ЛД-21ИН

Федеральное государственное бюджетное образовательное учреждение высшего образования «Северо-Осетинская государственная медицинская академия» Министерства здравоохранения Российской Федерации

Кафедра **анатомии человека с топографической анатомией и оперативной хирургией**

УТВЕРЖДЕНО
протоколом заседания центрального
координационного учебно-методического
совета от «23» мая 2023 г., протокол № 5

ОЦЕНОЧНЫЕ МАТЕРИАЛЫ

по дисциплине
«ТОПОГРАФИЧЕСКАЯ АНАТОМИЯ И ОПЕРАТИВНАЯ ХИРУРГИЯ»
основной профессиональной образовательной программы высшего образования – программы специалитета по специальности
31.05.01 Лечебное дело,
(образовательная программа, частично реализуемая на английском языке)
утвержденной 24.05.2023 г.

для студентов 3-4 курсов

по специальности 31.05.01 Лечебное дело

Рассмотрено и одобрено на заседании кафедры анатомии человека с топографической анатомией и оперативной хирургией от «18» мая 2023 г., протокол №10.

Заведующая кафедрой анатомии человека
с топографической анатомией и
оперативной хирургией _____ О. Н. Тотоева

СТРУКТУРА

1. Титульный лист
2. Структура
3. Рецензия
4. Паспорт
5. Комплект оценочных материалов:
   - вопросы к модулю
   - контрольные карты
   - банк тестовых заданий
   - экзаменационные вопросы
   - экзаменационные вопросы по практическим навыкам

ЛД-21 ИН

РЕЦЕНЗИЯ

Методические материалы по дисциплине
«ТОПОГРАФИЧЕСКАЯ АНАТОМИЯ И ОПЕРАТИВНАЯ ХИРУРГИЯ»
основной профессиональной образовательной программы высшего образования – программы специалитета по специальности **31.05.01 Лечебное дело,**
(образовательная программа, частично реализуемая на английском языке)

Топографическая анатомия и оперативная хирургия является базовой дисциплиной, которая позволяет получить знания, необходимые при изучении большинства клинических дисциплин. Компетентностный подход в современном учебном процессе требует от студента не только теоретических знаний, но и практических умений и навыков. Методические материалы по дисциплине «Топографическая анатомия и оперативная хирургия» Основной профессиональной образовательной программы высшего образования – программы специалитета по специальности **31.05.01 Лечебное дело** выполнены согласно требованиям образовательного стандарта. Содержат «Методические указания для студентов 3 курса», «Методические указания для студентов 4 курса», «Учебные ситуационные задачи и ответы для студентов 3 курса», Учебные ситуационные задачи и ответы для студентов 4 курса», «Учебные тесты для студентов 3 и 4 курсов», «Глоссарий». Составлены правильно, с соблюдением требований образовательного стандарта.

Представленные методические материалы имеют четко сформулированную структуру, позволяющую студенту последовательно разобрать и освоить учебный материал. Задания имеют четкий, конкретизирующий вопрос, который требует от студента не только механического поиска ответа в учебнике, но заставляет его размышлять. Задания в методических материалах не дублируются, что помогает осветить учебный материал в полном объеме.

Председатель ЦУМК естественно-научных
и математических дисциплин
с подкомиссией экспертизы оценочных алов
доцент кафедры химии и физики ____ Боциева Н.И.

ВЕРНО: специалист по кадрам отдела кадров и документооборота ФГБОУ ВО СОГМА Минздрава России
_____
____ _____ 20

ЛД-21ИН

Паспорт оценочных материалов по дисциплине
«ТОПОГРАФИЧЕСКАЯ АНАТОМИЯ И ОПЕРАТИВНАЯ ХИРУРГИЯ»

№п/п	**Наименование контролируемого раздела (темы) дисциплины / модуля**	**Код формируемой компетенции (этапа)**	**Наименование**
1	2	3	5
Вид контроля	**Текущий/Промежуточный**		
1.	Входной контроль. Введение. Предмет и задачи топографической анатомии и оперативной хирургии. Общая хирургическая техника. Хирургический инструментарий. Разъединение соединение и тканей. Топографическая анатомия и оперативная хирургия верхней и нижней конечности.	ОПК-5. - Способен оценивать морфофункциональные, физиологические состояния и патологические процессы в организме человека для решения профессиональных задач	-вопросы к модулю; - контрольные карты; - банк тестовых заданий; - экзаменационные билеты; - экзаменационные билеты по практическим навыкам.
2.	Топографическая анатомия и оперативная хирургия головы и шеи.	ОПК-5. - Способен оценивать морфофункциональные, физиологические состояния и патологические процессы в организме человека для решения профессиональных задач	- -вопросы к модулю; - контрольные карты; - банк тестовых заданий; - экзаменационные билеты; - экзаменационные билеты по практическим навыкам.
3.	Топографическая анатомия и оперативная хирургия туловища.	ОПК-5. - Способен оценивать морфофункциональные, физиологические состояния и патологические процессы в организме человека для решения профессиональных задач	-вопросы к модулю; - контрольные карты; - банк тестовых заданий; - экзаменационные билеты; - экзаменационные билеты по практическим навыкам.

ЛД-21ИН

Комплект оценочных материалов

по дисциплине
«ТОПОГРАФИЧЕСКАЯ АНАТОМИЯ И ОПЕРАТИВНАЯ ХИРУРГИЯ»

основной профессиональной образовательной программы высшего образования – программы специалитета по специальности
31.05.01 Лечебное дело, (образовательная программа, частично реализуемая на английском языке)

ЛД-21ИН

ВОПРОСЫ К МОДУЛЮ

MODULAR QUESTIONS FOR THE FINAL LESSON
THEME «SUBJECT AND TASKS OF TOPOGRAPHIC ANATOMY AND OPERATIVE SURGERU. TOPOGRAPHIC ANATOMY AND OPERATIVE SURGERY OF THE UPPER AND LOWER LIMB»
FOR STUDENTS III COURSE BY SPECIALTY
31.05.01 **«General Medicine»** (specialty)

1. Subject and tasks of topographic anatomy
2. Layered topography of the axillary region. Pathways of purulent processes from the armpit
3. Layered topography of the anterior thigh. The boundaries of the Scarpov triangle. The interposition of femoral vessels at different levels of the Scarpov triangle.
4. Indications for the imposition of a vascular suture. Requirement for vascular suture.
5. Methods for the study of topographic anatomy
6. Layered topography of the axillary region. Brachial plexus: bundles and branches of the brachial plexus. Lymph nodes of the axillary fossa
7. Topography of the femoral artery and its branches. Adducent canal. Femoral artery projection line.
8. Indications for the implementation of the primary suture of the nerve.
9. General provisions of operative surgery
10. Layered topography of the subdeltoid area. Ways to the spread purulent processes from the subdeltoid area.
11. Topography of the obturator canal. The neurovascular bundle of the obturator canal. The clinical significance of the obturator canal. The projection of its outer hole on the skin of the thigh.
12. Guillotine amputation of the limb. Processing of vessels and nerves.
13. Classification of surgical instruments: General surgical, special.
14. Elbow joint. Weak areas of the capsule of the elbow joint. Nerves adjacent to the joint capsule.
15. Topography of the popliteal fossa. The neurovascular bundle of the popliteal fossa.
16. Puncture of the hip joint. Indications and technique
17. Suture Material: requirements for suture material. Main parameters
18. Topographic anatomy of the anterior forearm region. Neurovascular bundle of the anterior forearm region.
19. Topography of the popliteal fossa. Ways of distribution of purulent processes from the popliteal fossa
20. Puncture of the knee joint. Indications and technique
21. Suture material: classification
22. | Topographic anatomy of the posterior region of the forearm. Neurovascular bundle of the posterior region of the forearm
23. Layer-by-layer topography of the posterior shin region. Canalis cruropopliteus: walls and channels content.
24. Classification of the tendon suture by time of application and technique of application
25. Disconnection and connection of tissues
26. Pirogov-Paron Space. Ways of distribution of purulent processes in Pirogov-Paron space.
27. Layer-by-layer topography of the anterior shin region: anterior and lateral fascial bed of the shin . Neurovascular bundles of the anterior tibia
28. Seam, Cuneo. Technique of execution
29. The subject and tasks of topographical anatomy
30. Layer-by-layer topography of the axillary region. The boundaries of the axillary region. The walls of the axillary fossa. The main neurovascular bundle. Projection line of the axillary artery
31. Layer-by-layer topography of the anterior region of the thigh. Muscular and vascular lacunae: the boundaries and formations passing through them. Femoral hernias
32. Indications for the vessel seam. Requirements for vascular suture
33. Principles of operative surgery
34. Shoulder joint Weak areas of the shoulder joint capsule. Nerves adjacent to the joint capsule.
35. Indirect hip arterial circle. Vessels participate in its formation. The clinical significance of the arterial circle
36. Indications for performing neurolysis
37. Stages of surgical intervention
38. Topography of deep vessels and nerves of the shoulder
39. Layered topography of the back of the thigh. Projection line of the sciatic nerve
40. Puncture of the elbow joint. Indications and execution technique.
41. Types of surgeries
42. Layered topography of the scapular region. Scapular arterial arch: vessels involved in the formation of the arc. The clinical significance of the scapular arterial arch.
43. Kinks of the knee-joint their clinical significance
44. Puncture of the wrist joint. Indications and technique.
45. Surgical wound debridement: primary - types, secondary: complete, incomplete.

46. Layered topography of the elbow area. Superficial vessels of the elbow area. Arterial network of the elbow joint.
47. Collateral blood circulation in the knee joint
48. Neurolysis. Indications and technique
49. Skin incision. Technique. Regulation.
50. Layer-by-layer topography of palm. Cellular space of the palm. Innervation of the fingers
51. Medial ankle canal: walls and contents of the channel. Ways of distribution of purulent processeso of the medial ankle channel
52. Primary suture nerve. Indications and technique
53. Basic principles of wound closure
54. The median cellular space of the palm. Formation and localization of arterial arcs of the palm
55. Layer-by-layer topography of the sole of the foot. Cellular spaces of the foot. Ways of distribution of purulent processes from the middle cellular space of the foot
56. Guillotine amputation of the limb. Treatment of blood vessels and nerves
57. Seams. Knots. Pieces. Classification
58. Synovial sheaths of the tendons of the flexors of the fingers. Features of the synovial sheaths flexor tendons for different fingers
59. Medial ankle canal: walls and contents of the channel. Ways of distribution of purulent processeso of the medial ankle channel
60. Types of anesthesia in surgery: local-infiltration, conduction, case anesthesia; General (anesthesia) - intravenous, mask, combined
61. The technique of seam, Cuneo
62. Topography of deep vessels and nerves of the shoulder
63. Topography of deep vessels and nerves of the shoulder. Layer-by-layer topography of the gluteal region. Ways of distribution of purulent processes from the deep tissue of the gluteal region
64. Puncture of the elbow joint. Indications and technique.

IV COURSE MEDICAL FACULTY
MODULAR QUESTIONS FOR THE FINAL LESSON
TOPIC " TOPOGRAPHIC ANATOMY AND OPERATIVE SURGERY OF THE CHEST, ABDOMEN, AND SPINAL CORD»

1. Diaphragm, blood supply, and innervation.
2. Blood supply and innervation of the chest walls. Topographic anatomy of the intercostal space, features of blood supply.
3. Intercostal nerve block. Puncture of the pleural cavity.
4. Breast. Blood supply and innervation. Lymph flow from the breast.
5. Mastitis, species. Surgical treatment.
6. Sectoral resection of the breast, indications, technique.
7. Radical mastectomy by Halsted-Meyer. Stage of operation.
8. Topography of the pleura and pleural cavity.
9. Topographic anatomy of the lungs. Root of the lung. Blood supply to the lungs. Innervation.
10. Pneumothorax, types, treatment.
11. Surgical treatment of lung abscess. Types, techniques.
12. Surgical treatment of pleural empyema. Thoracoplasty, types, indications. Thoracoplasty in the Shed, indications, technique.
13. Vagus nerves. Thoracic aorta. The cardinal of Vienna.
14. Topography of the heart. Perfusion. Venous outflow. Innervation.
15. Thoracic part of the esophagus. Sympathetic trunk.
16. Cellular spaces of the mediastinum. Mediastinitises.
17. Topography of the pericardium. Blood supply, innervation, lymph flow.
18. Pericardial puncture, indications, types, technique. Suturing wounds of the heart, technology.
19. Operations for purulent mediastinitis. Types of surgical accesses, indications, techniques.
20. Anterior abdominal wall boundaries of the division in the region. Layer-by-layer topography, blood supply and innervation.
21. Folds and pits of the posterior surface of the anterior abdominal wall. Their anatomical and practical significance.
22. Laparotomy. The requirements for laparotomy. Kinds. Indications, advantages and disadvantages.
23. Topographic anatomy of the weak points of the anterior abdominal wall: the white line, the navel, and the inguinal canal.
24. Topographic anatomy of the femoral ring and femoral canal.
25. Hernia treatment for pinched and sliding hernias. Features. Stages. Possible complication.
26. Plastic hernial orifice in direct inguinal hernias. Types, differences between them, their advantages and disadvantages.
27. Hernia repair with femoral hernias. Kinds. Difference between them. Possible complication.
28. Herniotomy. Basic principles of hernia treatment.
29. Hernias of the anterior abdominal wall. Components of hernias. Classification of hernias.
30. Strangulated and sliding hernias. The types of strangulated and sliding hernias.
31. Surgical anatomy of inguinal hernias. Their types and differences between them.

32. Hernia treatment for congenital inguinal hernia. Features. Technic.
33. Hernia treatment for umbilical hernias. Kinds. Technic. Their comparative topographical and anatomical assessment.
34. Plastic hernia gate for oblique inguinal hernias. Types, differences between them, their advantages and disadvantages.
35. The principles of revision of the abdominal cavity.
36. Bags of the upper floor of the abdominal cavity. Channels, sinuses and recesses of the lower floor of the abdominal cavity.
37. Intestinal suture. Classification. Types, advantages and disadvantages.
38. Topographic anatomy of the stomach. Blood supply, innervation, blood and lymph flow.
39. Gastrostomy. Indications, types, equipment.
40. Topographic anatomy of the liver. Blood supply, innervation, blood and lymph flow.
41. Gastroenterostomy. Indications. Kinds. Advantages and disadvantages.
42. Extrahepatic biliary tract. Blood supply, innervation, blood and lymph flow.
43. Suturing of a perforated stomach ulcer. Kinds. Technic.
44. Topographic anatomy of the pancreas. Blood supply, innervation, blood and lymph flow.
45. Gastric resection. Indications. Classification. Resection by Billroth 1 and Billroth 2 and their modifications. Advantages and disadvantages.
46. Topographic anatomy of the spleen. Blood supply, innervation, blood and lymph flow.
47. Pyloroplasty. Kinds. Indications. Technic.
48. Topographic anatomy of the duodenum. Blood supply, innervation, blood and lymph flow.
49. Resection of the small intestine. Types of inter-intestinal anastomosis. Indications. Advantages and disadvantages.
50. Topographic anatomy of the jejunum and ileum. Blood supply, innervation, blood and lymph flow.
51. Appendectomy, types.
52. Topographic anatomy of the colon (blind, colon). Blood supply, innervation, blood and lymph flow. Features of blood supply to the colon.
53. Resection of the colon. Kinds.
54. Layer-by-layer topography of lumbar region. Lumbar triangle, Lesgaft-Grunfeld rhombus. Blood supply and innervation of the lumbar region.
55. Colostomy. Kinds.
56. Layer-by-layer topography of the retroperitoneal space.
57. Cholecystostomy.
58. Topographic anatomy of the kidneys. Blood supply, innervation, blood and lymph flow.
59. Cholecystectomy. Kinds.
60. Topographic anatomy of the adrenal gland. Blood supply, innervation, blood and lymph flow.
61. Paranephral block.
62. Topographic anatomy of the ureters. Blood supply, innervation, blood and lymph flow.
63. Surgical accesses to the organs of retroperitoneal space. Nephrostomy.
64. Blood and lymphatic vessels of the retroperitoneal space.
65. Nephrectomy.
66. The nerves of the retroperitoneal space.
67. Nephroptosis. Operations for nephroptosis. Kinds.
68. Pelvis. Borders, external landmarks. Skeleton, ligaments and joints of the pelvis.
69. Novocaine blockade of the spermatic cord and the round ligament of the uterus. Intra-phase novocaine blockade on Shkolnikov-Selivanov.
70. The muscles of the pelvis. The muscles of the pelvic floor. Muscles of the urogenital diaphragm.
71. Drainage of the pre-bubble cellular space by Buyalsky-mcwhorter.
72. Vessels of the pelvis. Innervation of the pelvis.
73. General principles of surgical treatment of rectal cancer. Palliative and radical operations. Indications. Kinds.
74. Cystostomy.
75. The cavity of the pelvis. Floors of the pelvic cavity. Course of the peritoneum.
76. Puncture of the abdominal cavity through the posterior arch of the vagina.
77. Fascia and cellular spaces of the pelvis.
78. Operations for ectopic pregnancy. Kinds.
79. Topographic anatomy of the rectum. Blood supply, innervation, lymph flow.
80. Dropsy of the testicle (hydrocele). Surgical treatment. Operations Of Winkelmann, Bergman. Technic.
81. Topographic anatomy of the bladder. Blood supply, innervation, lymph flow.
82. Varicocele. Surgical treatment. Kinds. Operations Of Ivanissevich, Palomo.
83. Topographic anatomy of the uterus, its appendages, and fallopian tube. Ovary. Blood supply, innervation, lymph flow.
84. Peritoneum. Peritoneal cavity.
85. Topographic anatomy of the spinal cord.
86. Lumbar puncture
87. Laminectomy.

ЛД-21ИН

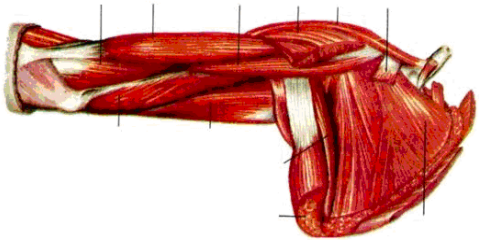
КОНТРОЛЬНЫЕ КАРТЫ

Control card number 1

Task number 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Frontal bone	
2. Scaly part of the temporal bone	
3. External auditory course	
4. Jugular hole	
5. Hole parietal emissary vein	
6. Big cartilage of the nose wing	
7. Cheek area	
8. Submandibular gland	
9. Scapular-clavicular fascia	
10. Shoulder	
11. Intermediate ulnar vein	
12. Awn of a scapula	
13. Medial epicondyle	
14. Intercostal brachial nerve	
15. Shoulder veins	
16. Elbow muscle	
17. Lower posterior iliac awn	
18. Foot	
19. Popliteal surface	
20. Iliopsoas lumbar muscle	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ.	**CREDIT/ FAIL**

Task № 2. Arrange the notation



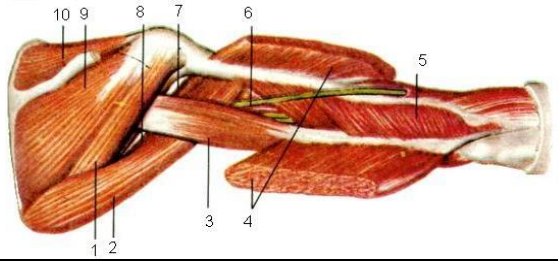
1 m. subscapularis
2 m. latissimus dorsi
3 m. teres major
4 caput longum m. tricipitis brachii
5 caput mediale m. tricipitis brachii
6 m. brachialis
7 m. brachii
8 m. coracobrachialis
9 m. pectoralis major (отрезана)
10 m. deltoideus
11 m. pectoralis minor (отрезана)

Control card number 2

Task number 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. The tubercul of frontal bone	
2. Styloid outgrowth	
3. Occipital condyle	
4. Sublingual channel	
5. Mastoid emissary vein opening	
6. Nasal cavity	
7. Buccal muscle	
8. Subcutaneous muscle of the neck	
9. Prevertebral fascia	
10. Front surface of shoulder	
11. Brachioradialis muscle	
12. Supraspinal fossa	
13. Elbow muscle	
14. Subscapular nerve	
15. Medial brachial cutaneous nerve	
16. Bridle	
17. Large sciatic notch	
18. Arch of the foot	
19. Lateral condyle	
20. Sartorial muscle	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task № 2: Establish a match:



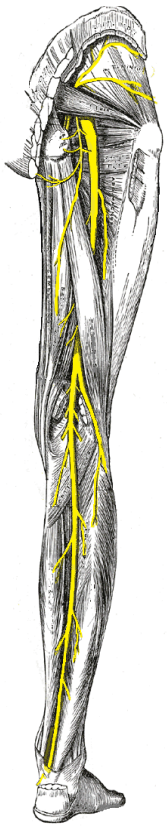
1 -	6 -
2 -	7 -
3 -	8 -
4 -	9 -
5 -	10 -

Control card number 3

Task №1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Frontal area	
2. Mastoid outgrowth	
3. Condylar fossa	
4. Internal aural foramen	
5. Occipital emissary vein opening	
6. Nostril	
7. Parotid-masticatory area	
8. Superficial neck fascia	
9. Superior thyroid artery	
10. The rear surface of the shoulder	
11. Radial wrist flexor	
12. Fossa infraspinatus	
13. Common flexor tendon	
14. Medial cutaneous nerve of the shoulder	
15. Superior ulnar collateral artery	
16. Metacarpal bone	
17. Branch of the sciatic bone	
18. Foot sole area	
19. Medial condyle	
20. Gluteus maximus	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ.	**CREDIT/ FAIL**

Task № 2: Specify which nerve projection is indicated

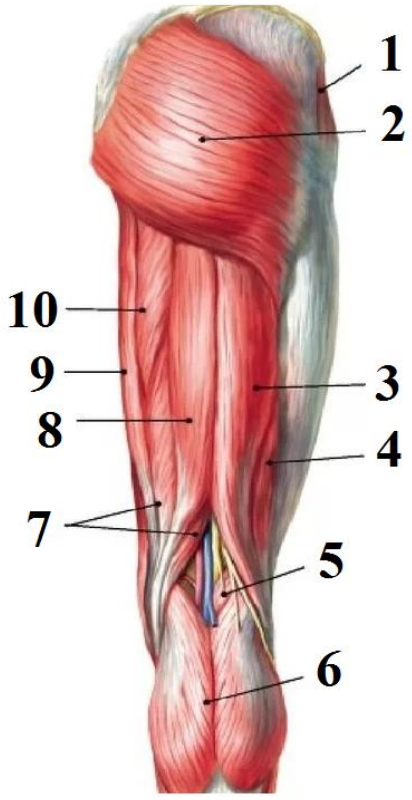


Control card number 4

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Superciliary arc	
2. Mastoid cave	
3. Condylar channel	
4. External opening of the water pipes vestibule	
5. Condylar emissary vein opening	
6. Lateral cartilage of the nose	
7. Sternocleidomastoid muscle	
8. Outer plate of the superficial fascia of the neck	
9. Lingual artery	
10. Brachial artery	
11. Triceps muscle of the shoulder (long head)	
12. Tenderloin of paddle	
13. Subarticular fascia	
14. Lateral pectoral nerve	
15. Radial bone head	
16. Lower limb	
17. Lower branch of the pubic bone	
18. Foot sole area	
19. Large adductor muscle	
20. Semi-tendon muscle	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task №2. Name the education:



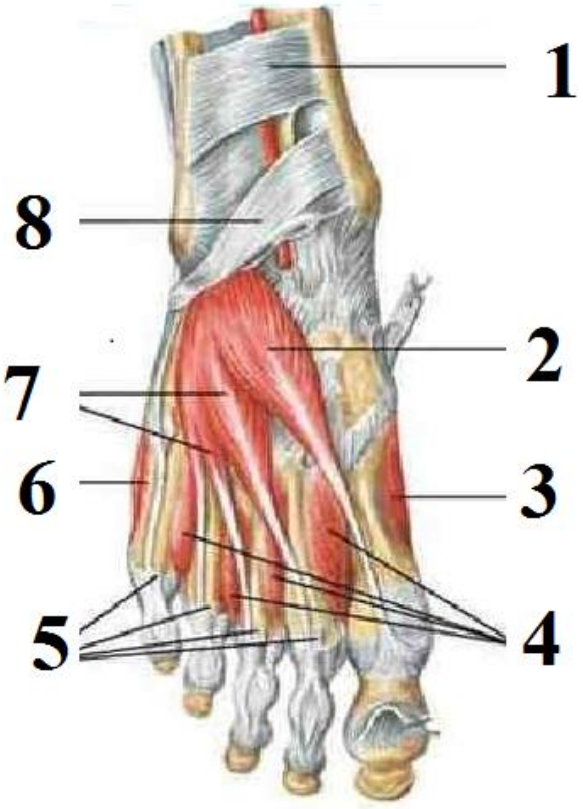
1 -	
2 –	
3 –	
4 –	
5 –	
6 –	
7 –	
8 –	
9 –	
10 –	

Control card number 5

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Overblocks' artery	
2. Sphenoid bone	
3. Large occipital foramen	
4. Mastoid hole	
5. Furrow of the superior sagittal sinus	
6. Upper nasal passage	
7. Chewing muscle	
8. Scapular clavicle fascia	
9. Facial artery	
10. Brachial vein	
11. Forearm	
12. Upper edge of the shoulder blade	
13. Glenoid-shoulder ligament	
14. Lateral cutaneous nerve of the forearm	
15. Radial bone neck	
16. Lower limb girdle	
17. Pubic bone	
18. Finger areas	
19. Dorsal sacroiliac ligament	
20. Semi-membranous muscle	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task № 2: Name the education:



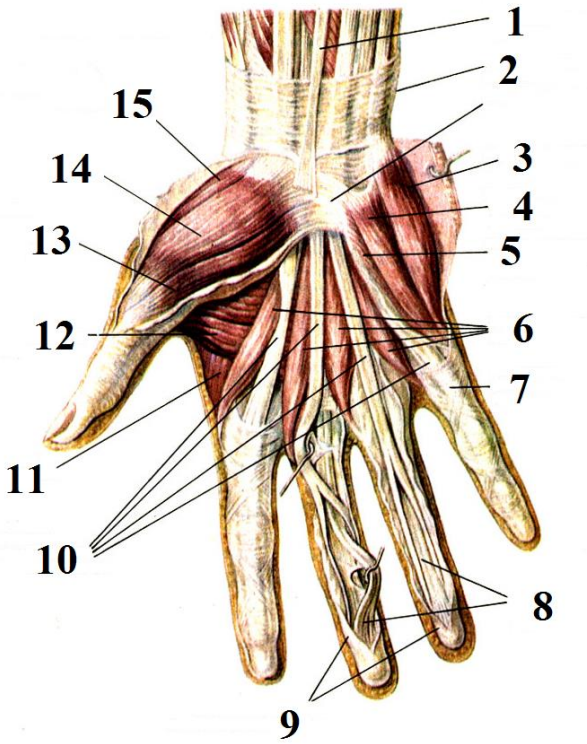
1 –	
2 –	
3 –	
4 –	
5 -	
6 -	
7 -	
8 -	

Control card number 6

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Supraorbital artery	
2. Large wing of sphenoid bone	
3. Furrow of the upper sagittal sinus	
4. Ramp	
5. Furrow of the lower sagittal sinus	
6. Middle nasal passage	
7. Maxillary artery	
8. Intra-neck fascia	
9. Recurrent laryngeal nerve	
10. Acromial branch of the chestacromial artery	
11. Front surface of the forearm	
12. Lower angle of the shoulder blade	
13. Subcutaneous bag of subscapularis muscle	
14. Small hump of the humerus	
15. Block-shaped notch	
16. Gluteal region	
17. Vascular lacuna	
18. Upper branch of the pubic bone	
19. Ventral sacroiliac ligament	
20. Long head biceps femoris	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task №2. Specify what is shown in the picture?



