antibacterial therapy
  - C. Peritoneal dialysis
  - D. Further conservative treatment
  - E. Increase in antienzymes

5. A 20 y.o. patient suddenly felt ill 12 hours ago. There was pain in epigastric area, nausea, sporadic vomiting. He had taken alcohol before. In few hours the pain localized in the right iliac area. On examination: positive rebound tenderness symptoms. WBC-  $12,2 \times 10^9/L$ . What is the most probable diagnosis?
- Acute appendicitis**
  - Perforated ulcer
  - Acute cholecystitis
  - Rightside kidney colic
  - Acute pancreatitis
6. 14 days ago a 49-year-old patient was operated on for perforated appendicitis and disseminated fibrinopurulent peritonitis. The postoperative period was uneventful. On the 9th day the patient presented with low-grade fever, abdominal pain, frequent liquid stools. USI of the left mesogastrium reveals a fluid formation  $9 \times 10$  cm large. In blood: leukocytosis with the left shift. What is your provisional diagnosis?
- Interloop abscess**
  - Liver abscess
  - Abdominal cavity tumour
  - Left kidney cyst
  - Spleen abscess
7. A 43-year-old patient had been admitted to a hospital with clinical presentations of ischiorectal proctitis. On the 12th day of treatment the patient's condition deteriorated: there was an increase in the rate of intoxication and hepatic failure, the body temperature became hectic, AP was 100/60 mm Hg. USI of liver revealed a hydrophilic formation. In blood: WBCs -  $19,6 \times 10^9/l$ , RBCs -  $3,0 \times 10^{12}/l$ , Hb- 98 g/l. What complication was developed?
- Liver abscess**
  - Pylephlebitis
  - Liver necrosis
  - Budd-Chiari syndrome
  - Hepatic cyst
8. A 75-year-old male patient complains of slight pain in the right iliac region. The abdominal pain arose 6 days ago and was accompanied by nausea. Surgical examination revealed moist tongue, Ps- 76 bpm. AP- 130/80 mm Hg. Abdomen was soft, slightly painful in the right iliac region on deep palpation, the symptoms of the peritoneum irritation were doubtful. In blood: RBCs -  $4,0 \times 10^{12}/l$ , Hb- 135 g/l, WBCs -  $9,5 \times 10^9/l$ , stab neutrophils - 5%, segmentonuclear - 52%, lymphocytes - 38%, monocytes - 5%, ESR - 20 mm/h. Specify the doctor's further tactics:
- Emergency operation for acute appendicitis**
  - Refer the patient to a district therapist
  - Administration of additional examination: abdominal ultrasound, x-ray contrast study of the gastrointestinal tract
  - Hospitalization, dynamic surveillance
  - Send the patient home

