

#### **4. Stomach ache. Acute abdomen syndrome. Diagnosis and treatment tactics. Differential diagnosis of acute diseases of the abdominal cavity and their complications**

1. A 38 year old man, previously in good health, suddenly develops severe abdominal pain radiating from the left loin to groin and accompanied by nausea, perspiration and the need for frequent urination. He is restless, tossing in bed but has no abnormal findings. The most likely diagnosis is:
  - A. Leftsided renal colic**
  - B. Sigmoid diverticulitis
  - C. Retroperitoneal haemorrhage
  - D. Torsion of the left testicle
  - E. Herpes zoster
2. During investigation for chronic, severe, epigastric pain, a 40 year old alcoholic man is found to have multiple areas of narrowing alternating with dilatation ("chain of lakes" appearance) of the main pancreatic duct. The operation of choice is:
  - A. Lateral pancreaticojejunostomy**
  - B. Sphincterotomy
  - C. Distal pancreaticojejunostomy
  - D. Distal pancreatectomy
  - E. Total pancreatectomy
3. A 16 year old patient with complaints of frequent pain in the abdomen was diagnosed with melanoma, examination revealed also pigmentation of the mucosa and skin, polyp in the stomach and large intestine. It is know that the patients mother has an analogous pigmentation and has been often treated for anemia. What disease is suspected?
  - A. Peytz-Egerss polyposis**
  - B. Chrons disease
  - C. Adolescent polyposis
  - D. Hirschprungs disease
  - E. Tuberculosis of the intestine
4. A patient has restrained umbilateral hernia complicated by phlegmon hernia, it is necessary to take following actions:
  - A. Herniotomy by Mayo-Sapezhko**
  - B. Herniotomy by Lekser
  - C. Herniotomy by Grenov
  - D. Herniotomy by Mayo
  - E. Herniotomy by Sapezhko
5. A 74 y.o. patient has been ill with benign prostate hyperplasy for the last 5 years. 4 days ago, after alcochol consumption, there was an acute retention of urination. At the pre-admission stage his urinary bladder was catheterized with metallic catheter. Examination revealed: right epididymis is enlarged, thick and painful,

there are purulent discharges from urethra. What way of emergency care must be chosen?

**A. Trocar or open epicystostomy**

- B. Placing of intraprostatic stent
- C. Introduction of permanent urethral catheter
- D. Transurethral resection or prostatectomy
- E. Microwave thermotherapy of prostate

6. A 4 y.o. child attends the kindergarten. Complains of poor appetite, fatigue. Objective examination: skin and mucous membrane are pale, child is asthenic. In the hemogram: hypochromatic anemia 1st, leucomoid reaction of the eosinophile type. What pathology must be excluded first of all?

**A. Helminthic invasion**

- B. Hypoplastic anemia
- C. Atrophic gastritis
- D. Duodenal ulcer
- E. Lymphoproliferative process

7. During an operation for presumed appendicitis the appendix was found to be normal; however, the terminal ileum is evidently thickened and feels rubbery, its serosa is covered with grayish-white exudate, and several loops of apparently normal small intestine are adherent to it. The most likely diagnosis is:

**A. Crohn's disease of the terminal ileum**

- B. Ulcerative colitis
- C. Perforated Meckel's diverticulum
- D. Ileocecal tuberculosis
- E. Acute ileitis

8. A 38 y.o. woman was hospitalized to the surgical unit with vomiting and acute abdominal pain irradiating to the spine. On laparocentesis hemorrhagic fluid is obtained. What disease should be suspected?

**A. Acute pancreatitis**

- B. Perforated gastric ulcer
- C. Acute appendicitis
- D. Renal colic
- E. Acute enterocolitis

9. A 44-year-old patient has been admitted to a hospital with complaints of dull, aching pain in the left lumbar region, the admixture of pus in the urine. Examination revealed a grade II staghorn calculus on the left. What method of treatment is indicated for this patient?