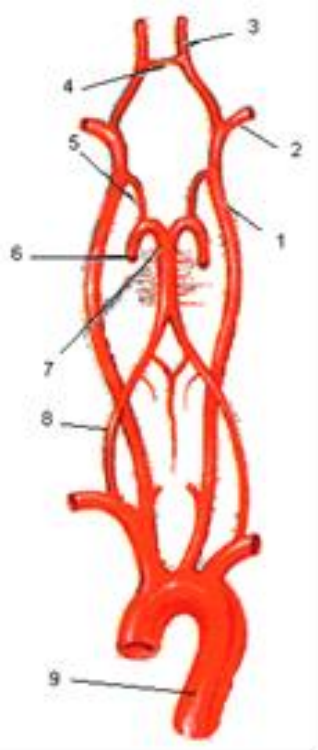
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

Control card number 7

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Angular vein	
2. Small wing of sphenoid bone	
3. Anterior cranial fossa	
4. Transverse sinus furrow	
5. Straight sinus furrow	
6. Lower nasal passage	
7. Parotid gland	
8. Sleepy triangle	
9. Subclavian artery	
10. Brachial plexus	
11. The back surface of the forearm	
12. Upper corner of the scapula	
13. Big rhomboid muscle	
14. Round pronator	
15. Interosseous membrane	
16. Free lower limb	
17. The front of the thigh	
18. Symphyseal surface	
19. Pubic symphysis	
20. Middle gluteus Medius	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task № 2: Name the scheme. Specify the designations.



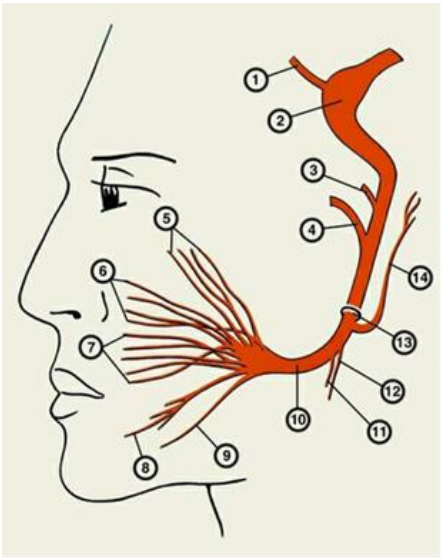
1 -	
2 -	
3 -	
4 -	
5 -	
6 -	
7 -	
8 -	
9 -	

Control card number 8

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Epigastric muscle	
2. Occipital bone	
3. Ethmoid plate of the ethmoid bone	
4. Sulcus of the occipital sinus	
5. Chewing tuberosity	
6. Nasal septum	
7. The parotid duct	
8. Sleepy vagina	
9. Shield barrel	
10. Upper trunk of the brachial plexus	
11. Median vein of forearm	
12. The median edge of the scapula	
13. Peninsular muscle	
14. Square pronator of the forearm	
15. Skew chord	
16. Hip joint	
17. The medial surface of the thighs	
18. Locking hole	
19. Interlobal disk	
20. Small gluteus Medius	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/FAIL**

Task № 2: Name the projection of which nerve is shown in the figure. Establish a match.



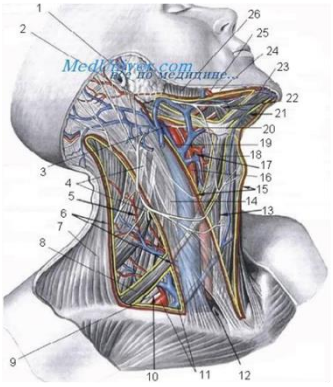
1 -	
2 -	
3 -	
4 -	
5 -	
6 -	
7 -	
8 -	
9 -	
10 -	
11 -	
12 -	
13 -	
14 -	

Control card number 9

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Tendon helmet	
2. Occipital protrusion	
3. Blind hole	
4. Internal occipital crest	
5. Condyle outgrowth	
6. Coulter	
7. Facial nerve	
8. Cervical plexus	
9. Internal thoracic artery	
10. Middle trunk of the brachial plexus	
11. Superficial flexor of the fingers	
12. The lateral edge of the scapula	
13. Belt muscle of the head	
14. Cellular space of the forearm	
15. Styloid process of the radius	
16. Hip	
17. Back of the thigh	
18. Femur	
19. Upper pubic ligament	
20. The tensor of the broad fascia of the thigh	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task №2. Arrange the notation



1	
2	
3	
4	
5	
6	
7	
8	

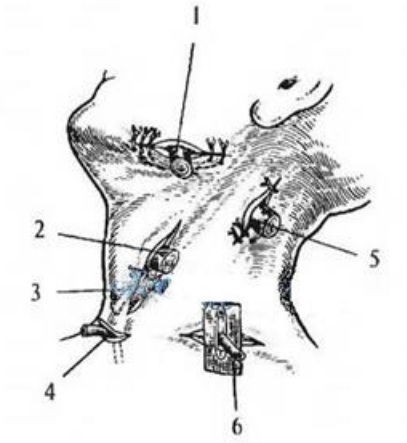
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	

Control card number 10

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. The periosteum of the skull	
2. Lacrimal bone	
3. Finger pressure	
4. Internal occipital protuberance	
5. Temporomandibular joint	
6. Frontal process of the upper jaw	
7. Suspension pit	
8. Large ear nerve	
9. Throat	
10. Lower trunk of the brachial plexus	
11. Elbow flexor brush	
12. Coracoid	
13. Small round muscle	
14. Lateral intermuscular septum of the shoulder	
15. Subulate overgrouth of the ulna	
16. Iliac crest.	
17. Drive channel	
18. The femoral head	
19. The arcuate ligament of the pubis	
20. A large adductor muscle	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task №2. Specify the anatomical formations of the neck, the accesses to which are shown in the figure.



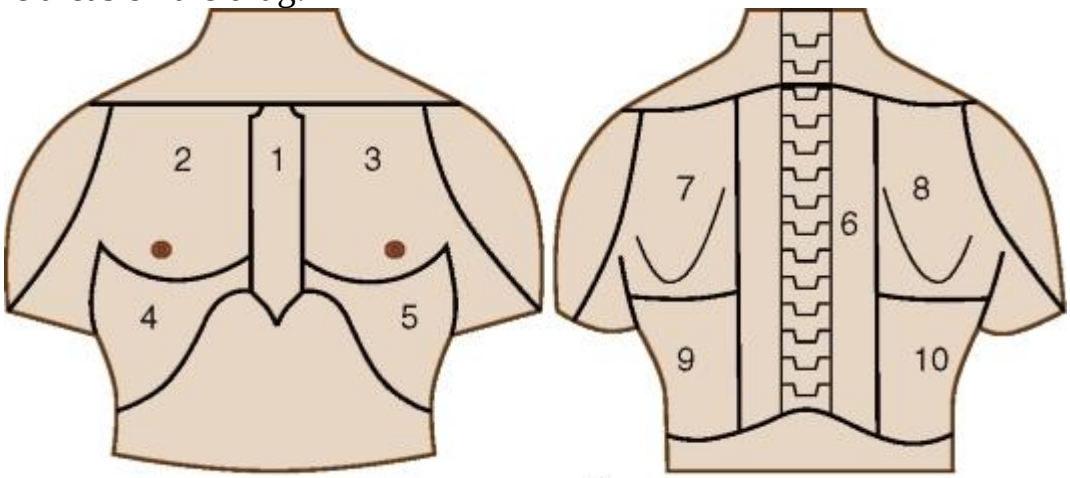
1 -	
2 -	
3 -	
4 -	
5 -	
6 -	

Control card number 11

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Ear area	
2. The upper nasal passage	
3. Optic nerve canal	
4. Strong shell of the brain	
5. Chin hole	
6. Maxillary sinus	
7. Lateral pterygoid muscle	
8. Glossopharyngeal nerve	
9. Lymphoepithelial ring	
10. Lateral bundle of the brachial plexus	
11. The proximal finger crease	
12. The neck of the scapula	
13. Widest back muscle	
14. The musculo-cutaneous nerve	
15. The rear edge of the radius	
16. Posterior superior iliac spine	
17. The knee area	
18. Fovea of the femoral head	
19. The Sacro-spinous ligament	
20. Long drive muscle	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ.	**CREDIT/ FAIL**

Task №2. Specify what is shown in the picture. Name and specify the breast areas. Show the areas on the drug.



а б

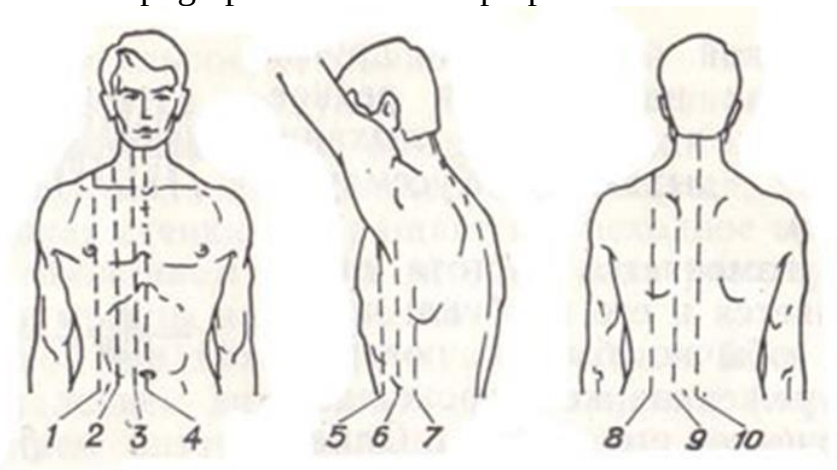
а	б
1 -	6 -
2 -	7 -
3 -	8 -
4 -	9 -
5 -	10 -

Control card number 12

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Auricle	
2. The middle nasal meatus	
3. Middle cranial fossa	
4. The arachnoid of the brain	
5. Hyoid bone	
6. Sphenoid sinus	
7. Pterygopalatine fossa	
8. Anterior scalene muscle	
9. Bicuspid muscle	
10. The rear beam brachial plexus	
11. Long extensor of the thumb	
12. Artery enveloping the scapula	
13. Deltoid branch grudoakromialnoy artery	
14. Radial tuberosity	
15. Posterior surface of radius	
16. Coccyx	
17. Knee joint	
18. Ligament of femoral head	
19. Sacroiliac ligament	
20. Short adductor muscle	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task №2. Specify what is shown in the picture. Name and specify the topographic lines. Show the topographic lines on the preparation.



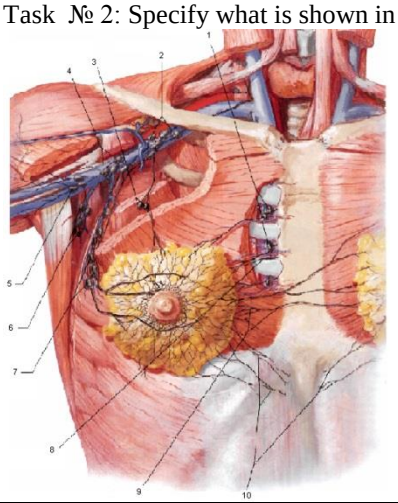
1 -	4 -	7.
2 -	5 -	8 -
3 -	6 -	9 -
		10 -

Control card number 13

Task № 1:

	Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1.	Ear canal	
2.	The lower nasal passage	
3.	Petrous part of the temporal bone	
4.	Anterior cerebral artery	
5.	Ascending pharyngeal artery	
6.	Frontal sinus	
7.	The first cervical vertebra	
8.	The middle scalene muscle	
9.	Cricoid	
10.	The medial bundle of the brachial plexus	
11.	Distal interphalangeal joint	
12.	Dorsal artery of the scapula	
13.	The serratus anterior muscle	
14.	The aponeurosis of the biceps	
15.	Square pronator	
16.	Pelvic bone	
17.	Patella	
18.	The neck of the femoral head	
19.	Ilio-lumbar ligament	
20.	The piriformis muscle	
	FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task № 2: Specify what is shown in the picture. Name and specify the education.



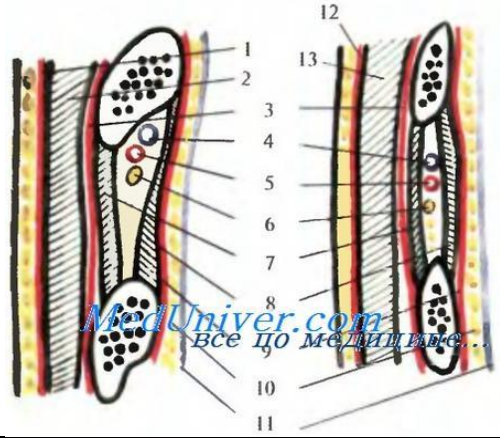
1 -	6 -
2 -	7 -
3 -	8 -
4 -	9 -
5 -	10 -

Control card number 14

Task № 1:

	Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1.	Coronary suture	
2.	Plowshare	
3.	Turkish saddle	
4.	Middle cerebral artery	
5.	Glabella	
6.	Ethmoid sinus	
7.	Tooth of the first cervical vertebra	
8.	Back stair muscle	
9.	Thyroid cartilage	
10.	Main vein	
11.	Elbow extensor of the wrist	
12.	Deep artery of the shoulder	
13.	Axillary fascia	
14.	Shoulder muscle	
15.	Round pronator	
16.	Acetabulum	
17.	Shin	
18.	The body of the femur	
19.	Acetabulum	
20.	Upper twin muscle	
	FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task № 2: Specify what is shown in the picture. Name and specify the education.



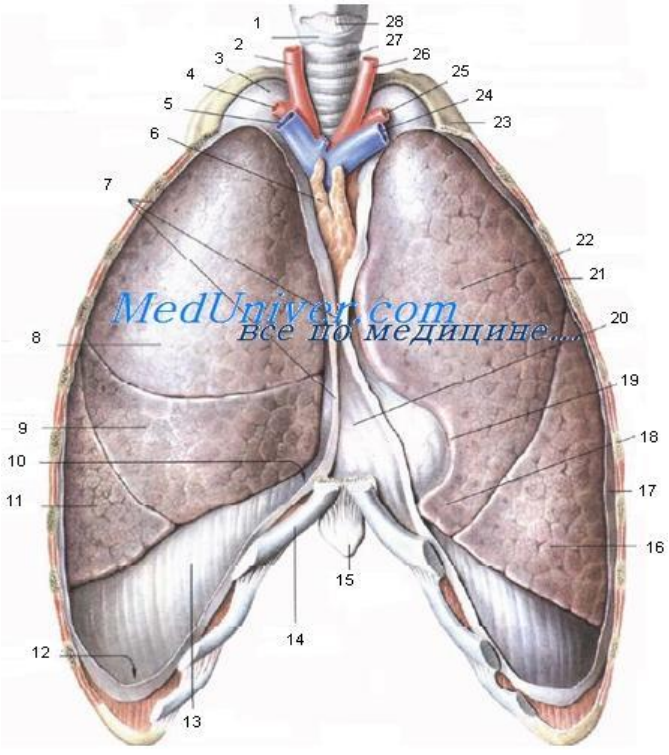
1 -	8 -
2 -	9 -
3 -	10 -
4 -	11 -
5 -	12 -
6 -	13 -
7 -	

Control card number 15

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. The sagittal suture	
2. Nasal bone	
3. Upper orbital slot	
4. Posterior cerebral artery	
5. Eye socket area	
6. Suspension pit	
7. Second cervical vertebra	
8. The lateral triangle of the neck	
9. Arytenoid cartilage	
10. Head vein	
11. Acromial end	
12. Coracoid	
13. Brachial plexus	
14. The head of the radius bone	
15. Short muscle pulling the thumb	
16. Ilium	
17. The anterior surface of the tibia	
18. Greater trochanter	
19. Acetabulum lip	
20. Lower twin muscle	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task № 2. Specify what is shown in the picture. Name and specify the education.



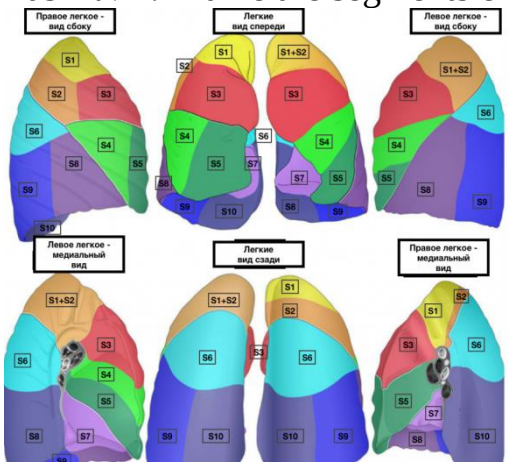
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.
26.
27.
28.

Control card number 16

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Parietal bone	
2. Upper jaw	
3. The inferior orbital fissure	
4. Vertebral artery	
5. Supraorbital margin	
6. The area of the mouth	
7. Spinous	
8. Spatula-tracheal triangle	
9. Epiglottis cartilage	
10. Key-sternal joint	
11. Cone-shaped tubercle	
12. Supraspinatus muscle	
13. The body of the scapula	
14. Olecranon	
15. Long radial extensor muscle of wrist	
16. The wing of the Ilium	
17. The back of the leg	
18. Spit hole	
19. Semilunar surface	
20. Square thigh muscle	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task №2. Name the segments of the lungs.



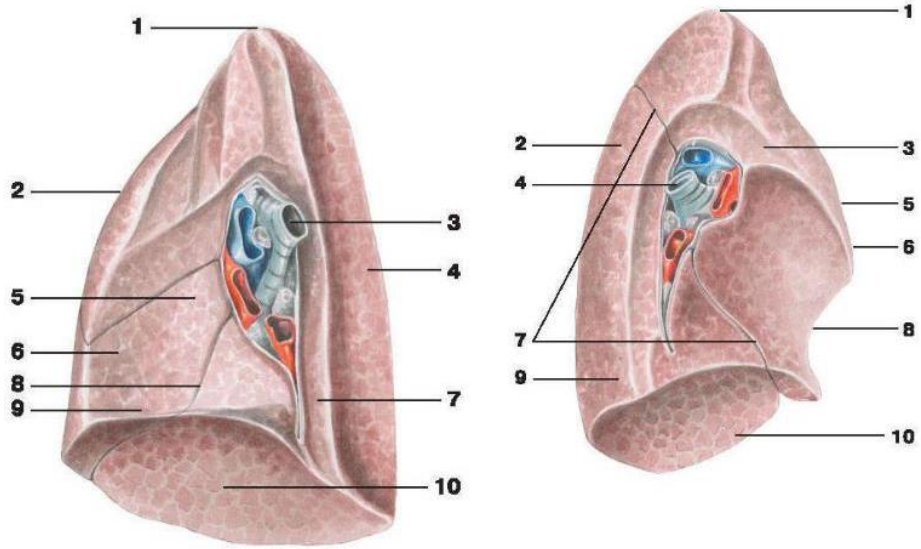
S1 -	
S2 -	
S13-	
S4 -	
S5 -	
S5 -	
S6 -	
S7 -	
S8 -	
S9 -	
S10 -	

Control card number 17

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Crown	
2. Lower jaw	
3. Round hole	
4. Arterial circle of the big brain	
5. Suborbital margin	
6. The mouth slit	
7. Transverse process	
8. Scapular-clavicular triangle of the neck	
9. Thyroid	
10. The coracoid-clavicular ligament	
11. Coracoid	
12. Pectoral muscle	
13. Axillary vein	
14. Radial nerve	
15. Short radial extensor muscle of wrist	
16. Iliac crest	
17. Medial ankle	
18. Iliopsoas	
19. Acetabular branch	
20. Gluteal region	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ.	**CREDIT/ FAIL**

Task №2. Name the education.



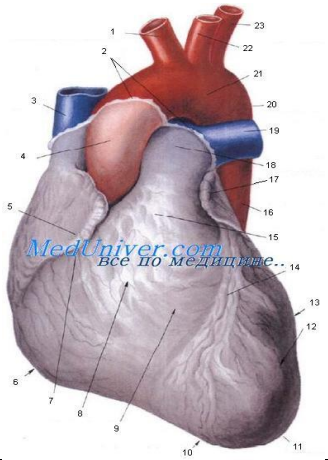
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Control card number r 18

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. The parietal protuberance	
2. The palatal process of the	
3. Oval hole	
4. Sickle of the big brain	
5. Upper eyelid	
6. Hard palate	
7. The hole transverse process	
8. Blade-trapezoidal triangle	
9. The isthmus of the thyroid gland	
10. Deltoid	
11. The sulcus of the subclavian muscle	
12. The pectoralis major muscle	
13. The median pectoral nerve	
14. Back cutaneous nerve of the forearm	
15. Elbow extensor of the wrist	
16. Anterior upper iliac spine	
17. Lateral malleolus	
18. Inter-spindle line	
19. Obturator artery	
20. Gluteal fold	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task №2. Specify what is shown in the picture. Specify the match:



truncus brachiocephalicus -
v. Cava superior -
pars ascendens aortae -
uricular dextra -
margo dexter -
sulcus uricular -
facies sternocostales (anterior)-
ventriculus dexter -

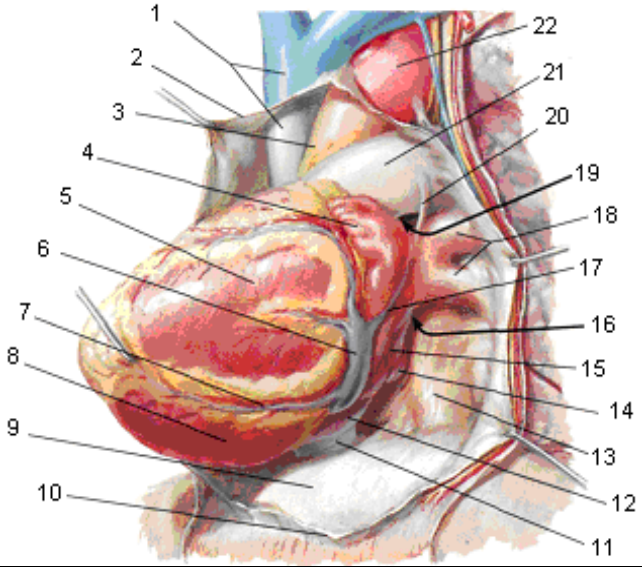
incisura uricu cordis -
apex cprdis -
ventriculus sinister -
место перехода перикарда в эпикард -
sulcus interventricularis anterior -
conus arteriosus -
pars descendens aortae -
truncus pulmonalis -
a. pulmonalis dextra -
facies pulmonalis -
arcus aortae -
uricular sinistra
isthmus aortae
a. carotis communis sinistra -
a. subclavia sinistra -

Control card number 19

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Large Fontanelle	
2. Alveolar process	
3. The spinous hole	
4. Frontal pole	
5. Lower eyelid	
6. Soft palate	
7. Upper articular process	
8. Common carotid artery	
9. Parathyroid	
10. The triceps brachii	
11. The costoclavicular ligament	
12. Small pectoral muscle	
13. Hanging bunch	
14. Extensor of fingers	
15. Extensor of the little finger	
16. Posterior superior iliac spine	
17. Tibia	
18. Intertrochanteric crest	
19. Joint capsule	
20. Sacrum	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task №2 Specify what is depicted on.drawing. Specify the designations.



1 -
2 -
3 -
4 -
5 -

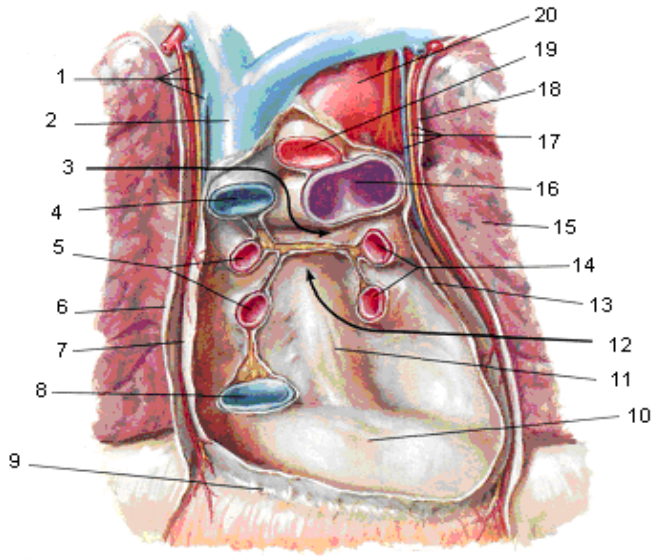
6 -
7 -
8 -
9 -
10 -
11 -
12 -
13 -
14 -
15 -
16 -
17 -
18 -
19 -
20 -
21 -
22 -

Control card number 20

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Small Fontanelle	
2. Chin protrusion.	
3. A ragged hole	
4. Lateral ventricle	
5. Eyeball	
6. Mouth vestibule	
7. Lower articular process	
8. External carotid artery	
9. Trachea	
10. Biceps	
11. Anatomical neck of the humerus	
12. Infraspinatus fossa	
13. The musculo-cutaneous nerve	
14. Deep artery of the shoulder	
15. Long palm muscle	
16. The umbilical surface of the Ilium	
17. Fibula	
18. Rough line of femur	
19. Articular cavity	
20. Coccyx	
FINAL EVALUATION (delete unnecessary): **70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ**	**CREDIT/ FAIL**

Task №2. Specify what is shown in the picture. Specify the designations



1 -
2 -
3 -
4 -

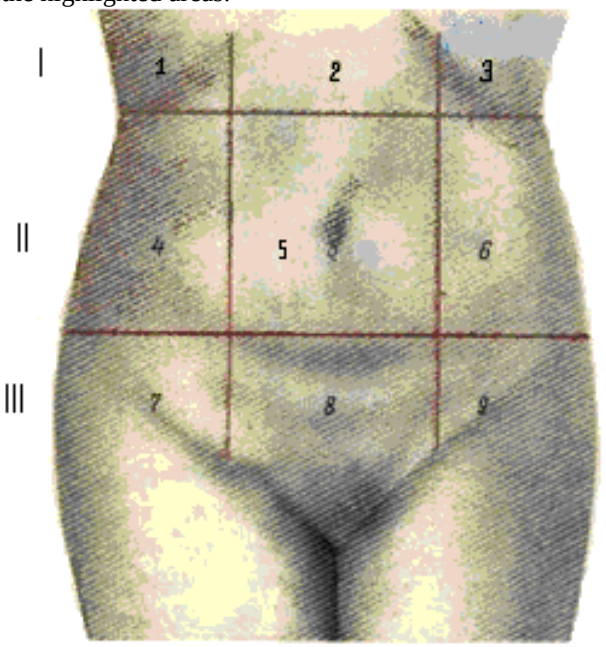
5 -
6 -
7 -
8 -
9 -
10 -
11 -
12 -
13 -
14 -
15 -
16 -
17 -
18 -
19 -
20 -

Control card number 21

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Ethmoid bone	
2. Branch of the lower jaw	
3. Internal opening of the carotid channel	
4. Third ventricle	
5. Lacrimal lake	
6. Cavity	
7. Anterior scalene muscle	
8. Internal carotid artery	
9. The cervical part of the esophagus	
10. The long head of the biceps	
11. Interstitial sulcus	
12. The angle of the acromion	
13. Ulnar nerve	
14. Long head triceps shoulder	
15. Right forearm	
16. Sacro-iliac joint	
17. Tibial nerve	
18. Inner lip of the Ilium crest	
19. Circular area	
20. Greater trochanter of the femur	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task № 2: Specify what is shown in the picture. Name the highlighted areas.