**A. Surgery**

- B. Distance lithotripsy
- C. Ascending litholysis
- D. Conservative therapy
- E. Contact lithotripsy

10. A 52 y.o. patient fell from 3 m height on the flat ground with the right lumbar area. He complains of pain in this area. There is microhematuria in the urea. Excretory urography revealed that kidneys functioning is satisfactory. What is the most probable diagnosis?
- Kidneys contusion**
  - Paranephral hematoma
  - Kidneys abruption
  - Subcapsular kidneys rupture
  - Multiple kidneys ruptures
11. A female patient has been suffering from pain in the right subcostal area, bitter taste in the mouth, periodical bile vomiting for a month. The patient put off 12 kg. Body temperature in the evening is 37,6°C. Sonography revealed that bile bladder was 5,5?2,7 cm large, its wall - 0,4 cm, choledochus - 0,8 cm in diameter. Anterior liver segment contains a roundish hypoechoic formation up to 5 cm in diameter and another two up to 1,5 cm each, walls of these formations are up to 0,3 cm thick. What is the most likely diagnosis?
- Alveolar echinococcus of liver**
  - Liver abscess
  - Paravesical liver abscesses
  - Cystous liver cancer
  - Liver cancer
12. A 43 year old patient had cholecystectomy 6 years ago because of chronic calculous cholecystitis. Lately he has been suffering from pain in the right subcostal area and recurrent jaundice. Jaundice hasnt gone for the last 2 weeks. Stenosing papillitis 0,5 cm long has been revealed. What is the best way of treatment?
- To perform endoscopic papillosphincterotomy**
  - To perform external choledoch drainage
  - To treat conservatively: antibiotics, spasmolytics, antiinflammatory drugs
  - To perform transduodenal papillosphincterotomy
  - To perform choledochoduodenostomy
13. Parents of a 2-year-old boy applied to clinic complaining of right testicle absence in the scrotum of a boy. While examining the boy, hypoplasia of the right half of the scrotum was revealed, absence of the testicle. Testicle is miniaturized, it palpitates along the inguinal canal but it could not be moved down to scrotum. What is the most probable diagnosis?
- Right-sided cryptorchism, inguinal form**
  - Ectopia of the right testicle, pubic form
  - Left-sided monorchism
  - Retraction of the right testicle (pseudocryptorchism)
  - Right-sided cryptorchism, abdominal form

14. A patient suffers from suddenly arising crampy pain in the right loin area. 2 hours after the pain had started, hematuria took place. Loin X-ray: no pathological shadows. Ultrasound: pyelocaliectasis on the right, the left part is normal. What is the most probable diagnosis?
- Stone of the right kidney, renal colic**
  - Tumour of the right kidney pelvis
  - Intestine invagination
  - Acute appendicitis
  - Twist of the right ovary cyst
15. A patient complains of an extremely intense pain in epigastrium. He has peptic ulcer disease of duodenum for 10 years. The patient is in the forced position being on the right side with legs abducted to stomach. Abdomen has acute tenderness in the epigastrium. Guarding contraction of the abdominal wall muscles is observed. What is the preliminary diagnosis?
- Perforation of ulcer**
  - Thrombosis of mesenteric vessels
  - Acute condition of peptic ulcer disease
  - Acute pancreatitis
  - Penetration of ulcer into pancreas
16. A 32-year-old patient lives in an area endemic for echinococcosis. In the last 6 months he reports of pain in the right subcostal area, fever. He is suspected to have liver echinococcosis. What study would be the most informative in this case?
- USI**
  - Liver scanning
  - Biochemical laboratory examination
  - Survey radiography of abdominal cavity
  - Angiography
17. A 50 y.o. patient was admitted to the hospital with complaints of blood in urine. There was no pain or urination disorders, hematuria has lasted for 3 days. Objectively: kidneys are not palpable, suprapubic region has no peculiarities, external genitals have no pathology. Rectal examination revealed: prevesical gland is not enlarged. Cystoscopy revealed no changes. What disease would you think about first of all?
- Cancer of kidney**
  - Tuberculosis of urinary bladder
  - Kidney dystopy
  - Necrotic papillitis
  - Varicocele
18. A patient complains of nycturia, constant boring pain in perineum and suprapubic region, weak urine jet, frequent, obstructed and painful urination. He has been ill for several months, pain in perineum appeared after getting problems with urination. Rectal examination revealed that prostate is enlarged (mostly owing to the right lobe), dense, asymmetric, its central sulcus is flattened, the right lobe is dense, painless, tuberos. What disease can it be?
- Cancer of prostate**