1 –
2 –
3 –

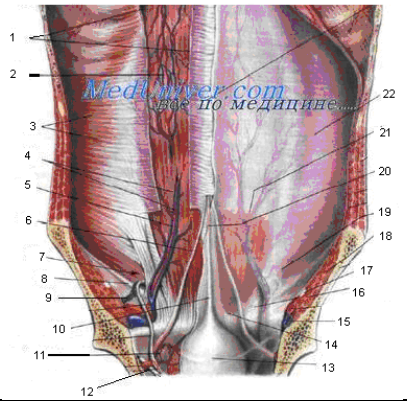
4 –
5 –
6 –
7 –
8 –
9 –

Control card number 22

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Temporal muscle	
2. Angle of lower jaw	
3. Cleft canal of the great stony nerve	
4. The fourth ventricle	
5. Semicircular conjunctival fold	
6. Language	
7. The middle scalene muscle	
8. External jugular vein	
9. Nuchal region	
10. Short head of biceps shoulder	
11. Deltoid tuberosity	
12. Surgical neck of the humerus	
13. Radial nerve	
14. Ulnar nerve	
15. Common flexor tendon	
16. Ischium	
17. Fibular nerve	
18. Outer lip of the iliac crest	
19. Ilio-femoral ligament	
20. Subcutaneous spindle bag	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task № 2: Specify what is shown in the picture. Specify the designations.



1 -
2 -
3 -
4 -
5 -
6 -
7 -

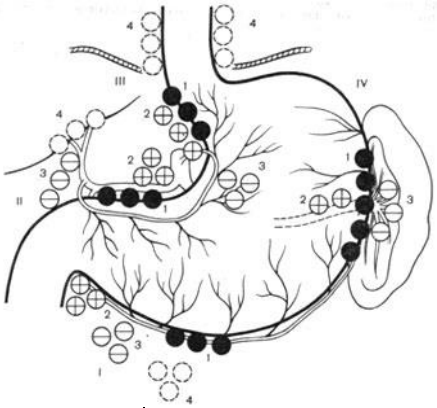
8 -
9 -
10 -
11 -
12
13
14
15
16
17
18
19
20
21
22

Control card number 23

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Temporal fossa.	
2. Malar bone	
3. Cleft channel of small rocky nerve	
4. The interventricular foramen (hole Monroe)	
5. Nose area	
6. Lingual nerve	
7. Back stair muscle	
8. Internal jugular vein	
9. Trapezius muscle	
10. Elbow area	
11. Lateral epicondyle crest	
12. The block of the humerus	
13. Collarbone	
14. Return radial artery	
15. Elbow flexor brush	
16. Ischial tuberosity	
17. Ankle	
18. Gluteal tuberosity	
19. The sciatic-femoral ligament	
20. Back cutaneous nerve of the thigh	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/FAIL**

Task №2. Specify what is shown in the picture. Explain Melnikov's scheme. Specify the ways of metastasis in gastric cancer (in accordance with the scheme of Melnikov's lymph outflow.



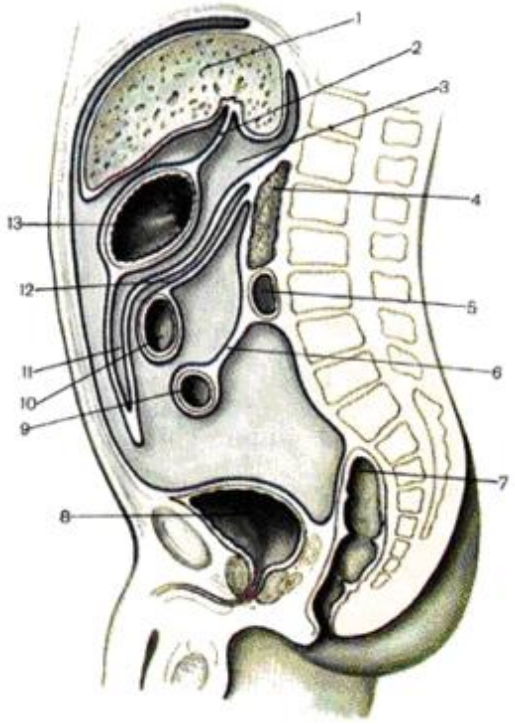
	I	II	III	IV
1				
2				
3				
4				

Control card number 24

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Suspension pit	
2. Zygomatic arch	
3. Posterior cranial fossa	
4. The lateral aperture of the fourth ventricle (the hole of the Lyushka)	
5. Pear-shaped hole	
6. Zygomatic area	
7. The medial triangle of the neck	
8. Vagus nerve	
9. Shoulder joint	
10. Elbow joint	
11. Lateral epicondyle	
12. The sulcus of the ulnar nerve	
13. Sternoclavicular mastoid muscle	
14. Radial collateral artery	
15. Radial flexor of the brush	
16. Ischium	
17. The front of the ankle region	
18. Scallop line	
19. Pubic-femoral ligament	
20. Surface fascia	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/FAIL**

Task №2. Specify what is shown in the picture. Specify the walls of the stuffing box:



1 -	8 -
2 -	9 -

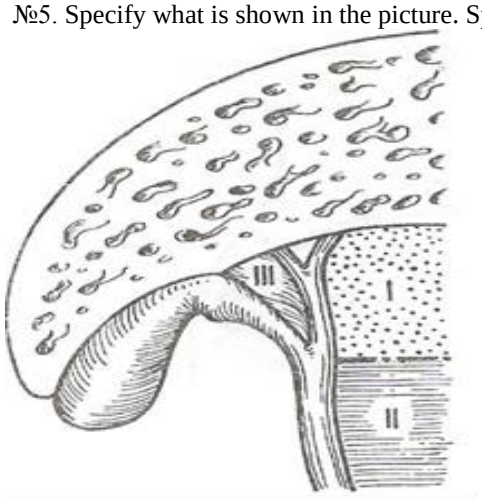
3 -	10 -
4 -	11 -
5 -	12 -
6 -	13-
7 -	

Control card number 25

Task № 1:

Enter the Latin meaning of terms indicated in the ticket and show them / or their projection / on the preparation	Mark of the examiner about the correct answer (YES / NO)
1. Temporal bone	
2. The head of the upper jaw	
3. Foramen Magnum	
4. Central sulcus	
5. Bridge of the nose	
6. Lateral surface of the zygomatic bone	
7. Adam's apple	
8. Jugular venous angle	
9. Articular capsule	
10. Antecubital fossa	
11. Scapula	
12. Articular tubercle	
13. Scapular-hyoid muscle	
14. Interosseous recurrent artery	
15. Recurrent ulnar artery	
16. Small sciatic notch	
17. Back ankle area	
18. Scallop muscle	
19. Iliac-comb bag	
20. Lumbar-gluteal fat mass	
FINAL EVALUATION (delete unnecessary): 70% = 14 corr. Answ; 80% = 16 corr. Answ.; 96% = 18 corr. Answ	**CREDIT/ FAIL**

Task №5. Specify what is shown in the picture. Specify the clinical significance of the Calo triangle.



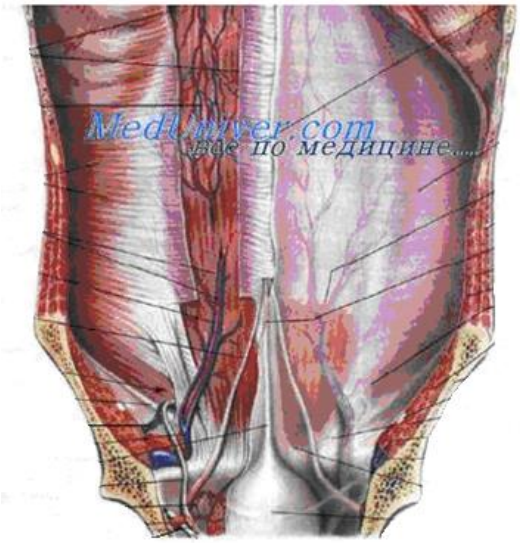
I –	
II –	
III –	

Control card number 26

Task №1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. mammary gland			
2. costal arch			
3. deepest intercostal muscles			
4. anterior dentate muscle			
5. anterior jugular vein			
6. apex of the right lung			
7. left pleural sinus			
8. transverse pericardial sinus			
9. left hypochondrium			
10. superficial inguinal ring			
11. mid umbilical fold			
12. stuffing bag			
13. gall bladder			
14. pancreas body			
15. abdominal aorta			
16. left common iliac vein			
17. big pelvis			
18. uterus			
19. right iliac artery			
20. coccyx			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task №2. Name what is shown in the picture. Explain how the folds are formed.

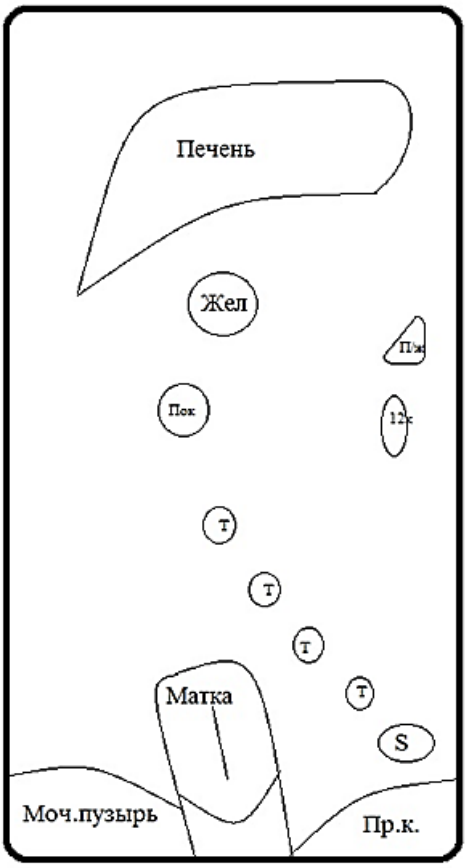


Control card number 27

Task №1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. sternum			
2. right rib angle			
3. short muscles that lift the ribs			
4. round muscle of a back			
5. jugular venous arch			
6. apex of the left lung			
7. parietal pleura			
8. oblique chord			
9. proper epigastric region			
10. inguinal ligament			
11. middle umbilical fold			
12. oil seal hole			
13. cystic artery			
14. pancreas tail			
15. visceral branches of the aorta			
16. right external iliac vein			
17. pelvis			
18. uterine fundus			
19. left iliac artery			
20. coccyx			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: Draw the course of the peritoneum on the median sagittal section:

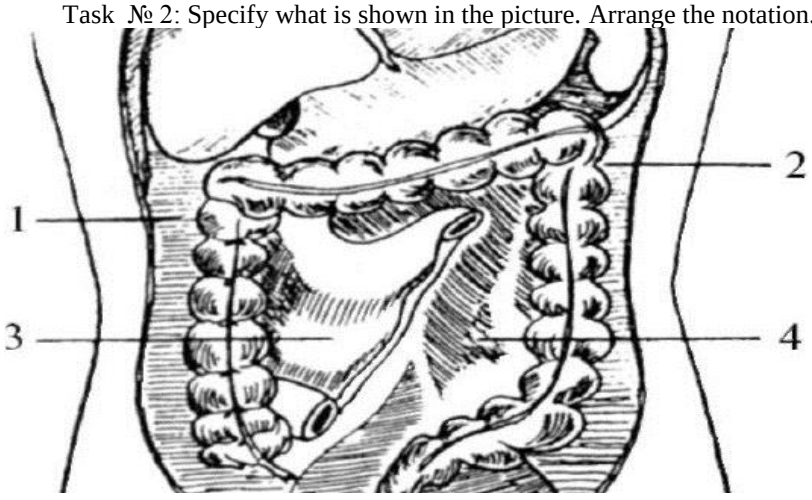


Control card number 28

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO))	
1. sternum tenderloin			
2. left rib angle			
3. pectoralis major muscle			
4. small rhomboid muscle			
5. right common carotid artery			
6. horizontal clearance of the right lung			
7. visceral pleura			
8. coronary sinus			
9. right side region			
10. lateral leg of the inguinal ligament			
11. lateral umbilical fold			
12. inferior vena cava			
13. gall bladder			
14. excretory duct of the pancreas			
15. parietal aortic branches			
16. left external iliac vein			
17. iliac crest			
18. uterine body			
19. right iliac vein			
20. sacrococcygeal joint			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: Specify what is shown in the picture. Arrange the notation.



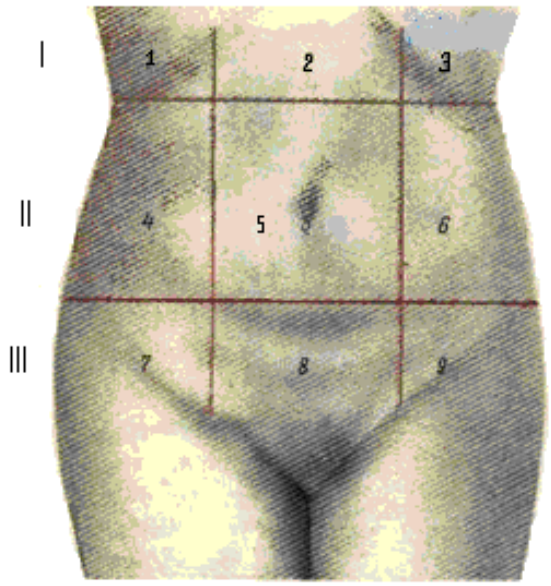
1 -	3 -
2 -	4 -

Control card number 29

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. jugular tenderloin			
2. blade			
3. clavicular part of the pectoralis major muscle			
4. large diamond-shaped muscle			
5. right subclavian artery			
6. oblique slit of the right lung			
7. mediastinal part of the parietal pleura			
8. left coronary artery			
9. left side area			
10. inguinal canal			
11. parietal peritoneum			
12. abdominal aorta			
13. the bottom of the gallbladder			
14. notch of pancreas			
15. celiac trunk			
16. right internal iliac vein			
17. the upper branch of the pubic bone			
18. cervix uteri			
19. the left iliac vein			
20. the muscle that straightens the spine			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: Specify what is shown in the picture. Name the organs projected in each area



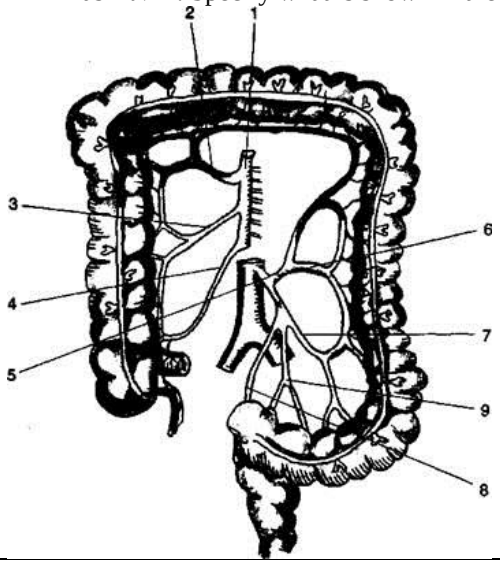
1 –
2 –
3 –
4 –
5 –
6 –
7 –
8 –
10 –

Control card number 30

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. The handle of the sternum			
2. The spine of the scapula			
3. Sternal part of the pectoralis major muscle			
4. Three way hole			
5. Left common carotid artery			
6. Apical segment of the upper lobe of the right lung			
7. Diaphragmatic part of the parietal pleura			
8. Right common carotid artery			
9. Umbilical region			
10. Round ligament of the uterus			
11. Middle fossa			
12. Spleen			
13. The body of the gallbladder			
14. Mesentery of the small intestine			
15. Left gastric artery			
16. Left internal iliac vein			
17. The lower branch of the pubic bone			
18. The front lip of the cervix			
19. Vertebra			
20. Sacro-iliac joint			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: Specify what is shown in the picture. Specify the designations.



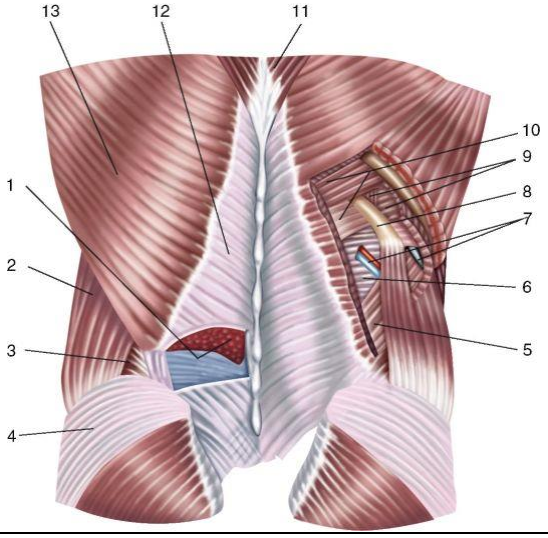
1 -	6 -
2 -	7 -
3 -	8 -
4 -	9 -
5 -	

Control card number 31

Task number 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. the body of the sternum			
2. supraspinatus fossa			
3. abdominal part of the pectoralis major muscle			
4. four-sided hole			
5. left subclavian artery			
6. posterior segment of the upper lobe of the right lung			
7. costal part of the parietal pleura			
8. superior Vena cava			
9. navel			
10. spermatic cord			
11. middle fossa			
12. the upper pole of the spleen			
13. the neck of the gallbladder			
14. mesentery root of the small intestine			
15. right gastric artery			
16. square lumbar muscle			
17. iliac-sacral ligament			
18. posterior lip of the cervix			
19. the body of the vertebrae			
20. sacroiliac ligaments			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task №2. Specify what is shown in the picture. Arrange the notation.



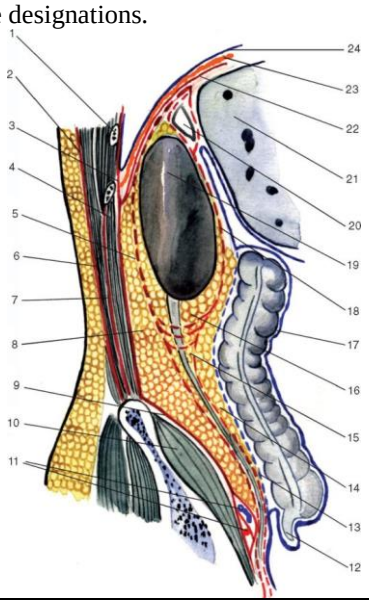
1 -	6 -
2 -	7 -
3 -	8 -
4 -	9 -
5 -	10 -

Control card number 32

Task number 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. xiphoid			
2. infraspinatus fossa			
3. pectoralis minor muscle			
4. unpaired vein			
5. the right vagus nerve			
6. anterior segment of the upper lobe of the right lung			
7. the dome of the pleura			
8. nferior Vena cava			
9. iumbilical ring			
10. the muscle that lifts the testicle			
11. lateral fossa			
12. the lower pole of the spleen			
13. common bile duct			
14. jejunum			
15. superior mesenteric artery			
16. fascia of the square lumbar muscle			
17. a large sciatic foramen			
18. broad ligament of the uterus			
19. vertebral arch			
20. Ilio-costal muscle			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task №2. Specify what is shown in the picture. Arrange the designations.



1 -
2 -
3 -
4 -
5 -

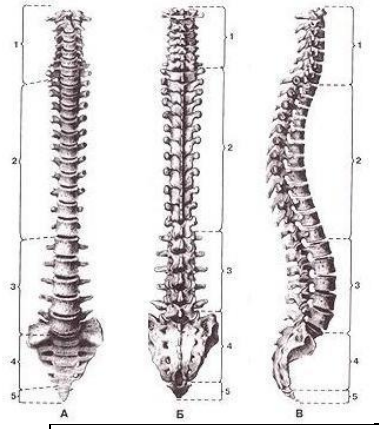
6 -
7 -
8 -
9 -
10 -
11 -
12 -
13 -
14 -
15 -
16 -
17 -
18 -
19 -
20 -
21 -
22 -
23 -
24

Control card number 33

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. clavicular-sternal joint			
2. subscapular fossa			
3. superficial subpectoral space			
4. semi-unpaired vein			
5. left vagus nerve			
6. lateral segment of the middle lobe of the right lung			
7. lower border of the left pleural cavity			
8. the diaphragm			
9. right iliac region			
10. fascia of the muscle that raises the testicle			
11. greater omentum			
12. the gate of the spleen			
13. common hepatic duct			
14. ileum			
15. intestinal artery			
16. intra-abdominal fascia			
17. small sciatic opening			
18. round ligament of the uterus			
19. the pedicle of the vertebral arch			
20. spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task №2. Specify what is shown in the picture. Specify the departments of the spinal column:



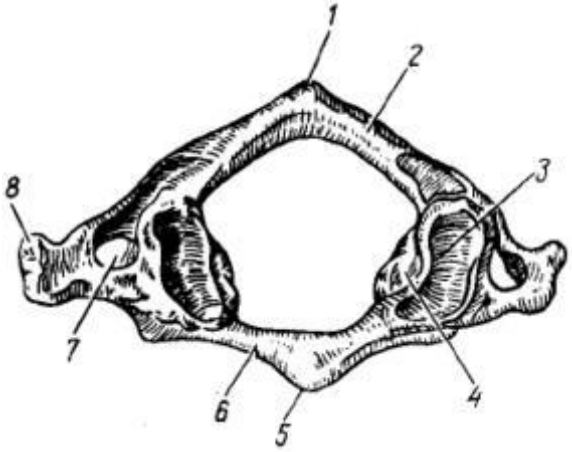
	А	Б	В
11			
22			
33			
44			

Control card number 34

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. collarbone			
2. incisura scapula			
3. deep sub-pectoral space			
4. jugular venous corner			
5. thoracic duct			
6. medial segment of the middle lobe of the right lung			
7. lower border of the right pleural cavity			
8. the right dome of the diaphragm			
9. pubic area			
10. lacunar ligament			
11. small omentum			
12. splenic artery			
13. right hepatic duct			
14. caecum			
15. jejunal artery			
16. adrenal			
17. iliac fossa			
18. fallopian tube			
19. first cervical vertebra (Atlas)			
20. cervical part of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task №2. Identify the vertebra. Specify the education.



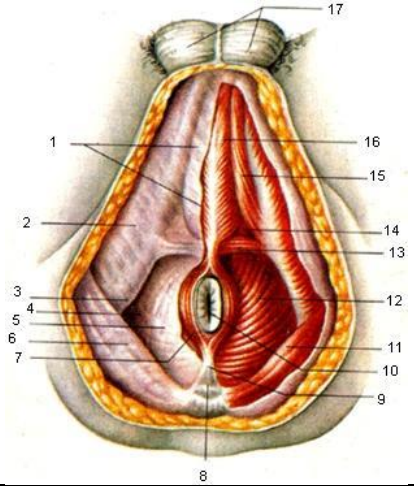
1 –	5 -
2 –	6 -
3 –	7 -
4 –	8 -

Control card number 35

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. the sternal region of the clavicle			
2. upper edge of shoulder blade			
3. the serratus anterior muscle			
4. brachiocephalic trunk			
5. clavicle-thoracic fascia			
6. left lung			
7. intrathoracic fascia			
8. the left dome of the diaphragm			
9. left iliac region			
10. scallop ligament			
11. upper duodenal deepening			
12. splenic vein			
13. left hepatic duct			
14. the dome of the cecum			
15. the right artery of the colon			
16. The Ren			
17. locking membrane			
18. abdominal opening of the fallopian tube			
19. the second cervical vertebra (axis)			
20. thoracic part of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task №2. Specify what is shown in the picture. Arrange the notation.



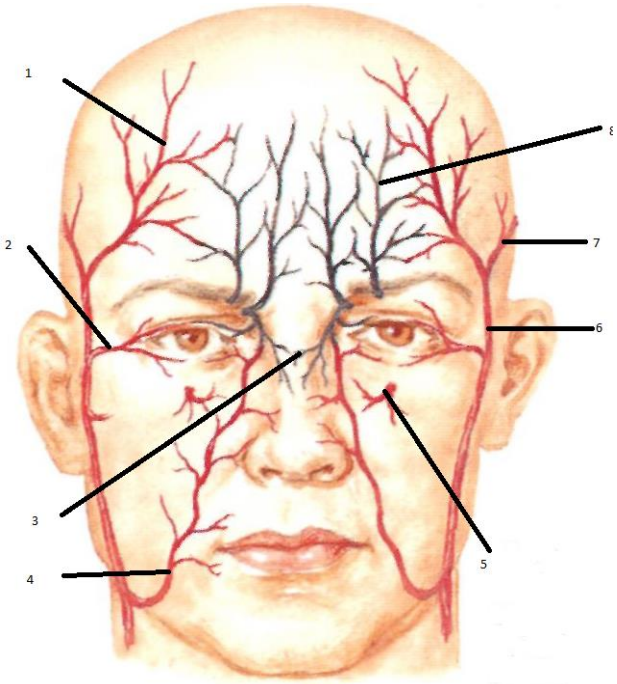
1 –	10 –
2 –	11 –
3 –	12 –
4 –	13 –
5 –	14 –
6 –	15 –
7 –	16 –
8 –	17 -
9 –	

Control card number 36

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. the subclavian region			
2. the lower angle of the scapula			
3. posterior dentate muscle			
4. pulmonary trunk			
5. the trachea			
6. the uvula of the upper lobe of the left lung			
7. internal thoracic artery			
8. the tendon center of the diaphragm			
9. the rectus abdominis			
10. external oblique abdominal muscle			
11. lower duodenal deepening			
12. the hepar			
13. coronal ligament			
14. the ileocecal angle			
15. middle colonic artery			
16. the upper pole of the kidney			
17. sacral ligament			
18. the funnel of the fallopian tube			
19. sleepy bump			
20. lumbar part of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: . Specify what is shown in the picture. Arrange the notation.



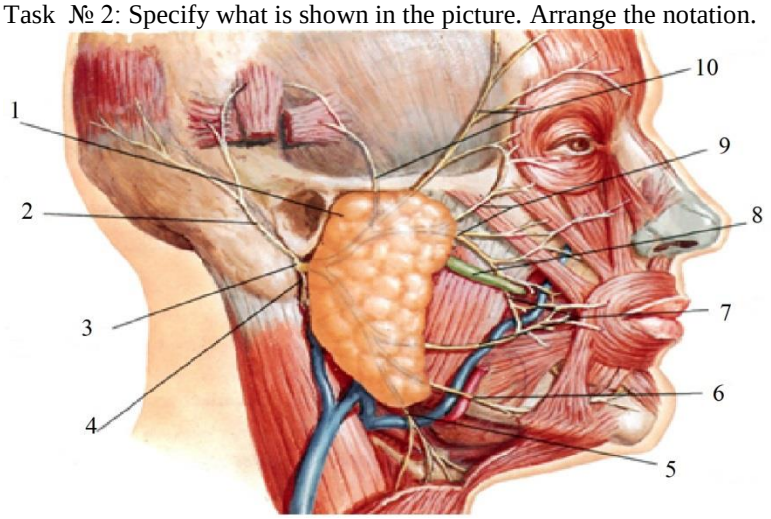
1 -	5 -
2 -	6 -
3 -	7 -
4 -	8 -

Control card number 37

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. the sternal region			
2. the upper angle of the scapula			
3. the deltoid-pectoral triangle			
4. the aorta			
5. the bifurcation of the trachea			
6. oblique slit of the left lung			
7. pericardium			
8. the muscular part of the diaphragm			
9. the vagina of the rectus abdominis muscle			
10. aponeurosis of the external oblique muscle of the abdomen			
11. the right side channel			
12. upper surface hepatic			
13. round ligament hepatic			
14. vermiformis process			
15. the inferior mesenteric artery			
16. bottom pole of the kidney			
17. pubic-rectal muscle			
18. fallopian tube fimbria			
19. the spine			
20. sacral part of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: Specify what is shown in the picture. Arrange the notation.



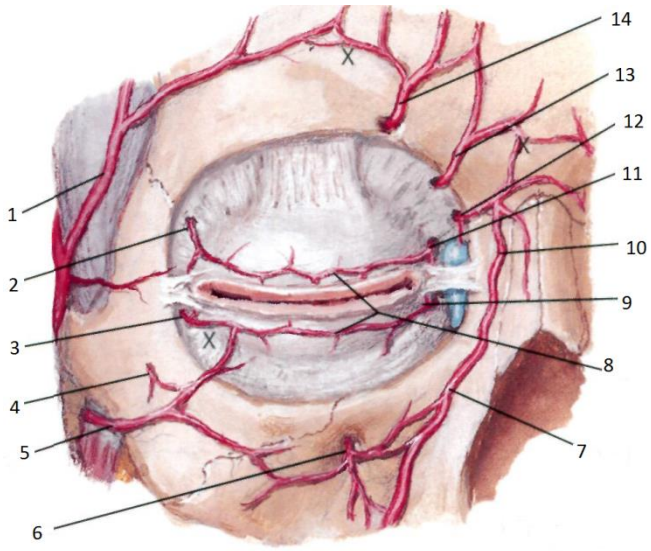
1 -	6 -
2 -	7 -
3 -	8 -
4 -	9 -
5 -	10 -

Control card number 38

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. chest area			
2. the median edge of the scapula			
3. the blade edge of the clavicle			
4. the bulb of the aorta			
5. the right main bronchus			
6. upper lobe of right lung			
7. pericardial cavity			
8. costal part the diafhragma			
9. the anterior wall of the vagina rectus abdominis			
10. the internal oblique muscle of the abdomen			
11. left side channel			
12. the rear surface of the hepatic			
13. falciform ligament			
14. the apex of the vermiform process			
15. left colonic artery			
16. anterior surface of the kidney			
17. pubic-coccygeal muscle			
18. uterine artery			
19. cervical spine			
20. cervical thickening of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: Name the specified arteries



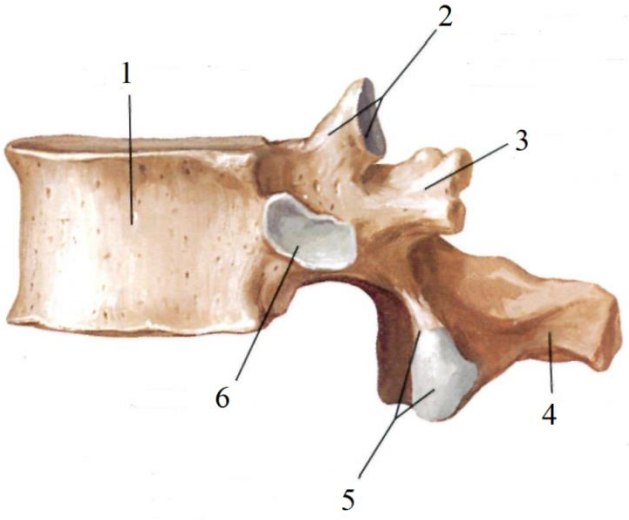
1 -	8 -
2 -	9 -
3 -	10 -
4 -	11 -
5 -	12 -
6 -	13 -
7 -	14 -

Control card number 39

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. subchest area			
2. lateral edge of the scapula			
3. sternalis margo clavicle			
4. ascending aorta			
5. left main bronchus			
6. middle lobe of the right lung			
7. outer leaf of the pericardium			
8. sternal diaphragm			
9. posterior vaginal wall of the rectus abdominis muscle			
10. transverse abdominal muscle			
11. right mesenteric sinus			
12. anterior hepatic surface			
13. portal vein			
14. base of the appendix			
15. sigmoid artery			
16. the back surface of the kidney			
17. coccygeal muscle			
18. ovary			
19. cervical vertebra			
20. lumbosacral thickening of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: Identify the vertebra. Arrange the designations.



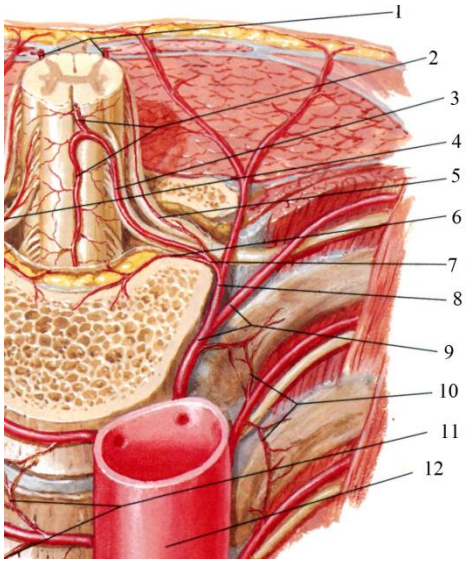
1 -
2 -
3 -
4 -
5 -
6 -

Control card number 40

Task « 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. rib			
2. coracoid			
3. sternal-costal triangle			
4. aortic arch			
5. right pulmonary artery			
6. lower lobe of right lung			
7. the inner leaf of the pericardium			
8. Vertebrate region diafragma			
9. tsemilunar line			
10. transverse fascia			
11. left mesenteric sinus			
12. lower edge of the liver			
13. hepatic-duodenal ligament			
14. mesentery of the vermiform process			
15. superior rectal artery			
16. gates the kidneys			
17. the piriformis muscle			
18. the gate of the ovary			
19. thoracic spine			
20. anterolateral furrow of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: Arrange the designations



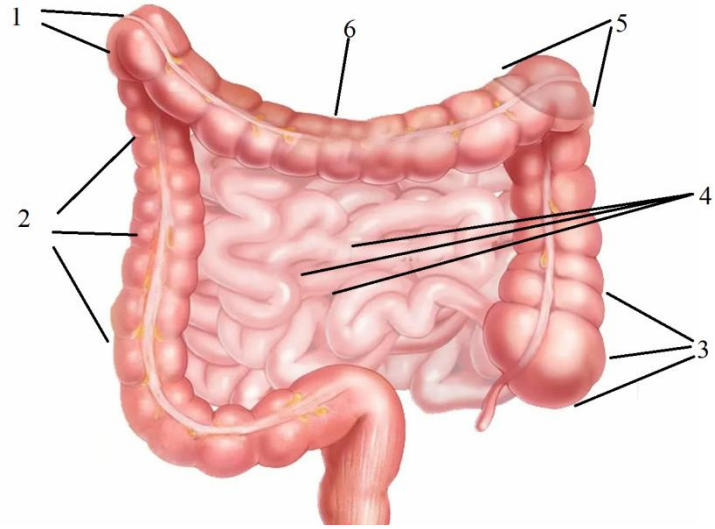
1 -
2 -
3 -
4 -
5 -
6 -
7 -
8 -
9 -
10 -

Control card number 41

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. costal cartilage			
2. the neck of the scapula			
3. front median line of the chest			
4. descending part of the aorta			
5. left pulmonary artery			
6. upper lobe of the left lung			
7. heart			
8. the aortic opening			
9. arc line			
10. anterior plate of the vagina rectus abdominis			
11. stomach			
12. lower hepatic surface			
13. hepatic-gastric ligament			
14. the ascending part of the colon			
15. middle rectal artery			
16. the renal pelvis			
17. pear-shaped hole			
18. vagina			
19. thoracic vertebra			
20. posterolateral furrow of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: Name the departments of the large intestine.



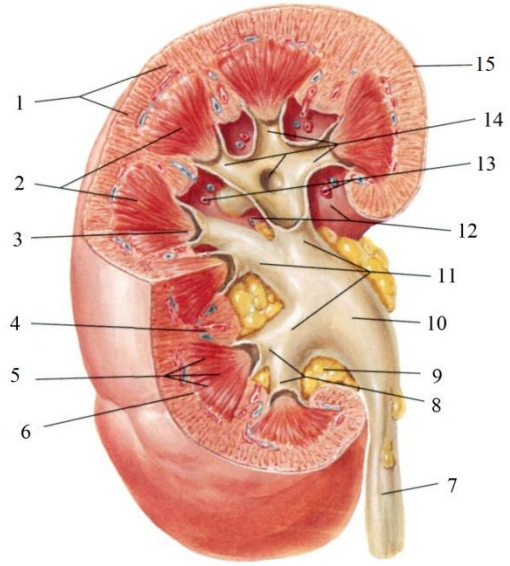
1 -	4 -
2 -	5 -
3 -	6 -

Control card number 42

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. the angle of the ribs			
2. the artery that wraps around the scapula			
3. sternal line			
4. right coronary artery			
5. right pulmonary veins			
6. lower lobe of the left lung			
7. the apex of the heart			
8. esophageal opening			
9. aponeurosis of the external oblique muscle of the abdomen			
10. back plate of the vagina of the rectus abdominis muscle			
11. the bottom of the stomach			
12. right hepatic lobe			
13. duodenum			
14. hepatic angle of the colon			
15. lower rectal artery			
16. renal fascia			
17. pear-shaped hole			
18. vaginal vault			
19. lumbar spine			
20. terminal thread			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: Name the education. Arrange the notation.



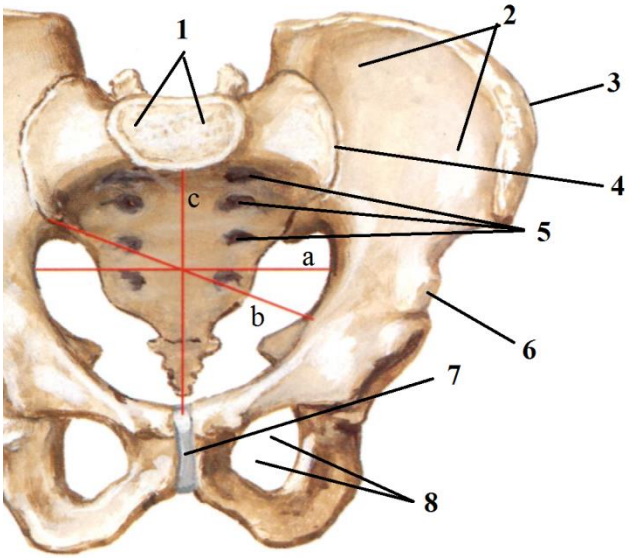
1 -	9 -
2 -	10 -
3 -	11 -
4 -	12 -
5 -	13 -
6 -	14 -
7 -	15. -
8 -	

Control card number 43

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. the head of the ribs			
2. internal thoracic artery			
3. the middle clavicular line			
4. left coronary artery			
5. left pulmonary veins			
6. cardiac notch of left lung			
7. the base of the heart			
8. opening of the inferior Vena cava			
9. aponeurosis of the internal oblique muscle of the abdomen			
10. inguinal triangle			
11. the body of the stomach			
12. left hepatic lobe			
13. the descending part of the duodenum			
14. horizontal part of the colon			
15. the bifurcation of the aorta			
16. the front leaf of the renal fascia			
17. the muscle that raises the anus			
18. vesico-uterine deepening			
19. lumbar vertebra			
20. gray matter of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct answrs; 96% = 18 correct.		**REDIT/ FAIL**	

Task № 2: Name the education. Arrange the designations.



a	b	c

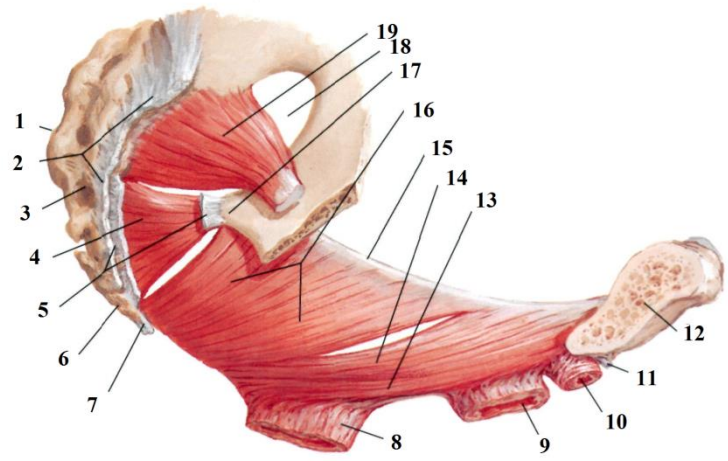
1 -	5 -
2 -	6
3 -	7 -
4 -	8 -

Control card number 44

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. the body of the rib			
2. lateral thoracic artery			
3. anterior axillary line			
4. coronary sinus			
5. pulmonary trunk			
6. diaphragmatic surface of the right lung			
7. left ear of the heart			
8. the white line of the abdomen			
9. transverse abdominal muscle			
10. vascular lacuna			
11. anterior wall of the stomach			
12. square hepatic lobe			
13. horizontal part of the duodenum			
14. mesentery of the horizontal part of the colon			
15. right common iliac artery			
16. posterior leaf of renal fascia			
17. the tendon arch of the muscle that raises the anus			
18. bladder			
19. the intervertebral symphysis			
20. white matter of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**CREDIT/ FAIL**	

Task № 2: Name the education. Arrange the designations.



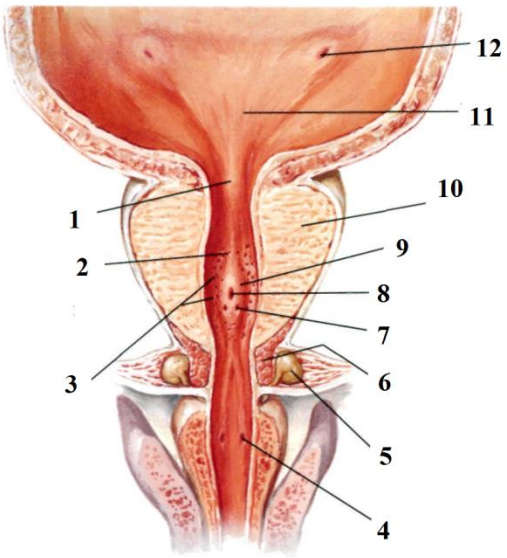
1 -	11 -
2 -	12 -
3 -	13 -
4 -	14 -
5 -	15 -
6 -	16 -
7 -	17 -
8 -	18 -
9 -	19 -
10 -	

Control card number 45

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. rib furrow			
2. lateral branches of the internal thoracic artery			
3. middle axillary line			
4. phrenic nerve			
5. the upper lobar bronchus			
6. diaphragmatic surface of the left lung			
7. right ear of the heart			
8. intercostal line			
9. superior epigastric artery			
10. muscle lacuna			
11. posterior wall of the stomach			
12. hepatic caudate lobe			
13. ascending part of the duodenum			
14. splenic angle of the colon			
15. left common iliac artery			
16. adipose capsule of kidney			
17. sigmoid colon			
18. the bottom of the bladder			
19. sacrum			
20. soft shell of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**REDIT/ FAIL**	

Task № 2: Name the education. Arrange the designations.



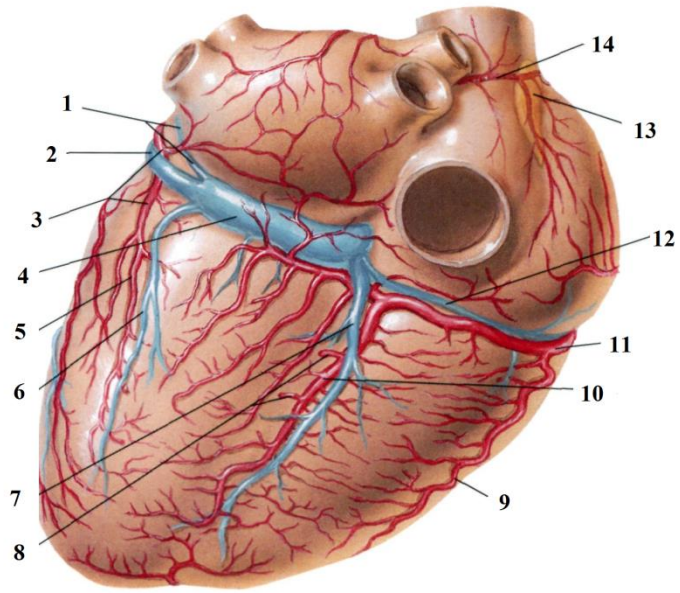
1 -	7 -
2 -	8 -
3 -	9 -
4 -	10 -
5 -	11 -
6 -	12 -

Control card number 46

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. true costae			
2. medial branches of the internal thoracic artery			
3. posterior axillary line			
4. superior Vena cava			
5. the lower lobar bronchus			
6. costal surface of the right lung			
7. right atrium			
8. надчревье			
9. lower epigastric artery			
10. femoral artery			
11. small curvature of the stomach			
12. common hepatic artery			
13. ligament suspending the duodenum			
14. околоободочная жировая клетчатка			
15. right external iliac artery			
16. renal artery			
17. rectum			
18. the body of the bladder			
19. sacrum crest			
20. the arachnoid membrane of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**REDIT/ FAIL**	

Task № 2: Name the education. Arrange the designations.:



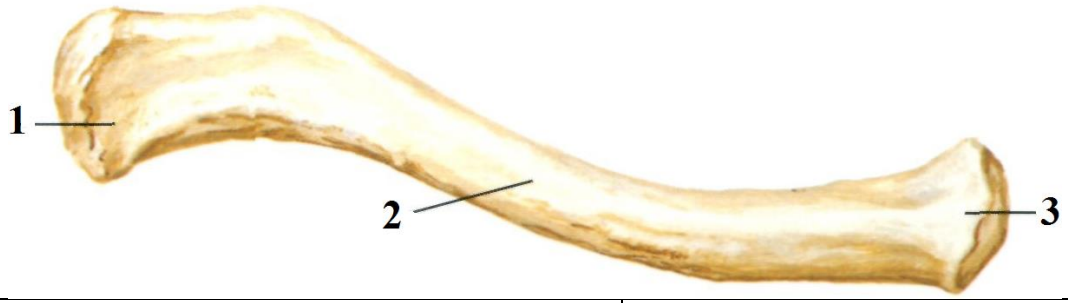
1 -	8 -
2 -	9 -
3 -	10 -
4 -	11 -
5 -	12 -
6 -	13 -
7 -	14 -

Control card number 47

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. False rib			
2. pectoral transverse muscles			
3. the scapular line			
4. the right brachiocephalic vein			
5. esophagus			
6. costal surface of the left lung			
7. right ventricle			
8. mesogastrium			
9. anterior superior iliac crest			
10. femoral vein			
11. great curvature of the stomach			
12. own hepatic artery			
13. pancreas			
14. colon-splenic ligament			
15. left external iliac artery			
16. renal vein			
17. ampulla of the rectum			
18. bladder artery			
19. Sacro-iliac joint			
20. Dura mater of the spinal cord			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**REDIT/ FAIL**	

Task № 2: Specify which bone is shown in the picture. Arrange the designations..



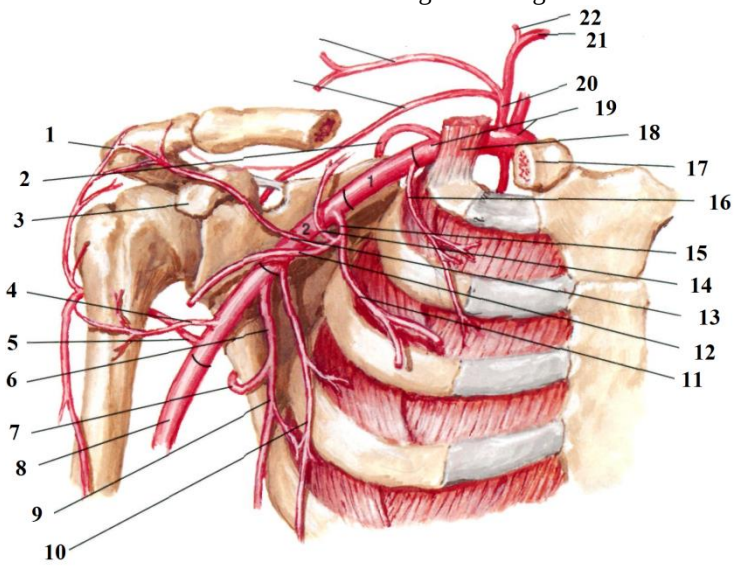
1 -	3 -
2 -	

Control card number 48

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. oscillating rib			
2. intercostal muscles			
3. paravertebral line			
4. left brachiocephalic vein			
5. thoracic esophagus			
6. mediastinal surface of the right lung			
7. left atrium			
8. hypogastrium			
9. pubic joint			
10.comb ligament			
11.gatekeeper			
12.right hepatic artery			
13.the capsule of the pancreas			
14.the descending part of the colon			
15.right internal iliac artery			
16.ureter			
17.the sphincter of the rectum			
18.prostate			
19.the promontory of the sacrum			
20.epidural space			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**REDIT/ FAIL**	

Task № 2: Name the education. Arrange the designations..



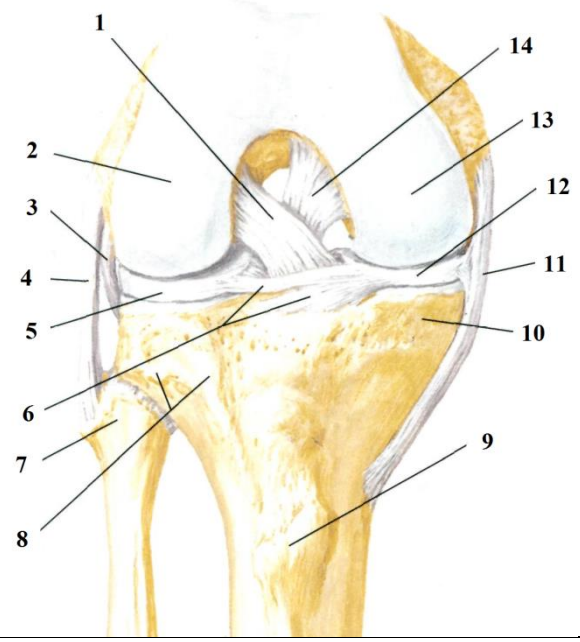
1 -	12 -
2 -	13 -
3 -	14 -
4 -	15 -
5 -	16 -
6 -	17 -
7 -	18 -
8 -	19 -
9 -	20 -
10 -	21 -
11 -	22 -

Control card number 49

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. the upper aperture of the thorax			
2. external intercostal muscles			
3. posterior median line			
4. internal jugular vein			
5. abdominal part oesophagus'			
6. mediastinal surface of the left lung			
7. left ventricle			
8. interosseous line			
9. inguinal ligament			
10. anterior plate of the vagina rectus abdominis			
11. gastro-colon ligament			
12. cystic artery			
13. the head of the pancreas			
14. accessory gland			
15. left internal iliac artery			
16. muscle Iliopsoas			
17. rectal fossa			
18. seminal vesicle			
19. Sacro-spinous ligament			
20. subdural space			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**REDIT/ FAIL**	

Task № 2: Name the education. Arrange the designations..



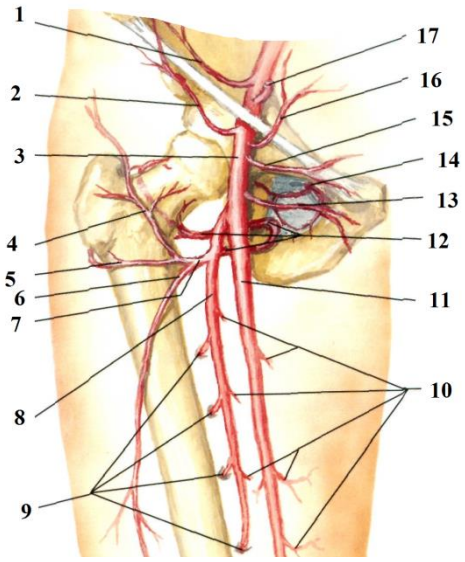
1 -	8 -
2 -	9 -
3 -	10 -
4 -	11 -
5 -	12 -
6 -	13 -
7 -	14 -

Control card number 50

Task № 1:

Enter the Latin meaning of the terms, indicated on the ticket and show them / or their projection / on the preparation		Examiner's mark on the correct answer (YES / NO)	
1. the lower aperture of the thorax			
2. internal intercostal muscles			
3. the broadest muscle of the back			
4. external jugular vein			
5. right lung			
6. the right pleural sinus			
7. oblique pericardial sinus			
8. the right subcostal region			
9. the internal inguinal ring			
10. the cavity of the abdomen			
11. the gastro-splenic ligament			
12. left hepatic artery			
13. the neck of the pancreas			
14. the mesenteric edge			
15. right common iliac vein			
16. lumbosacral disc			
17. utero-rectal deepening			
18. male			
19. Sacro-tubercle ligament			
20. subarachnoid space			
FINAL GRADE (cross out unnecessary): 70% = 14 correct; 80% = 16 correct; 96% = 18 correct.		**REDIT/ FAIL**	

Task № 2: Name the education. Arrange the designations.



1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.

13.
14.
15.
16.
17.