- B. Chronic congestive prostatitis
  - C. Urolithiasis, stone of the right lobe of prostate
  - D. Prostate sclerosis
  - E. Prostate tuberculosis
19. A childrens surgical unit admitted a 1-month-old boy who had been prenatally diagnosed with the left-sided pyelectasis. Such studies as drip infusion urography, cystography and USI allowed to reveal initial hydronephrosis. There is no information confirming the secondary pyelonephritis. What tactics of this patient management is most advisable?
- A. 6-month surveillance**
  - B. Anderson-Hynes operation
  - C. Antibacterial therapy
  - D. There is no need in further surveillance and treatment
  - E. Urgent nephrostomy
20. A 65-year-old patient complains of pain in the lumbar spine, moderate disuria. He has been suffering from these presentations for about half a year. Prostate volume is 45 cm<sup>3</sup> (there are hypoechogenic nodes in both lobes, capsule invasion). The rate of prostate-specific antigen is 60 ng/l. Prostate biopsy revealed an adenocarcinoma. Which of the supplemental examination methods will allow to determine the stage of neoplastic process in this patient?
- A. Computer tomography of pelvis**
  - B. Excretory urography
  - C. Roentgenography of lumbar spine
  - D. Bone scintigraphy
  - E. Roentgenography of chest
21. A 29 y.o. patient was admitted to the hospital with acute girdle pain in epigastric area, vomiting in 1 hour after the meal. On examination: pale, acrocyanosis. Breathing is frequent, shallow. Abdominal muscles are tensed, positive Schotkin-Blumbergs symptom. What is the maximal term to make a diagnosis?
- A. In 2 hours**
  - B. In 3 hours
  - C. In 6 hours
  - D. In 0.5 hours
  - E. In 1 hour
22. 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 patients state?
- A. Malignisation**
  - B. Stenosis
  - C. Perforation
  - D. Penetration
  - E. Haemorrhage

23. A 38 y.o. patient lifted a heavy object that resulted in pain in the lumbar part of spine irradiating to the posterior surface of his left leg. The pain increases during changing body position and also in the upright position. Examination revealed positive symptoms of tension. What is the preliminary diagnosis?

**A. Pathology of intercostal disks**

- B. Myelopathy
- C. Arachnomyelitis
- D. Spinal cord tumor
- E. Polyneuritis

24. A child is being discharged from the surgical department after conservative treatment of invagination. What recommendations should doctor give to mother to prevent this disease recurrence?

**A. Strict following of feeding regimen**

- B. Hardening of the child
- C. Feces observation
- D. Common cold prophylaxis
- E. Gastro-intestinal disease prevention

25. A patient, aged 81, complains of constant urinary excretion in drops, feeling of fullness in the lower abdomen. On examination: above pubis there is a spherical protrusion, over which there is a dullness of percussion sound, positive suprapubic punch. What symptom is observed in this patient?

**A. Paradoxal ischuria**

- B. Dysuria
- C. Urinary incontinence
- D. Enuresis
- E. Pollakiuria

26. 3 hours ago a 65-year-old female patient felt sharp abdominal pain irradiating to the right scapula, there was a single vomiting. She has a history of rheumatoid arthritis. Objectively: pale skin, AP- 100/60 mm Hg, Ps- 60/min. Abdomen is significantly painful and tense in the epigastrium and right subcostal area, there are positive symptoms of parietal peritoneum irritation over the right costal arch, that is tympanitis. What is the tactics of an emergency doctor?