ЛД-21ИН

Federal State Budgetary Educational Institution of Higher Education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation

Department of Human Anatomy with Topographic Anatomy and Operative Surgery

BANK OF TEST TASKS
for the discipline

«TOPOGRAPHIC ANATOMY AND OPERATIVE SURGERY»
the main professional educational program of higher education – specialty programs in the specialty
31.05.01 «General Medicine»
for 4th year students of the Faculty of Medicine

ОГЛАВЛЕНИЕ

GENERAL ISSUES

1. "Golotopia" is: (1)
1. Position of relatively neighboring organs
2. Relationship of the organ with peritoneum or pleural
3. (+) position of the body relative to the body and its regions
4. Attitude to the skeleton
5. Organ size

2. "Sintopia" is: (1)
1. Types of skeleton bones
2. (+) Relationship with neighboring bodies
3. Position relative to the body and its regions
4. Position relative to the skeleton
5. Low position of the organ

3. The most important provisions on the structure and position of vascular vagina for the first time formulated: (1)
1. R.D. Sinelnikov
2. A.S. Vishnevsky
3. (+) N.I. Pirogov
4. V.N. Shevkunenko
5. P.A. Kupriyanov

4. The founder of the teachings on the individual variability of the structure and position of organs and human body systems is: (1)
1. N.I. Pirogov
2. B.V. Ognev
3. (+) V.N. Shevkunenko
4. A.N. Maksimenkov
5. V.V. Kovanov

5. The cross section of the vascular vagina is usually shaped: (1)
1. Rectangle
2. Circle
3. (+) triangle
4. ovala
5. Polygon

6. The edge of the vascular vagina is usually connected from: (1)
1. Skin
2. Muscle
3. Nearest bone
4. Capsule Sustava
5. (+) Nearest Bone or Capsule Sustav

7. The presence of blessed strips on its own fascia is: (1)
1. Sign of intertensive interval
2. (+) the sign of the intermuscular gap containing the vascular-nervous beam
3. Sign of middle line
4. Sign of the fighting of surface and deep leafy fascia
5. Sign of intertensive cellular space

8. Radical operation is an operation: (1)
1. Made than atomic

2. (+) Fully eliminating pathological focus
3. Eliminating pain syndrome
4. Technically simple
5. which will perform an experienced surgeon

9. Palliamentary operation is an operation: (1)

1. (+) liquidating life-threatening the main symptom of the disease
2. Eliminating the pathological focus
3. The most simple on the technique of execution
4. Any operation
5. Incorrectly selected operation

10. "Operation of need" is: (1)

1. Operation that needs to be done after pre-conducted radiotherapy
2. (+) Operation, the possibility of executing which is determined by the condition of the patient and the qualification of the surgeon
3. Operation, the possibility of executing which is determined by the qualification of the surgeon
4. Any operation that must be performed by the patient
5. Best operation for the treatment of this disease, corresponding to modern scientific achievements

11. "Selection Operation" is: (1)

1. Operation that a patient or surgeon can choose
2. (+) The best operation for the treatment of this disease, corresponding to modern scientific achievements
3. Operation that will eliminate the most severe effects of the disease.
4. Operation, characterized by technical simplicity
5. Operation described in most guidelines

12. The steps of the operation are: (3)

1. (+) operational access
2. Rana revision
3. Tamponada wounds
4. (+) Operational reception
5. (+) closing of the operating wound

13. Requirements for operational access: (1)

1. Easy and speed of execution
2. Minimum injury
3. The exposure of the object of operational intervention by the shortest way
4. Good wound healing
5. (+) All of the listed

14. Requirements for the operational reception: (3)

1. (+) simplicity
2. (+) radical
3. (+) physiological
4. the ability to revision adjacent anatomical formations
5. painless manipulation

15. All surgical instruments are divided into: (1)

1) Tools for tissue separation

2) Tools for connecting tissues
3) auxiliary tools
4) hemostatic tools
5) (+) All of the listed groups

16. The most durable is: (1)

1) Double Surgical Node
2) (+) sea node
3) "female" knot
4) knot tied apartment
5) the type of node does not matter

17. The gutter probe is used in the dissection of its own fascia: (1)

1) by tradition
2) (+) to prevent possible damage to vessels and nerves under fascia
3) to get a neat cut
4) all specified correctly

18. Proper Holding Pinzeta: (1)

1) Determined by the skills and habit of the surgeon
2) (+) in the position of the letter Pen
3) in the fist
4) in the position of the bow
5) there is no definite rule

19. Usually the length of the thread fixed in the needle is equal to: (1)

1) 10-15 cm
2) 16-20 cm
3) 20-30 cm
4) the length of the needle holder
5) (+) 1.5 the lengths of the needle holder

20. Place a needle between the needle holder, follows: (1)

1) closer to the needle holder
2) (+) by 2-3 mm from the end of the branded needle holder
3) In the middle of the foot of the brass needle holder
4) on the border of the middle and rear third of the length of the branch
5) Location of fixation depends on Surgeon skills

21. Fix an intestinal needle (stitching) needle: (1)

1) closer to the needle's eye
2) closer to the edge of the needle
3) in the middle of the needle length
4) (+) on the border of the middle and rear third length
5) Location of fixation depends on Surgeon skills

22. The main requirements for the scalpel: (1)

1) (+) must be sharp, have a comfortable handle, it is easy to succumb to cleaning and sterilization
2) should be easy, having a wide blade and a long handle
3) must be sharp, have a matte surface and a handle that does not damaging the surgeon gloves
4) must be sharp
5) must have a matte surface

23. Methods of keeping the scalpel hand: (3)
1) (+) in the form of a bow
2) (+) in the form of a letter pen
3) (+) in the form of a table knife
4) in the form of a spear
5) as an amputation knife
24. "Direct access to the artery" is: (1)
1) straight cut
2) incision focused on the longitudinal axis of the limb
3) (+) access strictly on the projection line of the artery
4) access outside the projection line of the artery
5) access not related to the need to move muscle
25. The gutter probe is used in disseminating its own fascia: (1)
1. (+) To prevent possible damage to the vessels and nerves under fascia
2. For the prevention of hematomas
3. All specified true
26. "Occolt access to artery" is access: (1)
1) across the stroke of the vascular-nerve beam
2) associated with the need to spread muscles
3) (+) outside the projection line of the artery
4) associated with the need to disseminate muscles
5) to the artery passing in another area
27. Under the term "glearing artery during" meant: (1)
1) artery ligation at a distance of 2-3 cm from its place of damage
2) (+) glearing artery outside the wound within healthy tissues
3) Fixing the temporary shunt artery with ligatures
28. When applying a vascular seam to restore intima continuity: (1)
1) Not necessarily, the main thing is to restore the integrity of the outer shell
2) (+) necessarily - this determines the success of the operation
3) not necessarily, as it does not matter
4) necessarily for an experienced surgeon
5) For a novice surgeon - the main thing to achieve seam sealantism
29. Gleaning artery for produced: (3)
1) With necrosis of the distal limb
2) for the treatment of varicose disease
3) (+) when bleeding from purulent wound
4) (+) when bleeding from the thrown wound
5) (+) when bleeding from the wound, located in the area with complex topographicanomatic relationships
30. The most common way to improve collateral blood circulation: (1)
1) Periiaterial introduction of novocaine
2) (+) the intersection of the artery wall between two ligatures to remove the spastic effect of vasoconstrictors
3) Regional Hemoperfusion
4) Massage
5) Local thermal impact
31. Under the term "gleaming artery during" is meant: (1)

1. Gleaning artery in the proximal department of the limb
2. (+) Gleaning artery outside the wound within Healthy Tissues
3. Gleaning artery together with Vienna

32. All requirements are presented to the vascular seam, except: (1)

1) Atraumaticity
2) tightness
3) Prevention of blood flow disorders
4) Prevention of narrowing of a vessel
5) (+) prevention of disorders of the muscular layer of the vessel wall

33. Neuroliza or neurolysis is: (1)

1) the destruction of the nerve at the place of defeat
2) (+) the release of the nerve from scar battles
3) the resorption of the nervous trunk
4) scar pounding nerve
5) Nerva infringement with bone fragments

34. Set the correspondence of the names of the connective tissue nerve shells to their definitions:

Epidering outer (g)	a) Connectant-tanned sheath of the nerve beam
EpideusHinth (c)	b) connecting tissue in a nervous beam between nerve fibers
Períneuria (a)	c) connecting tissue between nerve beams by beams
Endoneurry (b)	d) connecting shell around the nervous trunk barrel

35. The following statements relating to nerves operations are true: (3)

1) Nerva's exposure produces direct access
2) (+) nerve exposure produce opal access
3) operations are produced under the harness
4) (+) operations produce without harness
5) (+) When crosslinking the nerve, epineural seams impose

36. Requirements for tendon seam: (1)

1) capturing the minimum amount of tendon beams
2) Ensuring a smooth surface of the tendons
3) not the assumption of the arrangement of the ends of the tendon
4) Preservation of vessels and blood supply to the tendon
5) Ensuring the strength of the seam
6) (+) All of the above

37. At the opening of the basin, to conduct a revision of the wound: (1)

1) unacceptable
2) (+) It is necessary to open purulent chambers and pockets
3) only deeply located uluses is carried out
4) shown only in the development of complications
5) shown only in chronic inflammation

36. The limb amputation is a clip: (1)

1) non-visual fabrics
2) limbs at the joint level

3) damaged limbs
4) (+) limbs throughout the bone
5) tissues in order to maximize the preservation of the limb

37. Exactuculation of the limb is a clip: (1)

1) (+) limbs at the level of the joint
2) damaged limbs
3) limbs throughout the bone
4) tissues in order to maximize the preservation of the limb

38. "Amputation level" is: (1)

1) place of dissection of soft tissues
2) the place of the greatest destruction of soft tissues
3) (+) the place turned the bone
4) location of nerves
5) all of the above

39. In the "Catastrophe Surgery", amputations are more often used: (1)

1) Patchwork
2) Kostoplastical
3) (+) Circular
4) with cuff
5) Fasdenoplastic

40. In peacetime, amputations are used more often: (1)

1) Circular
2) (+) Patchwork
3) Costoplastic
4) with cuff
5) Atypical

41 Exactuculation of the limb - this is the clip: (1)

1) non-visual fabrics
2) (+) limbs at the joint level
3) limbs throughout the bone
4) tissues in order to maximize the preservation of the limb

42. The position of the postoperative scar upon completion of the amputation is preferably: (1)

1) on the working surface
2) (+) on the non-working surface
3) at the end of the cult
4) on the surface with the most durable skin
5) the location of the scar does not matter

43. Depending on the composition of the flap, amputation are: (1)

1) Fasdenoplastic
2) Mioflatical
3) periostoplastic
4) Costoplastic
5) (+) All of the above

44. Circular amputations are: (3)

1) (+) simultaneous
2) (+) double-met

3) (+) three-one
4) Four-member
5) five-year

45. The primary indications of the amputation of the limb include: (3)

1) gas gangrene
2) acute purulent inflammation threatening the transition to the septic phase
3) (+) full separation of the distal limb
4) (+) necrosis of the distal limb
5) (+) open damage to the limb, which combines the full break of the vascular-nerve beams, the fragmentation of the bone and the destruction of more than 2/3 of the scope of soft tissues

46 To prevent bleeding during amputation, use: (4)

1) (+) finger pressed artery
2) Tight binting of limb above amputation
3) (+) imposition of a harness
4) (+) artery dressing throughout
5) (+) vascular ligation as soft tissue cuts

47. The ends of the nerves during amputation are truncated: (1)

1) to prevent the development of necris
2) (+) to prevent the development of phantom pain
3) to prevent the development of Kauzalgiy
4) To formed a non-neurom of small sizes
5) for the purpose of better wound healing

48. After the dissection of the muscles in amputation, soft tissues are delayed in the proximal direction using: (2)

1) (+) gauze retractor
2) (+) metal retractor
3) Boyl's spatula
4) Spatulas for the separation of soft tissues

49. The development of acute pain syndrome in the development of purulent inflammation in closed fascial spaces is explained: (1)

1) Large number of nerve endings
2) microcirculation feature
3) (+) speed increase in the pressure in a closed space leading to the growing muscle ischemia
4) the transition of inflammation to other areas
5) squeezing muscles when improving pressure

50. To prevent bleeding during amputation, use: (1)

1. Fingerproof artery
2. (+) All of the listed correctly
3. Overlay Zhguta
4. Dressing artery throughout
5. Vascular ligation as soft tissue dissemination

51. Exciration of the articular ends of bones affected by any pathological process is called: (1)

1) (+) resection of the joint
2) Arthoplasty

3) synovectomy
4) Arthrodezom
5) Arthrotomy

52. After dissemination of the muscles in amputation, soft tissues are delayed in the proximal direction using: (2)

1) (+) gauze retractor
2) Farabef hooks
3) (+) metal retractor
4) Spatulas for the separation of soft tissues

53. Alignment and comparison of bone bone bones when fractures are called: (1)

1) Redress
2) osteosynthesis
3) osteotomy
4) transplantation
5) (+) reposition

54. Fixation operation of the joint in the specified position: (1)

1) (+) Arthrodez
2) Arthrollis
3) Arthoplasty
4) Arthrotomy
5) resection of the joint

55. Operation of restoration of mobility in the joint by excision of fibrous battles between the articular surfaces: (1)

1) Arthrodez
2) (+) arthrollis
3) Arthoplasty
4) Arthrotomy
5) resection of the joint

56. Operation of dissection of the bone in order to eliminate its deformation: (1)

1) osteosynthesis
2) (+) osteotomy
3) bone resection

57. Operation of bone connection and elimination of their mobility: (1)

1) Osteoplasty
2) (+) osteosynthesis
3) Osteotomy
4) bone resection

58. Operation of the restoration of anatomical intake, form and function of the bone with the substitution of its defect bone graft: (1)

1) (+) osteoplasty
2) osteosynthesis
3) Osteotomy
4) Prosthetics

59. Operation of dissection of the bone in order to eliminate its deformation: (1)

1. Osteoplasty
2. (+) osteotomy
3. Bone resection

UPPER LIMB

60. The front wall of the armpit is: (1)
1) (+) big and small breast muscles
2) Breast wall with front gear muscle
3) Expensive and Safety Muscle
4) Shoulder bone with bertow-shoulder muscle and two-headed shoulder muscles
5) sublock, large round muscle and wide back muscle

61. For the skin of the axillary depression, two diseases are characterized: (2)
1) trophic ulcers
2) (+) hydragenite
3) (+) Furuncula
4) Eczema
5) Psoriasis

62. The surgeon exposes the axillary vascular-nerving bundle of the incision along the front border of the axillary region. The first anatomical formation with which he will meet is: (1)
1) Mortile Artery
2) (+) Mortal Vienna
3) shoulder plexus

63. In the course of the operation in the armpit, the surgeon was necessary to determine the middle nerve. Specify the main distinguishing feature of the middle nerve in the axillary depression: (1)
1. Lateral location of the elbow nerve
2. (+) the formation of the nerve of the fusion of two legs

64. The upper and lower boundaries of the clarity-thoracic triangle of the front wall of the axillary depression are the following two formations: (2)
1) (+) lower edge of the clavicle
2) top edge of a big breast muscle
3) (+) upper edge of a small thoracic muscle
4) lower edge of a small breast muscle
5) Lower edge of a big breast muscle

65. Two Education Two Education: (2) are the upper and lower boundaries of the Herd Triangle of the Front Wig
1) the lower edge of the clavicle
2) top edge of a big breast muscle
3) upper edge of a small breast muscle
4) (+) lower edge of a small thoracic muscle
5) (+) Lower edge of a big breast muscle

66. In the axillary depression at the level of the curable-thoracic triangle, the trunks of the shoulder plexus relative to the axillary artery are located: (1)
1) medial, lateral and front
2) medial, lateral and rear
3) from above and in front
4) (+) on top and rear
5) from all sides

67. In the course of the operation in the armpit, the surgeon was necessary to determine the middle nerve. Specify the main distinguishing feature of the middle nerve in the axillary depression: (1)
1) Location on the front surface of the axillary artery
2) (+) the formation of the nerve of the fusion of two legs
68 In the axillary depression at the level of the thoracic triangle, the beams of the shoulder plexus in relation to the armpit artery are located: (1)
1) medial, lateral and front
2) (+) medial, lateral and rear
3) from above and in front
4) on top and rear
5) from all sides
69. Ligatures on the axillary artery should be installed: (1)
1) at any level
2) (+) somewhat above the level of dishell's. subscapularis
3) at the level of the lower edge of a small breast muscle
70. In the riving triangle of the axillary region to the axillary artery, media trails: (1)
1) an armpit nerve
2) radial nerve
3) (+) elbow nerve
4) median nerve
5) medial bunch of shoulder plexus
71. In the riving triangle of the axillary region behind the axillary artery lies: (1)
1) an armpit nerve
2) (+) radial nerve
3) medial bunch of shoulder plexus
4) rear beam of shoulder plexus
5) Muscular and skin nerve
72. The axillary fiber is associated with the fiber of the connector region in the direction: (1)
1) rear artery envelope brachial bone
2) front artery envelope brachial bone
3) median nerve
4) (+) axillary artery
5) radiation nerve
73. The axillary fiber is communicated with the fiber of a fake-shaped space in the way: (1)
1) sublock artery
2) axillary artery
3) median nerve
4) (+) axillary nerve
5) radiation nerve
74. Surface subepacitor cellular space is concluded between: (1)
1) a deep leaflet of breast-clavinary fascia and ribs
2) ribs and front gear muscles
3) Big Breast Muscle and Clastic Breast Facege
4) (+) big and small breast muscles

5) own and surface fascia of the connector region

75. Deep subepheetral cellulum space is dispensed between the muscles: (1)

1) deltoid and big breast
2) Small and big chest
3) front gear and sublock
4) big round and sublock
5) (+) small chest and intercostal

76. Ligatures on the axillary artery should be installed: (1)

1. (+) Somewhat above the level of dishell's. subscapularis
2. Below the level of disheavage a. subscapularis
3. At the level of the lower edge of the big breast muscle

77. After opening the fake-shaped phlegmon, the incision of the edge of the deltoid muscle in the patient was disturbed by the function of the hand lead in the shoulder joint. This complication was due to the intersection during the operation: (1)

1) radiation nerve
2) dumpup nerve
3) subclavian nerve
4) (+) axillary nerve

78. Through the four-sided hole on the rear wall of the armpit, two education are held: (2)

1) Archier, envelope blade
2) Front Artery, Hurry Bone
3) (+) rear artery, envelope brachial bone
4) radial nerve
5) (+) Middle Nerve

79. Through a trilateral hole on the back wall of the armpit, passes: (1)

1) (+) artery envelope shovel
2) sublock artery
3) Front Artery Envelope Shoulder Bone
4) rear artery, rich shoulder bone

80. The front purulent chapels at the humidifice phlegmon is located in the tissue between: (1).

1) (+) thoracic wall and big thoracic muscle
2) Big Breast Muscle and Breast Facege

81. During the operation about the pieces of the axillary depression, purulent chapels were discovered in a fake-shaped cellular space, developed: (1)

1) through a trilateral hole along the type of artery, envelope shovel
2) (+) through a four-sided hole along the axillary nerve
3) In the course of the tendon of the long head of the three-headed muscles of the shoulder

82. At the humidifice of the axillary, purulent chapels in the rear fascial bed shoulder develops along: (1)

1) Long Head Tripped Shoulder Muscle
2) Kryvum-Shoulder Muscle
3) (+) radial nerve

83. Four nerves are formed from the medial beam of the shoulder plexus: (4)

1) (+) elbow nerve
2) radial nerve

3) lateral leg of the median nerve
4) (+) Medical leg of the median nerve
5) (+) medial skin nerve shoulder
6) (+) Medial Skin Nerv forearm
7) Muscular and skin nerve
8) Middle Nerve

84. The front purulent chapels at the humidifice phlegmon is located in the tissue between: (1)

1. (+) thoracic wall and big thoracic muscle
2. Small and big breast muscles

85. Two nerves are formed from the lateral beam of the shoulder plexus: (2)

1) elbow nerve
2) radial nerve
3) (+) lateral leg of the median nerve
4) Medical leg of a median nerve
5) medial leak nerve
6) Medial Skin Nerve forearm
7) (+) Muscular skin nerve
8) Middle Nerve

86. Two nerves are formed from the rear beam of the shoulder plexus: (2)

1) elbow nerve
2) (+) radial nerve
3) lateral leg of the median nerve
4) Medical leg of a median nerve
5) medial leak nerve
6) Medial Skin Nerve forearm
7) Muscular and skin nerve
8) (+) Migrate nerve

87. Dislocations in the shoulder joint most often occur in the direction, the least fortified muscles and bone formations, which is: (1)

1) (+) Front
2) lateral
3) leading

88. After the removal of the brachy joint, the patient found the following symptoms: a breakdown of the shoulder lead to a horizontal level, a skin sensitivity disorder on the lateral surface of the shoulder. Other movements in the playful joint are free, including a passive leverage. Such a complication was due to injury: (1)

1) Delta muscle
2) radiation nerve
3) muscular skin nerve
4) (+) axillary nerve
5) median nerve

89. Dislocations in the shoulder joint most often occur in the direction of the least fortified muscles and bone entities, which is: (1)

1. (+) Front
2. Rear
3. Administration

90. When puncture of the cavity of the brachial joint, the needle is introduced: (1)
1) (+) under the bevoid process of blades
2) Under the convex part of the acromic process of blades through the thickness of the deltoid muscle
3) for the rear edge of the acromic processed blade, between the rear edge of the deltoid muscle and the lower edge of the supervoloral muscle
4) at the top of the axillary pits
91 When puncture of the cavity of the shoulder joint, the needle is introduced: (1)
1) under the bevoid process
2) Under the convex part of the acromial process through the thickness of the deltoid muscle
3) (+) for the rear edge of the acromic process of the blade, between the rear edge of the deltoid muscle and the lower edge of the supervature muscle
4) at the top of the axillary pits
92 All muscles come up to the shoulder joint, except: (1)
1) (+) big round
2) Little Round
3) SUPPLY
4) Podlopathic
93. In the shoulder area there are two fascial beds: (2)
1) (+) rear
2) lateral
3) Medical
4) (+) Front
94. Three muscles are located in the front fascial bed of the shoulder: (3)
1) (+) double-headed shoulder muscle
2) three-headed shoulder muscles
3) (+) Kryvoid-Shoulder Muscle
4) Round Pronator
5) (+) Shoulder Muscle
95. In the rear fascial bed, the shoulder is located: (1)
1) Twitch Muscle Blood
2) (+) three-headed shoulder muscles
3) Kryvoid-Shoulder Muscle
4) Round Pronator
5) shoulder muscle
96 To the shoulder joint from the back all muscles, except: (1)
1. (+) Big round
2. Supply
3. SUPPLY
4. Podlopathic
97. Pulsation of the shoulder artery can be determined: (1)
1) at the outer edge of the two-headed muscles shoulder
2) at the place of attachment to the shoulder bone of the deltoid muscle
3) at the inside edge of the deltoid muscle
4) (+) in the middle of the medial surface of the shoulder
5) The pulsation of the artery cannot be placed on the shoulder

98. When exposing the shoulder artery, there is incomplete access, which is due to the location: (1)
1) (+) median nerve on the medial surface of the shoulder artery
2) shoulder veins between the shoulder artery and their own shoulder fascia
3) elbow nerve on the medial surface of the shoulder artery
99. The projection line of the shoulder artery passes in a straight line, conducted from: (1)
1) The vertices of the axillary depressure to the internal braceching supermarket
2) The vertices of the armpit depressure to the outer supervision of the shoulder bone
3) (+) the vertices of the axillary depressure by the middle of the distance between the inner brave bone supermarket and the tendon double-headed shoulder muscles
4) Acromial process of blades to an outdoor brachial bone superior
5) Kryvo-shaped blades to the inner brachial bone supermarket
100. When contacting the shoulder artery, the skin incision is carried out: (1)
1) (+) 1-1.5 cm Kepende from the medial furridge shoulder
2) by 1-1.5 cm for the hide from the medial furrow
101. Two assertions are correct for neighboring access to the shoulder artery: (2)
1) (+) It is performed through the front fascial bed
2) it is performed through the rear fascial bed
3) (+) Two-headed shoulder muscles and shoulder muscles are delayed in the lateral side.
4) Three-headed shoulder muscles are delayed back and laterally
102. The surgeon exposed the shoulder artery in the upper third of the shoulder in order to dress it. Deterocate the preferred linkage level of the shoulder artery from the position of preserving the blood supply to the distal limb: (1)
1) preferably a bandage to the removal of the deep artery of the shoulder
2) (+) preferably a bandage after the removal of the deep artery of the shoulder
3) both levels of dressings are equally possible
4) Both levels are undesirable, shoulder blasting of the shoulder artery in the lower third of the shoulder
103. When contacting the shoulder artery, the skin incision is carried out: (1)
1. on the medial furrow shoulder
2. (+) 1-1.5 cm Kepende from the medial furrow of the shoulder
104. In the patient with a fracture of the shoulder bone at the level of the surgical neck, an extensive hematoma of a fracture was formed, most likely - as a result of damage: (1)
1) Arteries feeding shoulder bone
2) deep artery shoulder
3) (+) rear artery envelope brachial bone
4) shoulder artery
105. Two statements are correct to the Muscular Channel's shoulder: (2)
1) (+) Located between the three-headed muscle of the shoulder and the spiral groove of the shoulder bone
2) connects the armpit depression with the rear elbow area
3) (+) connects the armpit to the front elbow region
106. In the period of the formation of the bone corn after the closed fracture of the shoulder bone in the middle third, the patient developed the following symptoms: difficult extension of the brush, 1, 2 and 3 fingers, the brush and fingers are in a bent position, the sensitivity of the rear surface of the specified fingers and the

corresponding rear site is broken. Brushes. Such a complication was the result of a nerve compression: (1)
1) Elbow
2) (+) radiation
3) muscular skin
4) Middle
107. The projection of the median nerve in the elbow area used to perform conductor anesthesia is: (1)
1) at the medial edge of the tendon double-headed muscles
2) (+) in the middle of the distance between the medial brachery brace and the medial edge of the tendon double-headed muscles
3) 1.5 cm in front of the shoulder medial supermarket
4) in the lateral edge of the tendon double-headed muscles
5) 0.5 cm knutri from the lateral bracket
108. Two statements are correct to the musculoskeletal channel: (2)
1) (+) Located between the three-headed muscle of the shoulder and the spiral groove of the shoulder bone
2) located between the shoulder muscle and the spiral groove of the shoulder bone
3) (+) connects the armpit to the front elbow region
109. When performing venesection in the elbow, it should be borne in mind that the median vein elbow is: (1)
1) in subcutaneous fatty tissue
2) in the duplication of surface fascia
3) (+) between superficial and own fascia
4) under its own fascia
110. When the brachial artery is discovered in the elbow yam, it should be borne in mind that the middle nerve is located in relation to this artery: (1)
1) lateral
2) in front
3) Behind
4) (+) medial
111. The puncture of the elbow joints of the medial bracers of the shoulder bone is not made due to the danger of damage: (1)
1) radiation nerve
2) (+) elbow nerve
3) shoulder veins
4) median nerve
112. The leather of the lateral surface of the forearm is innervated by the lateral skin nerve of the forearm from: (1)
1) Lateral beam of shoulder plexus
2) (+) elbow nerve
3) radiation nerve
4) muscular skin nerve
5) median nerve
113. On the forearm there are three fascial beds: (1)
1) (+) front, rear, lateral
2) front, rear, medial

3) front, lateral, medial
4) rear, lateral, medial

114. The puncture of the elbow joint in the medial brave bone immanist is not made due to the danger of damage: (1)

1. (+) elbow nerve
2. Shoulder artery
3. Shoulder Vienna
4. Middle nerve

115. In the patient - oblique rhenium in the lower third of the forearm. During the examination, it was found: no flexion of 1, 2, 3 fingers and skin sensitivity disorders on the palm surface of the first three fingers and the part of the palm of them, which indicates damage: (1)

1) elbow nerve
2) the surface branch of the radiot nerve
3) (+) median nerve

116. Deep melting space of the forearm (Paron-Pirogov space) is limited (set compliance):

1) front (A, B) a) long thumb twin
2) Rear (b, d) b) square pronator
C) deep finger bent
D) intercepical membrane

117. To determine the pulse, the most convenient is the radial artery in the lower third of the front area of the forearm, which is primarily due to: (1)

1) (+) arrangement of the artery directly under its own forearm fascia
2) arrangement of the artery on the surface of the radial bone
3) lack of near the artery of large veins and nerve

118. The projection line of the radial artery passes from: (1)

1) internal shoulder screwdriver to the outer edge of the pea bone
2) (+) the medial edge of the tendon double-headed shoulder muscles to a point located 0.5 cm knutrice from a semi-shaped refrigeration rate of radial bone
3) Lateral shoulder bracket for the pulse point, on the forearm
4) the middle of the elbow fossa to the inner edge of the pea bone
5) medial shoulder bracket for the pulse point

119. To determine the pulse, the most convenient is the radial artery in the lower third of the front area of the forearm, which is primarily due to: (1)

1. (+) The arrangement of the artery directly under its own forearm fascia
2. Large diameter of radial artery
3. The lack of near the artery of large veins and nerve

120. To expose the elbow artery, two statements are true: (2)

1) (+) The projection line of the artery is determined between the middle of the elbow fossa and the pea bone
2) the projection line of the artery is determined between the medial brachial bone and pea bone
3) (+) Elbow artery is located laterally elbow nerve
4) Lock artery is located medially elbow nerve

121. When opening the phlegmon of the fiberglass of a paron-pirogov, cuts are performed on: (1)

1) the front surface of the forearm
2) rear surface of the forearm
3) the lateral surface of the forearm
4) the medial surface of the forearm
5) (+) side surfaces of the forearm

122. In the patient - oblique rhenium in the lower third of the forearm. During the examination, it was found: no flexion of 1, 2, 3 fingers and skin sensitivity disorders on the palm surface of the first three fingers and the part of the palm of them, which indicates damage: (1)

1) elbow nerve
2) the surface branch of the radiot nerve
3) (+) median nerve

123. The consequence of the cutting wound in the field of the palter surface of the brush was a violation of oppression of 1 finger. The most likely cause of such a complication: (1)

1) (+) intersection of the branch of the median nerve to the corresponding muscle
2) Muscle crossing, anti-solid finger
3) Rough Skin Scar

124. When performing cuts in the "Forbidden zone" of the brush, damage is possible: (1)

1) finger flexor tendons
2) Tendons of the Long Finger Brush Filter
3) (+) motor branch of the middle nerve with a thumb oppression disorder
4) surface arterial palm arc
5) Muscles Elevation of the thumb

125. Surface palm arc is formed by a compound: (1)

1) elbow artery with a deep branch of the radial artery
2) (+) elbow artery with the surface branch of the radial artery
3) radial artery with the deep branch of the elbow artery
4) radial artery with the surface branch of the elbow artery

126. The consequence of the cut wound in the field of the palm surface of the brush was a violation of oppression of 1 finger. The most likely cause of such a complication: (1)

1. (+) intersection of the branch of the median nerve to the corresponding muscle
2. Crossing the surface branch of the radiot nerve
3. Rough skin scar

127. Deep palm arc is formed by the compound: (1)

1. Lock artery with a deep branch of radial artery
2. Lock artery with the surface branch of the radial artery
3. (+) radial artery with the deep branch of the elbow artery
4. Rade artery with the surface branch of the elbow artery

128. Install the correspondence between the palm arterial arcs and the layer in which each of them is located:

1) surface palm arc (b) 2) deep palm arc (d)

a) over the palm aponeurosis
b) between palm aponeurosis and tendons of the surface flexor fingers
c) between the tendons of surface and deep finger bent

D) between the tendons of the deep flexor of the fingers and bones of the wrist

129. Publothematic fusion of peeling brushes is between: (1)

1) (+) palm aponeurosis and tendons of the surface flexor fingers
2) superficial and deep finger bent
3) deep flexor fingers and deep palm fascia
4) deep palm fascia and intermetous muscles

130. The classification of Panaritsia includes all types, except: (1)

1) Subcast
2) skin
3) (+) muscular
4) bone
5) articular

131. A sharp pain in subcutaneous panarium of the palm surface of the finger is due to: (1)

1) (+) rapid accumulation of pus in subcutaneous tissue and developing ischemia nerve endings
2) irritation of skin painful receptors
3) irritation of his own finger nerves
4) stretching of fibrous jumpers of subcutaneous fatty fiber

132. Publotheric fusion of peeling brushes is between: (1)

1. Skin and palm aponeurosis
2. (+) palm aponeurosis and tendons of the surface flexor fingers
3. Deep fingerfall and deep palm fascia
4. Deep palm fascia and inter-care muscles

133. Through the Commission Holes of the Palm Uponeurpore, the subcutaneous palm fiber communicates with: (1)

1. (+) suppressor cellular space palm
2. The head of the palm of the palm of the palm
3. Sinovial vagina 2-5 fingers
4. Paron-Pirogov's fiberglass
5. Cuppeat muscles

134. Subcutaneous Panariums at the level of the distal phalange of the finger may complicate: (1)

1) tendon panaritis
2) (+) bone Panaritis
3) articular Panaritis
4) phlegmon of the palm of the palm

135. Skin cuts with finger pumping should not move through the line of interphalating joints so that not: (1)

1) (+) there were damaged by the devils
2) The skin scar was formed at the level of the articular gap

136. One of the complications of acute purulent tendovaginite is the necrosis of the finger flexor tendons, which is due to: (1)

1) squeezing the tendons of the Magnifier accumulating in the synovial vagina
2) purple melting tendon in synovial vagina
3) (+) with the squeezing of the vessels of the mesenzheki tendon in the pus accumulating in the synovial vagina

137. U-shaped phlegmon is: (1)
1) (+) purulent tendovaginitis 1 and 5 fingers
2) purulent tendovaginitis 2 and 4 fingers
3) purulent tendovaginitis 2 and 3 fingers
4) Purulent damage to intermissile elevations of elevation 1 and 5 fingers
5) all of the above

138. Skin cuts with finger pumping should not move through the line of interphalating joints so as not to: (1)
1. It turned out to be opened the hollow of the joint
2. (+) Occupal bundles were damaged

139. The patient's acute purulent tendovaginite 1 finger complicated by the U-shaped phlegmon brush, which was due to: (1)
1. Distribution of pus on interfassal cellulum and palm spaces
2. (+) The presence of a non-permanent communication between media and lateral synovial bags of palm

140. With the opening of purulent tendovaginitis, correctly approval: (1)
1. The crossing of the mesentery is permissible, because Damage to the tendon mesentery is not dangerous for its blood supply
2. (+) Damage to the tendon mesenter will break the power of the tendon and will lead to its necrosis
3. Damage to the tendon mesentery, if possible, should be avoided
4. Damage to the tendon mesentery breaks its function
5. The crossing of the mesentery is necessary for the mobilization of the tendon

141. In a patient, acute purulent tendovaginitis 1 finger complicated by the U-shaped phlegmon brush, which was due to: (1)
1. The spread of infection on the blood vessels of the surface palm arc
2. (+) The presence of a non-permanent communication between media and lateral synovial bags of palm

142. The need for urgent surgery with purulent tendovagaty finger flexor tenders is explained by the possibility: (1)
1. Distribution of pus into the fiberglass of a paron-pie
2. Transport of the process to bone tissue
3. (+) Dimensions of the tendons due to the compression of their mesentery
4. Development of Sepsis
5. The ascending propagation of pus on the tight limb to the tight

143. Cuts on the fingers of the brush with purulent tendovagint should be made: (1)
1. On the rear surface
2. On lateral surfaces
3. In the area of distal phalanx
4. (+) on the front-side surfaces outside the interfalane joints

144. With purulent tendovagint and tendobursite 1 finger, purulent processes can be distributed in all directions, except: (1)
1. Fingers brushes
2. Pickpoint peeling brush
3. Lower third of the forearm forearm
4. (+) Vagina of the elbow springer brush
5. synovial vagina fingers brush

145. The peculiarity of the subcutaneous purulent process on the distal phalanx of the finger of the brush is to distribute in Pus: (1)
1. (+) towards the bone
2. Under the skin of the rear of the finger
3. Under the skin along the phalanx of the finger
4. All specified options
5. Does not apply

146. Cuts on the fingers of the brush with purulent tendovaginate should be made: (1)
1. On the palm surface
2. On lateral surfaces
3. In the area of distal phalanx
4. (+) on the front-side surfaces outside the interfalane joints

147. The sluggish paralysis of the muscles, extending the fingers and the brush, is accompanied by damage: (1)
1. The surface branch of the radiot nerve
2. Middle nerve
3. Front intercourse nerve
4. (+) the deep branch of the radiation nerve
5. Lock Nerva

148. "Brush Monkey" is found at the damage to the nerve: (1)
1. (+) Middle
2. Locks
3. Muscular skin

149. "Clawed paw" is detected at nerve damage: (1)
1. Middle
2. Muscular skin
3. (+) elbow

150. "Brush Monkey" is detected when the nerve is defeated: (1)
1. (+) Middle
2. Raevoy
3. Muscular skin

LOWER LIMB

151. In the jagged area, the first muscle layer forms: (1)
1. (+) Big Muscle Muscle
2. Pearing muscle
3. Small Muscle Muscle
4. Middle Muscle Muscle

152 The second layer of the muscles of the jagium region is five muscles: (5)
1. (+) twin muscles
2. Big Muscle Muscle
3. (+) Internal locking muscle
4. (+) Pear-shaped muscle
5. (+) Square muscle
6. Small Muscle Muscle
7. (+) Middle Batio Muscle

153. An artery and nerve are held through the prugure-shaped hole in the buttock area: (2)
1. (+) Upper Batio Artery
2. Interior sexual artery
3. Lower Blood Artery
4. (+) upper berry nerve
5. Rear skin thigh
6. Nizhny berry nerve
7. Final nerve
8. Sedal Nerve

154. Through a low-pelvic, two artery and four nerves: (6)
1. Upper jagged artery
2. (+) Internal interground
3. (+) Lower Blood Artery
4. Upper berry nerve
5. (+) rear skin thigh
6. (+) Bottom Blood Nerve
7. (+) Sex nerve
8. (+) Sedal Nerve

155. In the engineering region, the first muscle layer forms: (1)
1. (+) Big Muscle Muscle
2. Square thigh muscle
3. Small Muscle Muscle
4. Middle Muscle Muscle

156. The second layer of the muscles of the jagium region is five muscles: (5)
1. (+) twin muscles
2. Big Muscle Muscle
3. (+) Internal locking muscle
4. (+) Pear-shaped muscle
5. (+) Square muscle
6. Outdoor locking muscle
7. (+) Middle Batio Muscle

157. An artery and nerve are passing through a small sedlication hole in a sedlicated and straight hole: (2)
1) (+) inner sexual artery
2) Lower Blood Artery
3) rear skin thigh
4) lower berry nerve
5) (+) Sex nerve
6) Sedal Nerve

158. Deep phlegmon of the berry region is most often localized between: (1)
1) large, medium and small buttock muscles
2) leather and surface fascia
3) (+) medium and large buttock muscles
4) superficial and own fascia
5) Outdoor and internal sheets of own fascia of a large berry muscle

159. In a patient with diabetes mellitus, the post-adjusting support of the phlegmon was complicated by a rampant in the rear fascial bed of the thigh in the way: (1)
1) Hip Double Muscles
2) semi-sephel muscle
3) (+) Sedal Nerva
160. An artery and nerve are passing through a small seeding hole in a sedlicate-straightforby yam: (2)
1. Upper jagged artery
2. (+) Internal interground
3. Rear skin thigh
4. (+) Sex nerve
161. The phlegmon of the sedlicate-straightformers was complicated by a purulent climb in the subiagodic space, which happened through: (1)
1. A large sedlication hole
2. (+) Small Sedal Hole
3. Proper Hole
4. Printing hole
162. Set the correspondence of the cellular spaces and posts of the lifting fiber space:
1. With the side melting space of the pelvis (b)
2. With the tape of the rear fascial body of the hip (a)
3. Sedal-straightformers (b)
a) through a small sedlication hole
b) through the progressive hole
c) in the course of a sedlication nerve
163. The injured in the road accident was delivered to the traumatology department. On the radiograph in the area of the hip joint is determined by the transverse fracture of the hip neck at the level of its middle. The surgeon qualified this fracture as intra-articular. The basis for such a conclusion served: (1)
1) probable damage to the articular capsule bone fragment
2) a significant displacement of bone fragments with a probable gap of the articular capsule
3) (+) Attaching the articular capsule within the hip neck
164. To the pelvic bone of the hip joint capsule attached: (1)
1) on the inner surface of the master's lip with the location of the latter outside the cavity of the joint
2) (+) along the edge of the gravestone depressure with the location of the master's lip in the custody of the joint
3) at the free edge of the godded lip with the inclusion of it in the composure of the articular capsule
165. The hip capsule is attached to the femoral bone: (1)
1) on the edge of the articular surface of the hip head
2) on the neck of the hip: in front - between her outdoor and middle third, rear - in the middle
3) (+) on the neck of the hip: in front - on the frequency line, behind - between the outer and middle third cervix
166. In a patient with diabetes mellitus, the post-adjusting lobbies of phlegmon was complicated by a closer in the rear fascial hip bed in the course: (1)

1. Semi-member muscle
2. Semi-dry muscle
3. (+) Sedal Nerva

167. An artery and nerve are held through a small sedlication hole in a sedlicate-straight hole: (2)

1. Upper jagged artery
2. (+) Internal interground
3. Upper jagged nerve
4. (+) Sex nerve

168. The space under the groin bond is divided into: (1)

1) junk, muscular and vascular lacuna
2) Muscular and hernial lacuna
3) hernial and vascular lacuna
4) (+) muscular and vascular lacuna
5) muscular, vascular lacuna and female canal

169. With puncture of the cavity of the hip joint, the needle is introduced: (1)

1) (+) at the inner edge of the tailort muscle, to the point located in the middle of the line, spent on the top of a large skeleton of the thigh to the border between the inner and medium third-party ligaments
2) Above the top of a large spit in the frontal plane with a slightly reserved and medially rotated limb
3) directly under the groin bunch on the border of its inner and middle third
4) laterally 2 cm from the sedellastic bulk with a slightly reserved and laterally rotated limb

170. The skin of the back surface of the thigh is innervated by the rear skin nerve of the thigh separated from: (1)

1) lumbar plexus
2) (+) sacral plexus
3) femur nerve
4) damping nerve
5) Sedal Nerva

171. The lateral border of the femoral triangle is: (1)

1) groove bunch
2) (+) tailoring muscle
3) long muscle leading
4) Lumbelno-iliac muscle
5) swing muscle

172. In the front fascial hip bed, there is: (1)

1) big muscle leading muscle
2) Blood Muscle Hip
3) tailoring muscle
4) Semi-steerly muscle
5) (+) Touring Hip Muscle

173. Five muscles are located in the medial fascial bed of hips: (5)

1) (+) large muscle leading muscle
2) (+) Great Muscle
3) Hip Blood Muscle

4) (+) long muscle leading muscle
5) (+) short muscle leading
6) (+) thin muscle

174. Muscular and vascular lacques of the thigh shares: (1)

1) Great bunch
2) groove bunch
3) (+) iliac-combed arc

175. Muscular lacuna is limited (set compliance):

1. Front (c)	a) iliac
2. Behind and laterally (a)	b) iliac-combed arc
3. Medialion (b)	c) groin bale

176. Vascular lacuna is limited (set compliance):

1. Front (c)	a) comb-bunch
2. Rear (a)	b) lacunar bunch
3. lateral (d)	c) groin bale
medial (b)	d) iliac-comb

177. Three anatomical entities pass through muscle lacquer: (3)

1. High Artery
2. High Vienna
3. (+) female nerve
4. (+) lateral skin thigh
5. Lymphatic node
6. (+) iliac lumbar muscle

178. Five muscles are located in the medial fascial bed: (5)

1. (+) large muscle leading muscle
2. (+) Great Muscle
3. (+) long muscle leading
4. (+) short muscle leading
5. Tailor muscle
6. (+) Thin Muscle

179. Muscular and vascular lacques of the hip shares: (1)

1. Lacooner bunch
2. Pach bunch
3. (+) iliac-combed arc

180. Three anatomical education is located in vascular lacuna: (3)

1. (+) femoral artery
2. (+) femoral vein
3. Poor nerve
4. Lateral skin thigh
5. (+) lymphatic node
6. iliac lumbar muscle

181. In a patient with tuberculous spondylitis of the 3rd lumbar vertebra, during the examination, the "cold" excess abscess was found in the front area of the thigh, which descended along: (1)

1. iliac and further thigh blood vessels
2. High Nerva, departing from lumbar plexus
3. (+) iliac lumbar muscle

182. The fiber of the medial fascial body of the hip is reported through a locking hole with: (1)
1. Outcoma space
2. (+) Prepaulous or side melting space of the mag
3. Okoloprayokychnya pits
4. The back surface of the hip
5. Poiled Canal

183. In relation to the subcutaneous crack (outer ring) of the femoral channel, two statements are true: (2)
1. (+) Normally closed with lattice fascia
2. Normally is an oval hole in a superficial sheet of wide fascia
3. Located in a horizontal plane
4. Located in the sagittal plane
5. (+) Located in the frontal plane

184. The inner ring of the femoral channel is limited (set compliance):

1. Front (d)	a) femoral vein
2. Rear (b)	b) comb bunch
3. Laterally (a)	c) lacunar bunch
4. medial (C)	D) groin bale

185. Install the correspondence between the walls of the femoral channel and the anatomical formations, their components:

Front wall (b) a) femoral vein
Rear wall (c) b) upper horn of the cruise edge
Lateral wall (a) c) comb fascia

186. The femoral artery in the femoral triangle is located in relation to the femoral nerve: (1)
1. In front
2. Bon
3. lateral
4. (+) medial
5. Rear

187. Install the correspondence between the walls of the hip leading channel and the anatomical formations, their components:

Outleteral wall (b)	a) large muscle leading muscle
Revenue wall (a)	b) medial wide muscle
Front wall (c)	c) LaminaVastoadductoria

188. The leading canal connects the hip bed with a poned hole: (1)
1. (+) Front Fascial
2. Rear fascial

189. Three anatomical entities pass in the leading channel: (3)
1. (+) femoral artery
2. (+) femoral vein
3. Big subcutaneous vein
4. Cleaning artery
5. (+) subcutaneous nerve

190. Performing the surgery of the huge artery dressing, the surgeon exposed it at the level of extracting the deep artery of the hip, having received the opportunity to bandage

the artery before or after the removal of its main branch. Define the preferred linkage level from the position of the reduction of blood supply to the lower leg and foot: (1)
1. Preferably a glee to the removal of the deep artery of the hip
2. (+) Preferably a bandage after the removal of the deep artery of the thigh
3. Both levels of dressings are equally possible.
4. Both levels are undesirable, the burning of the femoral artery in the lower third of the hip

191. Bloodystock on the lower limb after blockage or ligation of the femoral artery in the middle third of the thigh is restored by: (1)
1. Lateral artery envelope femoral bone
2. Outdoor iliac artery
3. (+) Deep artery of the hip
4. Internal iliac artery
5. Downlive Array

192. The so-called Joberes Yamk can serve for: (1)
1. Definitions of the position of the uppermit artery of the knee
2. Access to the knee joint
3. (+) Access to the popliteal artery from the medial side
4. Punctions of the knee joint
5. All the above manipulations

193. The leading canal connects the hip bed with the poned hole: (1)
1. (+) Front Fascial
2. Medial Fascial

194. In the leading channel there are three anatomical entities: (3)
1. (+) femoral artery
2. (+) femoral vein
3. Poor nerve
4. Large subcutaneous vein
5. (+) subcutaneous nerve

195. The intermuscular phlegmon spread to the anterior thigh area, which occurred by: (1)
1. Fascial Vagina Tailor Muscle
2. Fascial Vagina Thick Muscle
3. (+) leading channel
4. The move of a sedlication nerve

196. Operating on the phlegmon, the surgeon found a purulent swelling in the posterior region of the thigh, which spread through the: (1)
1. The move of the blood muscles of the thigh
2. The move of the semi-sephel muscle
3. Driving Channel
4. (+) The move of the sedlication nerve

197. The purulent drives complicated by the phlegmon patellied pits with the formation of a purulent chatek in the rear fascial leg bed, which happened by: (1)
1. The move of the calf muscle under the fascia of the leg
2. (+) Channel's head-trap (GROBEROVA)
3. Bottom Muscular and Maloberets Channel
4. The move of a common small nerve

198. During the operation about the phlegmon of the popliteal fossa, the surgeon found a purulent chapel into the lateral fascial bed of the shin, by distributing the channel: (1)
1. (+) Upper Muscular-Maloberst
2. Gopen-pond
3. Bottom Muscular-Maloberst

199. Acute thrombosis of the patellied artery at the level of the knee burner led to the cessation of blood flow on the main vascular highway. Its recovery can occur due to the near-handing arterial network, in the formation of which the branches of the four arteries take part: (4)
1. (+) femoral
2. (+) deep artery of the thigh
3. Cleaning
4. (+) Front Tibial
5. (+) Podlond

200. When highlighting a poned vascular nerve bundle in the middle line, the surgeon takes into account that its elements are located at the back in advance in the following sequence: (1)
1. Artery, nerve, Vienna
2. Vienna, artery, nerve
3. Nerve, Artery, Vienna
4. (+) nerve, vein, artery

201. In relation to the knee joint, two statements are true: (2)
1) in the formation of the knee joint, besides the femoral and more-ber bones, takes part
2) Medial and lateral meniscus completely share the joint cavity on the upper and lower departments
3) (+) The hollow of the joint can significantly spread to the front area of the thigh due to the message of a trapped synovial bag with the upper break
4) (+) Front and rear cross-shaped ligaments are an internal ligament apparatus

202. The kole of the knee joint with purulent arthritis is revealed: (1)
1) (+) two vertical cuts on both sides of the patella
2) horizontal incision for 1 cm over the patella
3) a horseshoe cut (arc down) from the medial to the lateral summers of the thigh
4) on the lateral edge of the poplings
5) on the medial edge of the poplings

203. When opening the rear-lateral switches of the knee joint, nerve damage is possible: (1)
1. Tarbersoy
2. (+) General Maloberets
3. High
4. Sedalishche
5. Deep Maloberstartsov

204. In the rear fascial leg of the shini there are four muscles: (4)
1. Long Malobers Muscle
2. Long elastic extensor foot
3. long finger extension
4. (+) Long Finger Figure Filter

5. (+) long finger bent
6. (+) Rear Targertic Muscle
7. (+) Three-headed leg muscle

205. Acute thrombosis of the patellied artery at the level of the knee burner led to the cessation of blood flow on the main vascular highway. Its recovery can occur due to the near-handing arterial network, in the formation of which the branches of the four arteries take part: (4)

1. (+) femoral
2. (+) deep artery of the thigh
3. Malobersova
4. (+) Front Tibial
5. (+) Podlond

206. When highlighting a poned vascular-nerve bundle in the section of the midline, the surgeon takes into account that its elements are located at the back in advance in the following sequence: (1)

1. Artery, Vienna, nerve
2. Vienna, artery, nerve
3. Nerve, Artery, Vienna
4. (+) nerve, vein, artery

207. Through the lower muscular-mulberry canal passes: (1)

1. Common Malobers Nerve
2. Deep Maloberes Nerve
3. (+) Maloberstar Artery
4. Descending Knee Artery
5. Rear Trubidal Artery

208. Visor-nervous beam of the front fascial leg of the lower leg includes: (3)

1. (+) Front Targetary Artery
2. Maloberets artery
3. Large subcutaneous vein
4. (+) Front Target Viennes
5. Tarbiert nerv
6. (+) Deep Thiege Nerve
7. Surface Maloberes Nerve

209. The projection line of the anterior tibial artery is direct, carried out: (1)

1. From the inner edge of the tibia to the middle of the distance between the achilla tendon and the inner ankle
2. From the bottom of the tendon, the blood muscles of the thigh to the head of the Mulobers
3. From the middle of the poned fossa to the lateral ankle
4. (+) From the middle of the distance between the head of a small bone and the tibia jergis until the middle of the distance between the inner and outer ankles
5. From the head of a small bone to the medial ankle

210. Artery, Vienna and Nerve are located in the ankle channel: (2)

1. Front Tired Artery and Vienna
2. (+) Rear Trolley Artery and Vienna
3. Mulberian artery and veins
4. (+) Tibial nerve

5. Surface Maloberes Nerve

211. In the upper muscular-mulberry canal is: (1)

1. (+) Surface Maloberes Nerve
2. Deep Maloberes Nerve
3. Maloberstar Artery

212. In the formation of the walls of the Upper Muscular-Maloberets, take part: (2)

1. Front Tibra Muscle
2. (+) Mulberian bone
3. Long Finger Finger
4. Long Finger Finger Figure
5. (+) Long Malober Muscle

213. Upon the exposure of the anterior-nerve beam in the lower half of the shin, the surgeon after the dissection of its own fascia passes between: (1)

1. Tibial Bone and Front Tibra Muscle
2. (+) the front tibial muscle and long-finger extensor
3. Long thumb exterminant and long finger extensor
4. Long extensor of fingers and anterior intermissile septum

214. Surface small-terror nerve in the upper third of the lower leg passes: (1)

1. Under the skin of the lateral surface of the tibia
2. (+) in the upper muscular and small-wire channel
3. Between the front tibial muscle and long finger extension
4. Between the front tibial muscle and long foot-finger extensor
5. In the inter-emergency membrane

215. In the varicose veins of the lower limb, Vienna is subject to the greatest changes: (1)

1. Fear
2. (+) big subcutaneous
3. Small subcutaneous
4. Podlond

216. An artery, veins and nerve are located in the ankle channel: (2)

1. Front Tired Artery and Vienna
2. (+) Rear Trolley Artery and Vienna
3. (+) Tolebly nerve
4. Deep Maloberes Nerve
5. Surface Maloberes Nerve

217. In the upper muscular-small-paper channel: (1)

1. Common Malobers Nerve
2. (+) Surface Thunder Nerve
3. Deep Maloberes Nerve

218. Rear Targertic artery is available for the study of the pulse in the field of ankle joint: (1)

1. Ahead of the lateral ankle
2. Behind the lateral ankle
3. Ahead of the medial ankle
4. (+) behind the medial ankle

219. If it is necessary to assess the condition of the arterial vessels of the lower limb in patients, primarily examine the pulse on the back artery of the foot, the projection line of which passes from the middle of the distance between the ankles: (1)
1. To the medial edge of the thumb
2. (+) To the first interpalic interval
3. To the second interpalic interval
4. To the third interpalic interval

220. In order not to damage the total small-terror nerve, it is advisable to spend the needle in the beugrousity of the tibia with skeletal stretching: (1)
1. In front
2. (+) from the lateral side
3. From the medial side
4. Behind
5. The choice of the point does not matter and is determined by the qualification of the surgeon

221. Medial Issue Channel skips all the elements of the leg elements on the foot, except: (1)
1. The back of the tibial artery
2. Tolebly nerve
3. Trembos of the rear tibial muscle
4. (+) Long Malobers Muscle Tendon
5. Tendons of the long finger flexor

222. MEDIAL OK Channel Stop is proximally reported with: (1)
1. (+) rear lower leg
2. Lateral leg lies
3. Front lower leg
4. Subcutaneous tibia fiber
5. Lateral useful channel

223. The rear artery of the foot is between the tendons: (1)
1. Front Tibra Muscle and Long Finger Filter
2. (+) long detector of fingers and long finger extensor
3. Short Finger Finger
4. long finger bent

224. The subcutaneous fatty fiber of the soles of the foot is associated with the suppressive tissue through: (1)
1) Medial Ankle Channel
2) heel channel
3) (+) Commander Holes
4) Channels of the Channel Muscles

225. The suppression of the fiber soles is associated with the fiber of heel and the ankle channels in the way: (1)
1. The plantar branch of the back artery of the foot
2. (+) lateral vascular nerve feet beam
3. Tenders of the Drawberry Muscles
4. Tendon Long Malobers
5. All response options are incorrect

226. Paralytic dischart ("horse") stop occurs when nerve damage: (1)

1. (+) Deep Maloberets
2. Surface branches of Malobersoy
3. High
4. Tberbers
5. Faculated

227. The stop will be in a state of maximum extension ("Heel Stop") when nerve damage: (1)

1. General Maloberstartsov
2. Cleaning
3. (+) Tolebly
4. Birth

228. Press the femoral artery during bleeding follows the bone: (1)

1. (+) pubic
2. Sedalishche
3. iliac

229. Explain what caused the effect of muscular-venous "pump" of the lower limb: (1)

1. Muscular weight
2. (+) the presence of a valve apparatus at the veins of the lower limb
3. Dual veins system
4. Bending veins of the leg

230. The rear artery of the foot is located between the tendons: (1)

1. (+) long extensor of fingers and long finger extensor
2. short finger bent
3. Long finger bent
4. All answers are incorrect

231. The subcutaneous fatty fiber of the sole of the foot is associated with the suppressing tissue through: (1)

1. The plantar canal
2. Heel Canal
3. (+) Comm spellers
4. Channels of the Channel Muscles

232. In the first moment of the cone-circular amputation of the thigh by N.I. Pogging dissect: (1)

1. All soft fabrics
2. Skin
3. Skin and subcutaneous tissue
4. (+) Skin, subcutaneous tissue and surface fascia
5. Skin, subcutaneous tissue and own fascia