**A. To take the patient to the surgical hospital**

- B. To perform gastric lavage
- C. To take the patient to the rheumatological department
- D. To inject spasmolytics
- E. To inject pain-killers and watch the dynamics

27. During a surgery on a 30-year-old patient a dark ileo-ileal conglomerate was discovered, the intussusceptum intestine was considered to be unviable. The intussusciens intestine was dilated to 7-8 cm, swollen, full of intestinal contents and gases. What pathology led to the surgery?

**A. Invagination (combined) obstruction**

- B. Spastic obstruction

- C. Obturation obstruction
- D. Strangulation obstruction
- E. Paralytic obstruction

28. Half an hour ago a 67-year-old patient with a hernia picked up a heavy object, which caused acute pain in the region of hernia protrusion, the hernia could not be reduced. Objectively: the hernia in the right inguinal region is roundish, tight, moderately painful; during palpation it was reduced back to the cavity, the pain was gone. Specify the further medical tactics:

- A. **Inpatient surveillance**
- B. Immediate laparotomy
- C. Immediate hernioplasty
- D. Planned hernioplasty a month later
- E. Planned hernioplasty a year later

29. A 20-year-old patient complains of pain in the left lumbar region, arterial pressure rose up to 160/110 mm Hg. USI revealed that the structure and size of the right kidney were within age norms, there were signs of 3 degree hydronephrotic transformation of the left kidney. Doppler examination revealed an additional artery running to the lower pole of the kidney. Excretory urogram shows a narrowing in the region of ureteropelvic junction. Specify the therapeutic tactics:

- A. **Surgical intervention**
- B. Kidney catheterization
- C. Administration of beta-blockers
- D. Administration of spasmolytics
- E. Administration of ACE inhibitors

30. A 77-year-old male patient complains of inability to urinate, bursting pain above the pubis. The patient developed acute condition 12 hours before. Objectively: full urinary bladder is palpable above the pubis. Rectal prostate is enlarged, dense and elastic, well-defined, with no nodes. Interlobular sulcus is distinct. Ultrasonography results: prostate volume is 120 cm<sup>3</sup>, it projects into the bladder cavity, has homogeneous parenchyma. Prostate-specific antigen rate is of 5 ng/ml. What is the most likely disease that caused acute urinary retention?

- A. **Prostatic hyperplasia**
- B. Sclerosis of the prostate
- C. Acute prostatitis
- D. Tuberculosis of the prostate
- E. Prostate carcinoma

31. A 4 month old child was admitted to a surgical department 8 hours after the first attack of anxiety. The attacks happen every 10 minutes and last for 2-3 minutes, there was also one-time vomiting. Objectively: the child's condition is grave. Abdomen is soft, palpation reveals a tumour-like formation in the right iliac area. After rectal examination the doctor's finger was stained with blood. What is the most probable diagnosis?

- A. **Ileocecal invagination**
- B. Gastrointestinal haemorrhage

- C. Helminthic invasion
- D. Pylorostenosis
- E. Wilms tumour

32. A 56-year-old patient was undergoing a surgery for suture repair of perforated ulcer. During the operation the cardiomonitor registered ventricular fibrillation. The first-priority measure should be:

- A. **Electrical defibrillation**
- B. Injection of calcium chloride
- C. Injection of lidocaine
- D. Injection of adrenalin
- E. Injection of atropine

33. A 78-year-old patient complains of severe pain in the lower abdomen, perineum and rectum; intense urge to urinate and inability to urinate without assistance. Abdomen palpation reveals a moderately painful globular formation above the pubis, there is percussion dullness over the formation. What is the most likely diagnosis?

- A. **Acute urinary retention**
- B. Chronic incomplete urinary retention
- C. Cystitis
- D. Paradoxical ischuria
- E. Chronic urinary retention