233. When performing the second moment of the three-year cone-circular lift amputation by N.I. Pogging dissect: (1)

1. All muscles
2. (+) Surface Muscles
3. Deep muscles
4. All muscles and periosteum
5. Soft fabrics, periosteum and bone

234. Determine the three points of the three-year cone-circular amputation of the thigh by N.I. Pogging: (3)
1. (+) Crumpled skin with subcutaneous tissue and fascia
2. (+) dissection of muscles along the edge of the drawn leather
3. Pulling the muscles with the formation of a muscular cone
4. (+) Crossing muscles on the basis of cone
5. Dissection of periosteum and shifting it distally
6. Cutting a femoral bone

235 Surface Bones of Bones Close: (1)
1. Skin Foot Heel
2. Achilla tendon
3. (+) the puff bone hill
4. Bone tank

236. The stop will be in a state of maximum extension ("Heel Stop") when nerve damage: (1)
1. Deep branches of Malobersoy
2. Cleaning
3. (+) Tolebly
4. Birth

237. Press the femoral artery during bleeding follows the bone: (1)
1. (+) pubic
2. Fear
3. iliac

238. Explain what caused the effect of muscular-venous "pump" of the lower limb: (1)
1. Muscular weight
2. (+) the presence of a valve apparatus at the veins of the lower limb
3. Supporting actions of the pelvis diaphragm
4. Bending veins of the leg

HEAD

239. Determine the sequence of dissection of soft tissue layers when performing an operation for the penetrating injury of the skull's arch:

1. Leather (1)
2. Muscular aponeurotic layer (3)
3. Summary (5)
4. Supply Fat Fatifier (4)
5. Subcutaneous fatty fiber (2)
6. Subdoscene loose fiber (6)

240. Each cellular layer of the front and dark-occipital region has a feature of its structure and distribution to the head of the head. Install the correspondence between the fiberal layer and its feature:

1) subcutaneous fatty fiber (b)
2) suppressing fluid fiber (c)
3) Subdischable loose fiber (a)

a) is limited to the limits of each bone of the Svodaccher
b) separated by connecting partitions
c) applies throughout the region

241. Neurosurgeon performs intracranial operational access in the temporal area. Determine the sequence of dissection of soft tissue layers:

1. Tempor muscle (7)
2. temporal fascia, deep leaflet (6)
3. temporal fascia, surface leaflet (4)
4. Second fiber layer (5)
5. Leather (1)
6. Vaciators (9)
7. Surface Fascia (3)
8. Subcutaneous fat layer (2)
9. Third fiber layer (8)

242. The hospital was delivered to the hospital with an extensive scalized wound in the parietal area. Determine the fiber layer in which the flap detachment occurred: (1)

1) subcutaneous fatty fiber
2) (+) suppressing fluid tissue
3) Subdischain loose fiber

243. The victim was detected by the hematoma of soft tissues of the front and dark-occipital region, spreading over the entire surface of the skull's arch. Determine the cellular layer in which it is: (1)

1) subcutaneous fatty fiber
2) (+) suppressing fluid tissue
3) Subdischain loose fiber

244. It is known that wounds of soft tissues of head and face are characterized by faster healing and rare suppurations compared with the wounds of other areas of the body, which is due to: (1)

1. High regenerator capabilities of the epithelium
2. (+) Good blood supply to fabrics
3. The presence of a variety of interventic anastomoses

4. The presence of numerous clusters of lymphoid tissue

245. With the injury of soft tissues of the head cover, it is usually observed strong and long-term bleeding throughout the wound circumference, which is due to two features: (3)

1. The presence of large blood vessels in subcutaneous tissue
2. (+) multiple sources of blood supply of soft cover heads
3. (+) forming a network of blood vessels in subcutaneous fatty tissue
4. (+) Fittings of the wall of vessels with connective tissue jumpers of subcutaneous fatty fiber
5. The presence of links of surface veins of the heads of the head with venous sines of a solid cerebral shell

246. Four arteries are the main source of arterial blood supply to the frontal-ethylene region: (4)

1. Deep tempoch
2. (+) Calm
3. Facial artery
4. (+) Adjust
5. (+) Non-chapted
6. (+) Surface temporal
7. Average temporal
8. Middle Meningheal

247. When performing bone-plastic trepanations in the frontal area, the neurosurgeon is cutting off the skin-aponeurotic flap in order to preserve its blood supply and innervation by the base facing: (1)

1. Top
2. (+) down
3. lateral
4. Mediality

248. The hospital was delivered to the hospital with an extensive scalized wound in the dark area. Determine the fiber layer in which the flap detachment occurred: (1)

1. (+) suppressing fluid fiber
2. SUPPECTIVE RUBLE FILLING

249. The victim was detected by the hematoma of soft tissues of the frontal-dark-occipital region, spread over the entire surface of the skull arch. Determine the cellular layer in which it is: (1)

1. Subcutaneous fatty fiber
2. (+) suppressing fluid tissue

250. When performing bone-plastic trepanation in the dark-temporal region, the neurosurgeon is cutting a skin-aponeurotic flap in order to preserve its blood supply to the base, facing: (1)

1. Top
2. (+) down
3. Forward
4. Back

251. When performing bone-plastic trepanation in the occipital region, the neurosurgeon is cutting the skin-aponeurotic flap in order to preserve its blood supply to the base, facing: (1)

1. Top
2. (+) down
3. Right
4. Left

252. Two ways are used to stop bleeding from wounds of soft tissues: (2)

1. Clipping
2. (+) Ligation
3. Tamponadu
4. (+) electrocoagulation

253. Two methods are used to stop bleeding from the spongy substance of the bones of the curtain of the skull: (2)

1. (+) rubbing the spectacle paste
2. Clipping
3. (+) wound irrigation by hydrogen peroxide

254. The doctor discovered the following symptoms from the victims: Exophthalm, Symptom of "Points", NosaLikvorea. Pre-diagnosis - Fracture: (1)

1. Skoreup arch
2. (+) the base of the skull in the front cranial fossa
3. The base of the skull in the middle cranial fossa
4. Bases of the skull in the rear cranial fossa

255. With a bonepoplastic trepanation of the skull, the number of cutting holes imposed for cutting bone flap: (1)

1. 3-4
2. (+) 4-5
3. 5-6.
4. 7-8

256. The average meningeal artery is the branch of the artery: (1)

1. (+) maxillary
2. Outdoor Sleepy
3. Surface temporal
4. Internal sleepy

257. The average meningeal artery penetrates the skull cavity through the hole: (1)

1. Round
2. Oval
3. (+) Sophisticated
4. Slothematovoid

258. Delivered patient with a stupid trauma of the temporal area. After 2 hours, the symptoms of the head of the head brain appeared and began to increase. During the operation, a comma dice and large epidural hematoma were found during the operation. Determine its source: (1)

1) Upper rocky sinus
2) Deep temporal artery
3) Average temporal artery
4) (+) Middle Meningheal Artery
5) Middle Brain Artery

259. Two ways are used to stop bleeding from wounds of soft tissues: (2)

1) (+) Ligation

2) applying seam
3) Tamponadu
4) (+) electrocoagulation

260. Two methods are used to stop bleeding from the spongy substance of the bones of the curtain of the skull: (2)

1) (+) rubbing the spectacle paste
2) (+) irrigation wound with hydrogen peroxide
3) DYING

261. Four nerves pass through the upper eye glare: (4)

1. (+) Block
2. Topper-eyed
3. (+) Eye
4. (+) Ove
5. Visitory
6. Facial
7. (+) Disposal

262. The optic nerve passes in: (1)

1) top of the orphanage
2) (+) visual channel
3) Superwitch clipping (hole)
4) lower or

263. With the bonepalication of the skull, the number of cutting holes imposed for cutting bone flap: (1)

1. (+) 4-5
2. 5-6
3. 6-7
4. 7-8

264. The average meningeal artery is the branch of the artery: (1)

1. (+) maxillary
2. Facial artery
3. Surface temporal
4. Internal sleepy

265. Determine the correct option of the exit from the skull of the 1st, 2nd and 3rd branches of the Triple Nerva: (1)

1) Round, Oval and Sweet Hole
2) upper orphanage, round and oestoid hole
3) (+) Upper Epiphany Glug, Round and Oval Holes
4) Upper Epiphany, Oval and Round Holes
5) Bottom Epiphany, Round and Oval Holes
6) Bottom Fair Glug, Oval and Round Holes

266. The facial nerve comes out of the cavity of the skull on its base through: (1)

1) Round hole
2) Ostial Hole
3) mining hole
4) (+) vehicle vehicle

267. Through the jugular hole from the skull cavity: (1)

1) Language, wandering, sublingual nerves

2) (+) Language, wandering, added nerves
3) Language, added, sublingual nerves

268. In a patient with a right-sided brain stroke, sensitivity disorders and paralysis of the left half of the person were detected. Determine in the pool, which brain artery hemorrhages developed: (1)

1. Front
2. (+) Middle
3. Rear

269. In a patient with hemorrhage in a large brain hemisphere One of the leading symptoms was a violation of vision, which is likely to assume the location of the hearth in the Artery Pool: (1)

1) front brain
2) medium cerebral
3) (+) rear cerebral

270. The facial nerve comes out of the cavity of the skull on its base through: (1)

1) Oval hole
2) Ostial Hole
3) mining hole
4) (+) vehicle vehicle

271. Through the yapper from the cavity of the skull: (1)

1) wandering, additive, sub-speaking nerves
2) (+) Language, wandering, added nerves
3) Language, added, sublingualnerves

272. In the arterial (Willisyev) circle, the rear connecting artery connects the arteries: (1)

1) inner sleepy and basal
2) (+) the inner sleepy and rear brain
3) the inner sleepy and vertebral
4) medium brain and rear brain
5) medium brain and vertebral

273. The patient has developed a narrowing of the left internal carotid artery, which did not lead to significant violations of the blood supply to the left hemisphere of a large brain. Specify the sequence of blood flow from the right internal carotid artery on the anterior semicircle of arterial (vilisye) circle into the left hemisphere vessels:

1) Left internal carotid artery (5)
2) Left Front Brain Arteries (4)
3) Left average brain arterry (6)
4) Front Connecting Artery (3)
5) right internal carotid artery (1)
6) Right Front Brain Artery (2)

274. Upper eye vein flows into sinus: (1)

1) top stony
2) upper sagittal
3) wedge-shaped
4) Lower Sagittal
5) (+) cavernous

275. Determine the sequence of venous vessels and sines, according to which blood outflow occurs from the uphenecular latter of the heavy brain hemispheres:
1) Upper Sagittal Sine (2)
2) transverse sine (4)
3) Sigmid Sinus (5)
4) Sine Stocks (3)
5) internal jugular vein (6)
6) Surface Brain Viennes (1)
276. Two sinus fall into the sine flow: (2)
1. (+) Upper Sagittal
2. Zatilichny
3. Left altitude
4. (+) direct
277. From sinus drain, venous blood flows over three sinuses: (3)
1. (+) Calm
2. (+) left transverse
3. (+) right transverse
4. Straight
278. Of the listed venous sines of the solid cerebral shell on the inner base of the skull are located five: (5)
1. (+) Upper rocky
2. (+) Baseline
3. (+) Wedge-shaped dark
4. Lower sagittal
5. (+) Lower rocky
6. (+) Cave
7. Straight
279. Three artery are branches of the internal carotid artery: (3)
1) Basilar
2) (+) Eye
3) rear brain
4) (+) Front Brain
5) (+) medium brain
280. Two sinus fall into the sine flow: (2)
1) (+) upper sagittal
2) left transverse
3) right transverse
4) (+) direct
281. From the sinus flow of venous blood flows over three sinuses: (3)
1) top sagittal
2) (+) the occipital
3) (+) left transverse
4) (+) right transverse
282. The vertebral artery of each side penetrates the skull cavity through: (1)
1) (+) large occipital hole
2) Mother Channel
3) Ripped hole

4) jugular hole

283. Install the correspondence between the sequence number of the branches of the trigeminal nerve and their name:

1) 1st branch (b) a) maxillary nerve
2) 2nd branch (a) b) eye nerve
3) 3rd branch (c) c) of the mandibular nerve

284. During the examination of the patient, a neurologist to determine the state of the branches of one of the cranial nerves presses the fingers to the sections of the person corresponding to the supervisor cutting, under-judged and the chin holes. Determine what nerve condition is checked by such a reception: (1)

1) wandering
2) Facial
3) (+) triple

285. The furuncle of the person (especially the upper lip and nasolabial fold) can be complicated by the thrombophlebitis of the cavernous sinus due to the spread of infection on the venous bed. Specify the sequence of vessels that make up this path:

1) Upper Eye Vienna (5)
2) Facial Vienna (1)
3) Medial Vienna Century (4)
4) Intervenous anastomoses (3)
5) Cave Sine (6)
6) Corner Vienna (2)

286. Anesthesiologist, spending oil anesthesia during surgery during operation, keeps an anesthetic mask with his hands and puts forward the lower jaw of the patient, preventing the spares of the language. At the same time, it has the ability to monitor the pulse of the patient using the most convenient pulse point: (1)

1) In the medial part of the cheek region above the supervalousclippord
2) in the nasolabial fold of the medial corner of the eye
3) (+) Ahead of the goat of the ears over the Zhilogo Arc
4) on the lower jaw at the front edge of the chewing muscle actually

287. The patient after supercooling has developed paralysis of the Mimic Muscles of half of the person, which indicates inflammation of the nerve: (1)

1) Toppermite
2) (+) facial
3) Lummylylastic
4) Subpidential
5) triple

288. During the examination of the patient, a neurologist to determine the state of the branches of one of the cranial nerves presses the fingers to the sections of the person corresponding to the supervised cutting, under-judged and the chin holes. Determine what nerve condition is checked by such a reception: (1)

1) Overall
2) Facial
3) (+) triple

289. An important topographic feature of the near-dry salivary gland is the location of one of the listed nerves in it: (1)

1) (+) facial

2) Lumpermite
3) triple
4) earnest

290. The child suffered a patient with parotitis, the doctor discovered a loose closure of the eye slit and the omission of the angle of mouth, which indicates the involvement in the inflammatory process of the nerve: (1)

1) Toppermite
2) (+) facial
3) Subpagger

291. The clinic surgeons turned to a patient with complaints of swelling, sealing and pain in the left-willed eye-chewing area. The front edge of the ear shell is a small furuncle. The doctor diagnosed purulent vapotitis. In the development of such a complication, the main importance is: (1)

1) the proximity of the location of the parish gland
2) (+) presence in the variety of lymph nodes

292. Dissection of soft tissues in the primary surgical treatment of the wound wounds of the front and dark-occipital region should be made: (1)

1) in the longitudinal direction
2) in the transverse direction
3) (+) in the radial direction relative to the top point of the head
4) Conditions
5) the choice of direction does not matter

293. With the primary surgical treatment of the front and dark-occipital region, finding a major bone fragment in the wound, associated with the bones of the bone of the skull, it follows: (1)

1) Delete
2) (+) Save
3) with the penetrating head of the head to save
4) when impenetrate head injuries to save
5) Tactics depends on the experience of the surgeon

294. Penetrating is called head injuries: (1)

1) related to damage to the bones of the skull
2) associated with damage to the brain substance
3) (+) related to the damage to the solid cerebral shell
4) related to the damage to the soft cerebral shell
5) determined by the wound gaping

295. An important topographic feature of the near-dry salivary gland is the location of one of the listed nerves in it: (1)

1) Toppermite
2) (+) facial
3) triple
4) earnest

296. In a child, a patient with a vapor, the doctor discovered a loose closure of the eye slit and the omission of an angle of mouth, which indicates the involvement in the inflammatory process of the nerve: (1)

1) Toppermite
2) (+) facial

3) Lummylylastic

297. The clinic surgeons addressed the patient with complaints of swelling, sealing and pain in the left-volumen-chewing area. The front edge of the ear shell is a small furuncle. The doctor diagnosed purulent vapotitis. In the development of such a complication, the main importance is: (1)

1) Communication of the venous bed of gland and outdoor ear
2) (+) presence in the variety of lymph nodes

298. Trepanation at which the bone fragment is removed: (1)

1) bone-plastic
2) (+) resection
3) Laminectomy
4) Somnomatnaya
5) double-met

299. Scheme serving for orientation in cranopy topography: (1)

1. Delicin scheme
2. Triangle Shipika
3. Stromberg scheme
4. TrianglePirogov
5. (+) Kronlane-Bruce

300. According to the scheme of the Kronlane-Bruce, the main trunk of the Menagenic Artery is projected at the intersection: (1)

1) front vertical and upper horizontal
2) (+) front vertical and lower horizontal
3) medium vertical and upper horizontal
4) medium vertical and lower horizontal

301. Squeeze the periosteum at bone-plastic trepanation follows: (1)

1) to the center of the flap
2) (+) to the periphery of the wound
3) in the direction of the bottom up
4) To the periphery of the wound after the cross-shaped dissection of the periosteum

302. To highlight bone flap with bone-plastic trepanation, you should use two tools: (2)

1) saw sheet
2) (+) Wire saw of Gil
3) jacksna buns
4) (+) Dalgrenazes

303. The projection line of the output duct of the parole salivary gland is carried out: (1)

1) in the middle of the body of the lower jaw
2) (+) from the base of the goat ear to the angle of mouth
3) from the base of the ear goat to the wing of the nose
4) from the corner of the jaw to the corner of the mouth

304. Sections with purulent vapotitis are carried out in two directions: (2)

1) In anyone through the point of the greatest fluctuation
2) (+) radially from the goat
3) vertically, retreats Kepened 1 cm from the ear goat
4) (+) arcuate from the ear of the ear, the rich corner of the jaw

305. Point of finger pressed facial artery is: (1)
1) 1 cm below the ear goat
2) 0.5-1.0 cm below the middle of the lower edge of the orbit
3) Behind the corner of the lower jaw
4) (+) In the middle of the body of the lower jaw at the front edge of the chewing muscle
5) 1 cm below the mid-zylovoy arc
306. Surface wounds on the face can be seulated by three species of seams: (3)
1) (+) simple nodal
2) (+) adapting nodes
3) single-row continuous intradermal
4) (+) lamellar
5) double-row continuous
307. Determine the five goals of the primary surgical processing of the wound: (5)
1) Cleansing wound from pollution
2) (+) excision of polluted and non-visual fabrics
3) excision of bleeding tissues
4) (+) Final bleeding stop
5) Transformation of an infected wound in wound sterile
6) (+) removal of foreign bodies lying in the wound
7) (+) Removal of free bone fragments
8) (+) dissection of the wound canal
308. According to the scheme of the Kronlane-Bruce, the main trunk of the Central Meningkeal Artery is projected at the intersection: (1)
1) (+) front vertical and lower horizontal
2) rear vertical and upper horizontal
3) medium vertical and upper horizontal
4) medium vertical and lower horizontal
309. Space the periosteum at bone-plastic trepanation follows: (1)
1) to the center of the flap
2) (+) to the periphery of the wound
3) in the direction from top to bottom
4) To the periphery of the wound after the cross-shaped dissection of the periosteum
310. To highlight bone flap during bone-plastic trepanation, you should use two tools: (2)
1) saw arc
2) (+) Wire saw of Gil
3) jacksna buns
4) (+) Dalgrenazes
311. The projection line of the output duct of the parole salivary gland is carried out: (1)
1) in the middle of the body of the lower jaw
2) (+) from the base of the goat ear to the angle of mouth
3) parallel to the lower edge of the orbit, retreating the book for 5 mm
4) from the corner of the jaw to the corner of the mouth
312. Sections with purulent vapotitis are carried out in two directions: (2)
1) In anyone through the point of the greatest fluctuation
2) (+) radially from the goat

3) arcuate on the edge of the parole salivary gland
4) (+) arcuate from the ear of the ear, the rich corner of the jaw

313. Specify the three features of the primary surgical processing of wounds on the face: (3)

1) used broad dissection and excision of the wound
2) (+) excision should be economical, dissection - moderate
3) after the completion of the processing of the wound seams are not superimposed
4) (+) after the completion of the processing of the wound may be covert tightly
5) (+) with penetrating injuries of the face, insulation of cavities from the wounds of soft tissues is necessary

314. Specify three factors that should be considered when conducting primary surgical treatment of wounds in the field of face: (3)

1. (+) Increased tissue resistance to infection
2. Reduced tissue resistance to infection
3. (+) good blood supply
4. No valves in veins
5. (+) the need to obtain an acceptable cosmetic result

315. On the eve of the oral cavity, the mucous membrane loses its mobility during the transition from the arch of the gum due to: (2)

1. (+) lack of a submucosal basis
2. (+) Battle of the mucous membrane with periosteum
3. Combining the above features of the structure
4. The severity of the vascular network
5. The severity of lymphatic vessels

316. The bridles on the eve of the oral cavity are located between the lips and the gums: (1)

1. (+) on the middle line of the body
2. On the sides of the midline
3. At a distance of 10 mm from the midline
4. At a distance of 20 mm from the midline
5. at a distance of 30 mm from the midline

317. Band of the parole salivary gland opens on the eve of the oral cavity: (1)

1. At the level of the interval between 1 and 2 upper molars
2. (+) at the level of 2 top molar
3. At the level 2 of the lower molar
4. All of the above is true.

261318 arteries: (3)

1. (+) a. PalatinaDescendens.
2. (+) a. PalatinaAscendens.
3. Labalis Superior.
4. Facialis
5. (+) a. SeptiNasi Posterior.

319. Due to the 3rd trigeminal nerve branch, the muscle is inexvained: (1)

1. Tag
2. (+) straining soft sky
3. Rising Soft Sky
4. Saints

320. The displacement of fragments during fractures of the lower jaw is determined: (1)
1. (+) The direction of the thrust of the muscles
2. Form of the lower jaw
3. Form of bite
4. The mobility of the temporomandibular joint

321. With one-sided (side) mental fracture of the lower jaw, a larger fragment shifts: (1)
1. Up and side of the fracture
2. (+) down and towards the fracture
3. Up and medial
4. Up
5. Down

322. Displacement of a long fragment of the lower jaw at the mental fracture occurs under the action of three muscles: (3)
1. m. Masseter.
2. m. PterygoideusMedialis.
3. (+) m. Mylohyoideus.
4. (+) m. Geniohyoideus.
5. (+) m. PteryGoideusLateralis

323. Two factors affect the shift of a short fragment with a mental fracture of the lower jaw: (2)
1. Traction of the central muscle group, located under the bottom.
2. (+) chewing muscles
3. (+) lack of traction of the central muscle group, omitting
4. Lack of chewing muscle thrust

324. The symptom of "open bite" appears when: (1)
1. Mental fracture
2. Angular fracture
3. Fracture of the Criminal Process
4. (+) double-sided fracture of articular processes
5. One-sided fracture of the cervical process

325. With a fracture of the coronary eight of the lower jaw, its displacement occurs: (1)
1. (+) down
2. Top
3. Knab.
4. Knutrice
5. Zada

326. The duct of the proportional salivary gland opens on the eve of the oral cavity: (1)
1) at the level of the interval between 1 and 2 by the lower molars
2) (+) at level 2 of the upper molar
3) at level 2 of the lower molar
4) all of the above is true

327. The blood supply to the soft and solid sky is carried out by three arteries: (3)
1) (+) a. PalatinaDescendens.

2) (+) a. PalatinaAscendens.
3) PHARYNGEA ASCENDENS
4) Facialis
5) (+) a. SeptiNasi Posterior.

328. At the expense of the 3rd trigeminal nerve branch, the muscle is internal: (1)

1) gentlepan
2) (+) straining soft sky
3) lifting soft sky
4) Saints

329. The displacement of fragments during fractures of the lower jaw is determined: (1)

1) the direction of impact
2) (+) the direction of the thrust of the muscles
3) bite shape
4) mobility of the temporomandibular joint

330. Deep and surface areas of the face delimit: (1)

1) Branch of the Lower Jaw
2) temporal muscle
3) Skulian arc
4) (+) the branch of the lower jaw and the temporal muscle on the site of its attachment to the Vernoe Mountain Friend
5) outer plate of the walled process

331. Deep area of the face with the medial side is limited by three elements: (3)

1) zicky arc
2) (+) outer plate of the walled process
3) (+) part of the temporal surface of the large wing of a wedge-shaped bone
4) (+) the outer jaw hill
5) an awesome hole

332. From the jaw section a. Maxillaris depart four artery: (4)

1. Sphenopalatina.
2. (+) a. Auricularisprofunda.
3. (+) a. Tympanica Anterior.
4. (+) a. AlveolarisInferior.
5. (+) a. MeningeaMedia.

333. Distribution of the inflammatory process from the walled plexus on the sinuses of a solid cerebral shell is possible Three veins: (3)

1) (+) v. Meningea Media.
2) (+) Vienna following in FissuraOrbitalis Inferior
3) (+) veins passing in oval and round holes
4) v. Facialis.
5) v. JugularisExterna.

334. From n. MandiBularis In the deep area of the face, sensitive nerves depart: (4)

1) (+) medial wingoid
2) lateralwingoid
3) (+) earboard
4) (+) Lower Alveolar
5) (+) pagan

335. TopographicArtomotic premise for the underworld anesthesia path of Weisblat: (2)

1) (+) the round hole and the entrance to the walled-palate pan are in one sagittal plane with the outer plate of the wing process. Oval hole is located behind the wrathid process, and the wonderland-packer is ahead - ahead

2) A salted hole and an entrance to the stubborn fossa are on a single sagittal line with an outer plate of the walled process

3) (+) the outer plate of the walled process, close to which there are oval and round holes are projected at the level of the middle of the zilly arc

4) Round and oval holes are in one frontal plane

336. When using a sublocking path of anesthetization of the second trigeminal nerve branch in a wonderland-pavement Point of an eye on the needle: (1)

1. In the middle of the lower edge of the zickie arc
2. On the border of the front and middle third of the length of the lower edge of the stoop arc
3. (+) In the middle of the line, spent from the outer edge of the orders to the ear of the ear
4. At the outer edge of the orbit
5. At the rear edge of the zickie arc

337. To relax chewing muscles, two ways of anesthesia should be performed at the inflammatory contracture of the lower jaw: (2)

1. (+) Berry Dubov
2. According to M.M. Weisbremu
3. (+) According to P.M. Egorov
4. Infraorbital
5. Tuberal

338. From the jaw section a. Maxillaris depart four artery: (4)

1. Sphenopalatina.
2. (+) a. Auricularisprofunda.
3. (+) a. Tympanica Anterior.
4. (+) a. Alveolaris Inferior.
5. (+) a. Meningea Media.

339. The propagation of the inflammatory process from the wardoid plexus on the sinuses of a solid cerebral shell is possible through three veins: (3)

1. (+) v. Meningea Media.
2. (+) Vienna following in FissuraOrbitalis Inferior
3. (+) veins passing in oval and round holes
4. v. Facialis.
5. v. JugularisExterna.

340. From n. MandiBularis In the deep area of the face, sensitive nerves depart: (4)

6) (+) Medial Wingoid

7) lateralwingoid

8) (+) earboard

341. Supported hole is projected on: (2)

1) 1 cm book from the medial corner of the eye

2) (+) 0.5 cm knutrice from the middle of the porcier edge of the society and 0.5 cm below this reference point

3) 0.5 cm dust from the middle of the puddler edge of the society and 2 cm below this landmark
4) (+) 0.5 cm below the intersection point of the under-judicial edge with a vertical line conducted through the medial edge of the second upper low native tooth
5) middle of the supporting edge of the orbit

342. In the intrarocolot method of mandibular anesthesia, it is necessary to palpatiently define two guidelines: (2)

1) (+) the articular process of the lower jaw
2) Possingaolar yam and oblique line
3) Skylty arc and the angle of the lower jaw
4) (+) wonderland-mandibular fold
5) Lower Jewish Temple

343. The fracture of the upper jaw on Lefor-1 passes: (1)

1) (+) through the base of the pear-shaped hole, along the bottom of the maxillary sinuses, above the alveolar process
2) through temporal aisters, the internal side wall and the bottom of the goals, according to the zoorlerhnemide seam
3) through the midflaps
4) at the level of solid sky

344. The fracture of the upper jaw on Leforu-2 passes: (1)

1) (+) transversely through the root of the nose on the inner wall of the orbit
2) through the midflaps
3) at the level of solid sky
4) no specifies

345. The fracture of the upper jaw on Lefor-3 passes: (1)

1) (+) along the line of the nobble seam, the top of the orphanage through the temporal proceeding of the zick bone or by temporo-zylovoy
2) through the base of the pear-shaped hole
3) through the middle of the height of the pear-shaped hole
4) at the level of zick bones

346. The chevative-jaw gap is directly reported from above with: (1)

1) fiber of the intelligence space of the temporal area
2) (+) by the melting space located under the aponeurosis of the temporal area
3) thesubprove fiber of the front and dark-occipital region
4) subcutaneous cellular template

347. Side of the cellular spaces above the oral diaphragm are limited to four elements: (4)

1. (+) m. Mylohyoideus.
2. (+) Language Muscles
3. (+) lower jaw
4. (+) mucous membrane of the oral cavity
5. Two muscle

348. For the opening of deep phlegmons, the subordinate region produces: (1)

1) on the lower edge of the socket
2) on the side surface of the back of the nose

3) (+) along the transitional fold of the mucous membrane of the upper arm of the eve of the oral cavity, the blunt way penetrated to the bottom of the canine ("dog")
4) at the place of the greatest fluctuation
5) at the lower edge of the bone

349. At phlegmon, the zilly region produces two cuts: (2)

1) By radius from the goat, taking into account the topography of the branches of the facial nerve
2) (+) at the bottom edge of the zick bone, taking into account the topography of the branches of the facial nerve
3) vertically at the front edge of the ear
4) (+) in the transitional fold of the mucous membrane of the opposition of the oral cavity over 4-6 teeth
5) onnasolabial fold

350. The fracture of the upper jaw on Lefor-1 passes: (1)

1. (+) through the base of the pear-shaped hole, along the bottom of the maxillary sinuses, above the alveolar process
2. Under the attachment of the facial skeleton to the bones of the base of the skull
3. Through the middle of the eye
4. At the level of solid sky

351. The fracture of the upper jaw on Leforu-2 passes: (1)

1. Through the base of the pear-shaped hole, along the bottom of the maxillary sinuses, above the alveolar process
2. (+) transversely through the root of the nose on the inner wall of the orbit
3. At the level of solid sky
4. No specifies no

352. The fracture of the upper jaw on Lefor-3 passes: (1)

1. (+) along the line of the nobble seam, the top of the orphanage through the Vi-bone proof of the zick bone or on the temporo-zickie seam
2. Through the lower surfaces of the eye
3. Through the middle of the height of the pear-shaped hole
4. At the level of zick bones

353. The chevative-jaw gap directly communicates with: (1)

1. The fiber of the intelligence scope of the temporal area
2. (+) by the melting space located under the aponeurosis of the temporal area
3. The fiber of the suppressing space of the front and dark-occipital region
4. subcutaneous cellular temporal area

354. With a felmone of a hatching fossa, the incision is produced: (1)

1) to the bone at the upper edge of the opponent of the oral cavity
2) (+) to the dice along the transitional fold of the upper ardent of the eve of the oral cavity in the region of the last two large indigenous teeth
3) on the lower edge of the body of the lower jaw
4) at the bottom edge of the zilly arc, taking into account the topography of the branches of the facial nerve
5) in the zone of the greatest fluctuation

355. Podmaseterial abscesses and phlegmons open: (1)

1) (+) arcuate incision 5-7 cm long, bounding the angle of the lower jaw, partially cutting off the chewing muscle

2) vertical cut at the front edge of the chewing muscle
3) vertical cut at the rear edge of the chewing muscle
4) cut along the lower edge of the lower jaw, cutting the chewing muscle in the zone of its attachment to the bone
5) vertical cut in the middle of the chewing muscle, smelling its fiber with a blunt way

356. FLEGMONES The bottom of the oral cavity is opened by three cuts: (3)
1) (+) incision for the midline from the lower edge of the lower jaw to the sub-band bone
2) cross-section in the middle of the distance from the lower edge of the lower jaw to the sub-accepted bone
3) (+) incision of the mucous membrane of the eve of the oral cavity in the forefront of the front teeth closer to the surface of the lower jaw
4) (+) incision by 1-1.5 cm below the body of the lower jaw Kependе from the front edge of the chewing muscles
5) a collar-shaped section over the top cervical fold from one corner of the lower jaw to another

NECK

357. The composition of the front area of the neck includes three pair triangles: (3)
1) blasting
2) (+) bladder tracheal
3) blatant trapezoid
4) (+) subsiduity
5) (+) sleepy

358. The composition of the lateral area of the neck includes two triangles: (2)
1) (+) the blade and crook
2) bladder tracheal
3) (+) bladder trapezoidal
4) Sonom

359. The breast-key-mining area is located between: (1)
1) Breast and a mastoid process
2) (+) front and lateral areas of the neck
3) side and rear areas of the neck

360. The contractile triangle is limited (set compliance):
1) Rear abdrush bubbly muscle (c) a) from above
2) the edge of the lower jaw (a) b) in front
3) front abdomen of bubbly muscles (b) c) from behind

361. Sleepy triangle is limited (set compliance):
1) the upper belt of the blade and speaking muscle (c) a) in front
2) Breast-curable-bed-like muscle (a) b) from behind
3) rear abdomen two-bit muscles (b) c) from above

362. The blade tracheal triangle is limited (set compliance):
1. BRAIN-COLLECTION-CHILDROWAL MUNGO (A) A) medial
2. The upper belt of the bladder - sub-speaking muscle (b) b) from above and lateral
3. The middle line of the neck (c) c) from the bottom and lateral

363. Determine the sequence of location from the surface in the depth of five fascia of the neck:

1) Intraged (4)
2) blade and crook (3)
3) Surface (1)
4) Poverty (5)
5) Own (2)

364. The composition of the lateral area of the neck includes two triangles: (2)

1. (+) The blade and keyful
2. (+) bladder trapezoidal
3. Logging
4. Sonom

365. The breast-clarity-bed-like area is located between: (1)

1. Clavicle and maternity process
2. (+) front and lateral areas of the neck
3. Side and rear regions of the neck

366. Within the subsidiary triangle, there are two fascia: (2)

1) (+) superficial
2) (+) Own
3) blasting-crook
4) Intraged
5) Poverty

367. Within the sleepy triangle there are four fascia: (4)

1) (+) superficial
2) (+) Own
3) blasting-crook
4) (+) intranular
5) (+) Poverty

368 within the explosive tracheal triangle there are four fascia: (41)

1) (+) superficial
2) (+) Own
3) (+) the blade and crook
4) (+) intranular
5) Poverty

369. Logging gland is located in a fascial bed formed by Fascian: (1)

1) Surface
2) (+) own
3) blasting
4) Intraged
5) Poverty

370. When removing the subband gland, it is possible to complicate in the form of strong bleeding due to damage to the artery adjacent to the gland: (1)

1) ascending pharyngeal
2) Fitness)
3) (+) the pagan

371. The oversized inter-pineurotic space is located between the fascia of the neck: (1)

1) (+) own and showerful-clavical
2) blade and clarifying and intracted

372. Performing the lower tracheostomy, the surgeon, passing the headband space, should be lost damage: (1)
1) (+) venous vessels
2) nerves
373. Preserceral space is between: (1)
1) own and showerful-clavical fascia
2) scaldable and entertaining fascia
3) (+) Parietal and visceral leaflets of intrafined fascia
4) intrafined and pre-arising fascia
374. The hospital delivered a heavy patient with purulent mediastine as a complication of a cap abscess. Pump came to the rear media section on: (1)
1) a surcharge of intelligible space
2) preserved space
3) Poverene space
4) (+) Retroversceral space
5) Vascular nerve vagina
375. The defense space is between: (1)
1) own and showerful-clavical fascia
2) The blade and croileous fascia and a parietal leaflet of the intracted fascia
3) (+) Parietal and visceral leaflets of intrafined fascia
4) intrafined and pre-arising fascia
376. When the lower tracheostomy is performed by the middle access after penetration into the principal space, strong bleeding suddenly occurred. Determine the damaged artery: (1)
1) ascending cervical
2) Lower Gundy
3) lower thyroid
4) (+) unpaired thyroid
378. When removing the subband gland, it is possible to complicate in the form of strong bleeding due to damage to the artery adjacent to the gland: (1)
1. Facial
2. Fitness
3. (+) Standing
379. The oversized inter-pineurotic space is located between the fascia of the neck: (1)
1. Surface and own
2. (+) own and showerful-clavish
380. Performing the lower tracheostomy, the surgeon, passing the head-per-sample space, should beware of damage: (1)
1. Arterial vessels
2. (+) venous vessels
381. Rear to the larynx arrives: (1)
1) (+) throat
2) the fraction of the thyroid gland
3) parathyroid glands
4) esophagus
5) cervical spine
382. Side of the larynx is two anatomical entities: (2)

1) sternum-puzzle muscle
2) Breast-thyroid muscle
3) (+) the fraction of the thyroid gland
4) (+) parathyroidglands
5) thyroidgland
6) shield-lift muscle

383. Three anatomical education are located in front of the larynx: (3)

1) Harness
2) (+) sternum-puzzle muscle
3) (+) Breast-thyroid muscle
4) the fraction of the thyroid gland
5) parathyroid glands
6) thyroid gland
7) (+) shield-lift muscle

384. The sympathetic barrel on the neck is between: (1)

1) Parietal and visceral leaflets of intracted fascia
2) intrafined and pre-arising fascia
3) (+) Poverty Facege and Long Muscle Neck

385. Wandering nerve, being in one fascial vagina with a common carotid artery and an inner jugular vein, is located in relation to these blood vessels: (1)

1) medially common carotid artery
2) in front between the artery and veloy
3) (+) from behind between the artery and veloy

386. To the paired muscles located ahead of the trachea include two: (2)

1) breast-curable-cottage
2) (+) sternum-ply
3) (+) Breast-thyroid
4) shield-subwit

387. Within the neck, the esophagus arrive to the rear wall of the trachea: (1)

1) (+) Speaking several left
2) Speaking somewhat right

388. With subtotal resection of the thyroid gland, a part of the gland containing parathyroid glands should be left. Such part is: (1)

1) Upper Pole Side Share
2) (+) Supported part of lateral fractions
3) Annert part of lateral fractions
4) lower pole side fraction

389. During the operation of the structure, performed under local anesthesia, when imposing clamps for blood vessels of the thyroid gland, the patient had witness voices due to: (1)

1. Harbor blood supply disorders
2. Completeness of the upper gentle nerve
3. (+) compressance of the return near nerve

390. Mostly the vascular-nervous beam of the neck, the total carotid artery and the inner jugular vein are relative to each other as follows: (1)

1) (+) artery medial, Vienna Lateral
2) Artea Lateral, Vienna MEDIAL

3) Archier in front, vein from behind
4) Arching from behind, vein in front

391. In the affected - strong bleeding from the deep sections of the neck. In order to dress the outer carotid artery, the surgeon was exposed in a sleepy triangle the place of dividing the total carotid artery to the outdoor and internal one. Determine the main sign that you can distinguish these artery from each other: (1)

1) internal carotid artery larger outdoor
2) The beginning of the internal carotid artery is located deeper and the dust relative to the beginning of the outer carotid artery.
3) (+) side branches depart from the outer carot artery

392. Predal gap is located between: (1)

1) (+) breast-curable and deputy and front staircase muscles
2) long muscle of neck and front staircase
3) front and medium staircase muscles

393. In the preliminary interval passes: (1)

1) plug-in artery
2) (+) Plug Vienna
3) shoulder plexus

394. Wandering nerve, being in one fascial vagina with a common carotid artery and an inner jugular vein, is located in relation to these blood vessels: (1)

1. Lateral than inner jugular veins
2. Front between the artery and veloy
3. (+) Rear between the artery and veloy

395. To the paired muscles, located ahead of the trachea, are two: (2)

1. Breast-crooking-cottage
2. (+) sternum-subwind
3. (+) Breast-thyroid
4. Bluado-ply

396. Within the neck, the esophagus arrive to the rear wall of the trachea: (1)

1. Strictly on the middle line
2. (+) Speaking several left

397. The diaphragmal nerve is located on: (1)

1) Breast-curable-preceding muscle over its own fascia
2) Breast-clarity-cottage muscle under its own fascia
3) the front staircase over the pre-showing fascia
4) (+) the front staircase under the presidency fascia
5) medium staircase over the pre-arising fascia
6) the middle staircase under the preloading fascia

398. Shoulder nervous plexus within the blade and keyful triangle is located: (1)

1) between own and scaldable-clavish fascia
2) between the blade and globular and pre-arising fascia
3) (+) under the forelane fascia

399. Install the correspondence between the departments of the plug-in artery and derived from these departments with arterial branches:

1) before entering the intersenter a) inner breast
Interval (A, B, D) Artery
2) in the park interval (d) b) vertebral artery

3) on the exit of the inter-sterry interval (c) c) transverse artery neck D) shield - cervical trunk
D) rib-cervical trunk

400. The needle gain point when carrying out a wagosympo blockade: (1)
1) the rear edge of the breast-curable-bed-like muscle at the level of its middle
2) (+) the rear edge of the breast-curable-bed-like muscle at the place of its intersection with the outer jugular vein
3) the front edge of the breast-curable-hospital muscle at the level of its middle
4) the front edge of the breast-curable-bed-like muscle at the level of the top edge of the thyroid cartilage

401. With subtotal resection of the thyroid gland, a part of the gland containing parathyroid glands should be left. Such part is: (1)
1. (+) Supported part of lateral fractions
2. Rear-line lateral sharing
3. Lower pole side share

402 Determine the sequence of the surgeon's actions performing the upper tracheostomy, after dissection of the middle line of the skin with subcutaneous tissue and surface fascia:
1) separation of blunt way and shifting the book of the thyroid gland (4)
2) Spreading the sternum-ply and sternum-thyroid muscles (2)
3) dissection of a white neckline (1)
4) dissection of a parietal leaf of intracted fascia (3)
5) Drying the wall of the trachea (6)
6) Launching fixation (5)

403. Determine the sequence of a surgeon's actions performing lower tracheostomy, after dissection on the middle line of the skin with subcutaneous tissue and surface fascia:
1) Owning the book of the Yarem Venous Arc (2)
2) Spreading the sternum-ply and breast-thyroid muscles (4)
3) dissection of the blade andocked fascia (3)
4) dissection of a parietal leaf of intracted fascia (5)
5) dissection of own fascia (1)
6) Drying the wall of the trachea (6)

404. Install the correspondence between tracheal dissemination violations in tracheostomy and possible complications:
1. Non-section dissection of the front wall of the trachea (c) a) necrosis rings trachea
2. section larger diameter cannula (d) b) tracheopic fistula
3. The cut is smaller than the diameter of the cannula (a) c) closing the lumen of the trachea
4. Damage to the back wall of the trachea (b) d) subcutaneous emphysema

405. Determine the three statements that characterize the operational access to the cervical esophagus: (3)
1) (+) Performed in the lower neck of the left
2) Performed in the bottom of the neck on the right
3) (+) The incision is carried out along the inner edge of the breast-curable-bed-like muscle

4) The incision is carried out along the outer edge of the breast-curable-bed-like muscle
5) (+) the exposure of the esophagus is carried out through the vagina of the breast-curable-bed-like muscle
6) the exposure of the esophagus is carried out through the vascular-nervous vagina

406. With subtotal resection of the thyroid gland, a part of the gland containing parathyroid glands should be left. Such part is: (1)

1. (+) Supported part of lateral fractions
2. Announcement of lateral fractions
3. Lower pole side share

407 Determine the sequence of a surgeon's actions performing the upper tracheostomy, after dissemination of the middle line of the skin with subcutaneous tissue and surface fascia:

1. Branch of the blunt way and shifting the book of the thyroid gland (4)
2. Spreading the sternum-ply and sternum-thyroid muscles (2)
3. Making a white neck line (1)
4. Dissection of a parietal leaf of intracted fascia (3)
5. Drying the walls of the trachea (6)
6. Laining fixation (5)

408. According to the classification proposed by V.N. Shevkunenko, on the neck allocate: (1)

1) two fascia
2) three fascia
3) four fascia
4) (+) five fascia
5) six fascia

409. Printed lymph nodes collect lymph from the departments of the face: (6)

1) (+) upper lips
2) (+) side hotels of the mucous membrane of the opposition of the mouth
3) (+) upper teeth
4) (+) lower teeth
5) (+) mid-language
6) (+) bottom of the oral cavity

410. Printed lymphatic nodes are located in a fascial case: (1)

1) Visor-nervous beam of the medial triangle neck
2) (+) lifting gland
3) facial veins
4) muscles of the mouth of the mouth

411. The bifurcation of the total carotid artery is more often located at: (1)

1) the angle of the lower jaw
2) (+) the upper edge of the thyroid cartilage
3) mid-thyroid cartilage
4) the lower edge of the thyroid cartilage

412. Two signs are characteristic of the outer carotid artery: (2)

1) (+) the presence of exhaust branches
2) the absence of side branches
3) (+) medial location
4) lateral location

5) Weak ripple compared to the internal carotid artery

413. When performing tracheotomy, the patient should be given the position:

1) (+) on the back: The head is trapped by the post, the roller is put under the blades
2) on the back: the head is turned left, the roller is put under the blades
3) on the back: the head is turned left, the right hand is drawn down
4) half-sideweled with the hollow head
5) lying on the right or left side

414. The bifurcation of the total carotid artery is more often located at: (1)

5) (+) the upper edge of the thyroid cartilage
6) sub-band bone
7) Mid-thyroid cartilage
8) the lower edge of the thyroid cartilage

415. To carry out a cut in tracheostomy, exactly in the middle line should be combined on one line in the neck of two guidelines: (2)

1) top cutting thyroid cartilage
2) the middle of the body of the sub-band bone
3) Middle Chin
4) thyroid gland
5) Mid-tireless Breasts

CHESTCAVITY

416. The surgeon, performing an advanced thoracotomy in the 6th interestreon, sequentially cuts the layers of the chest wall. Specify the sequence of dissection of its layers:

1. Irregular Fascination (7)
2. Breast Fascia (4)
3. Leather (1)
4. Outdoor and internal intercostal muscles (6)
5. Parietal pleura
6. Front gear muscle (5)
7. Surface Fascia (3)
8. Subcutaneous fatty fiber (2)
9. Sighter tissue (8)

417. When opening the intramammammary abscess, the radial cut should not move to the near-block circle due to: (1)

1. Damage to blood vessels
2. (+) damage to output ducts
3. Nipple deformations in the formation of the skin scar

418. Removal of breast muscles with fatty tissue with an extended mastectomy for cancer due to: (1)

1. Close anatomical bond between the breast and the big thoracic muscle
2. The ability to germinate a tumor into breast muscles
3. (+) Location in the subepoploral space of a group of lymph nodes

419 Metastasation for breast cancer can occur in various groups of regional lymph nodes under the influence of a number of specific conditions, including the localization of the tumor. Determine the most likely group of lymph nodes where metastasisation can occur when the tumor localization in the upper breast is: (1)

1. Breasts
2. (+) Plug
3. Subsecutoral

420. A small metastase was found in a patient with cancer of the left breast in the medial department of the right breast. Most likely path of metastasis: (1)

1. Hematogenic - due to the ingress of malignant cells through the chest duct into the bloodstream
2. Through metastasis in breast and mediochemical lymph nodes where Lymph can act from both mammary glands.
3. (+) on the connecting lymph vessels of the left and right mammary glands

421. When opening the intramammammarh abscess, a cut is applied: (2)

1. Vertical
2. (+) semicircular under the iron
3. (+) radial

422. Location of blood vessels and nerve in the intercostal vascular-nervous beam from top to bottom as follows: (1)

1. (+) Vienna, Artery, Nerve
2. nerve, artery, vein
3. Vienna, nerve, artery

423. The intercostal vascular-nerve bundle is most of all from under the edge of the edge on: (1)
1. (+) Front Breast Wall
2. Breast side wall
3. Rear Breast Wall

424. Performing front-side thoracotomy, the surgeon made a dissection of intercostal muscles on the front wall too close to the lower edge of the overlying edge, which created the danger of damage to one of the listed elements of the intercostal vascular-nerve beam: (1)
1. Artery
2. Vienna
3. (+) nerve

425. In case of a sideline, the clavicle has a damaged dome of the pleural, the standing height is on: (1)
1. 4-5 cm above the clavicle
2. (+) 2-3 cm above clavicle
3. Klyvitsky level
4. The level of the first edge

426. Payments in the pleural cavity, first of all, begins to accumulate in sinus: (1)
1. (+) editor-diaphragmal
2. Rib media
3. Medi-diaphragmal

427. When performing a diagnostic pleural puncture punctured: (1)
1. (+) Strangle-diaphragmal sinus
2. Rib Medarized Sine
3. Media-diaphragmal sinus

428. At the opening of the intramammar abscess, a cut is applied: (2)
1. (+) semicircular under the iron
2. Cross
3. (+) radial

429. Location of vessels and nerves in the intercostal vascular-nervous beam from top to bottom as follows: (1)
1. Artery, Vienna, nerve
2. (+) Vienna, Artery, Nerve
3. Nerve, Artery, Vienna

430. Metastasation for breast cancer can occur in various groups of regional lymph nodes under the influence of a number of specific conditions, including the localization of the tumor. Determine the most likely group of lymph nodes where metastasisation can occur when the tumor localization in the upper breast is: (1)
1. Breasts
2. (+) Plug
3. Middle

431. Install the match. Place pleural puncture:
1) between the front and middle A) in the VI or VII intercostal
axillary lines b) (+) in VII or VIII intercostal
2) between the middle and rear B) in the VIII or IX intercostal
axillarylines

3) (+) between the axillary and
Blank lines

432. When performing pleural puncture, the needle should be carried out through the intercostal interval: (1)

1. At the lower edge of the overlying rib
2. In the middle of the distance between the ribs
3. (+) at the upper edge of the underlying rib

433. Pneumothorax as a complication of pleural puncture may occur: (1)

1. When damaged the needle of the lung
2. (+) through the puncture needle

434. Intraper bleeding, as a complication of pleural puncture, may result from damage: (2)

1. Diaphragm
2. (+) liver
3. (+) spleen

435. With thoracotomy, the dissection of the intercostal interval should be carried out by: (1)

1. Lower edge of the overlying rib
2. (+) The middle of the intercostal
3. The upper edge of the underlying rib

436. The projection of the lung gates to the front chest wall most often corresponds to: (1)

1. I-III edges
2. (+) II-IV edges
3. III-V edges

437. At the left lung gate, the main armor and pulmonary vessels are located on top down in the following order: (1)

1. (+) Artery, Bronchi, Vienna
2. Bronchi, Artery, Vienna
3. Vienna, Bronchi, Artery

738. In the gate of the right lung, the main armor and pulmonary vessels are located on top down in the following order: (1)

1. Artery, Bronchi, Vienna
2. (+) Bronchi, Artery, Vienna
3. Vienna, Bronchi, Artery

439. Pneumothorax as a complication of pleural puncture may occur: (1)

1. If the needle is damaged
2. (+) through the puncture needle

440. Make a comparative anatomical characteristic of each main bronchus by setting conformity to three parameters:

1) left master armor (b, in, d) a) wider
2) the right main armor (A, G, E) b) already
C) longer
D) In short
E) is located horizontally
E) Located Aerctiveger

441. The child has a cherry bone accidentally fell into the respiratory tract, clogging one of the equity bronchi, which led to atelectasia lung's share. Determine the most likely position of the cherry bone: (1)
1. Upper-grade bronch
2. Middle-hearted bronchus of the right light
3. Low-stage bronchus of the left lung
4. (+) Lower Fallen Bronchum of the Right Lung

442. If necessary, an operational intervention on the main brumade should be launched the root of the lung, performing: (1)
1. Front-side thoracotomy
2. Side Thoracotomy
3. (+) rear-side thoracotomy

443. Projection of the gates of the lungs on the front chest wall most often corresponds to: (1)
1. (+) II-IV edges
2. III-V edges
3. IV-VI edges

444. Bronchial arteries in the amount of 2-4 to each lungs are branches: (1)
1. Internal chest arteries
2. (+) Breast Aorta Department
3. Rear intercostal arteries

445. Venenous blood from the lungs reaches mainly by the bronchial veins, flowing: (1)
1. To internal breast veins
2. In the intercostal veins
3. (+) in the unpaired and semi-regional veins

446. Lung segment is a plot of lung, in which: (1)
1. Segmental bronchi branches
2. (+) Segmental bronchi and the lung artery branch of the 3rd order branch
3. Segmental bronchi branch branch, the lung artery branch of the 3rd order and the corresponding vein is formed

447. Breast capsule formed: (1)
1. Breast's own fascia
2. (+) surface fascia
3. Clastic and thoracic fascia
4. Milk iron lies outside the fascia

448. The lymphatic node of Zorgius is: (1)
1. Over the clavicle behind the exterior edge of the breast-curable-bed-like muscle
2. In the course of the inner chest artery
3. In the center of the axillary depression
4. (+) under the outer edge of the big breast muscle at the level of the 3rd rib
5. Under the edge of the widest muscles of the back

449. For the opening of purulent mastits, two types of cuts are used: (2)
1. (+) radial towards the nipple
2. (+) Arcuated in the course of the transitional folds of the breast
3. Conducting
4. Transverse (horizontal)

450. Intercostal vascular-nerving beam is located: (1)
1. under the chest fascia
2. (+) between intercostal muscles
3. Under surface fascia
4. Between different tissues, depending on the departments of the chest wall

451. Internal chest artery moves away from: (1)
1. Mortgage artery
2. (+) subclavian artery
3. Outdoor carotid artery
4. Arc Aorts
5. Shchezhegol trunk

452. Internal chest artery is located: (2)
1. In the subephetoric tissue
2. Between intercostal muscles
3. (+) between the internal intercostal muscles and the transverse muscle of the chest
4. (+) in the preliminary tissue
5. Under a small chest muscle

453. Puncture of the pleural cavity with a spilled process is obtained with the position of the patient: (1)
1. Lying on the side
2. Lying on the stomach
3. (+) Sitting with bent torso
4. Poliysida
5. The position of the patient does not matter

454. Under the substitute resection of the rib, the periosteum dishes: (1)
1. P-shaped
2. Arcuate
3. Linear section
4. Cross-cut
5. (+) n-shaped

455. For the opening of purulent mastits, two types of cuts are used: (2)
1. (+) radial towards the nipple
2. (+) Arcuated in the course of the transitional folds of the breast
3. Longitudinal (vertical)
4. Transverse (horizontal)

456. Intercostal vascular-nerving beam is located: (1)
1. under the chest fascia
2. (+) between intercostal muscles
3. Inparapel fluid
4. Between different tissues, depending on the departments of the chest wall

457. After resection of the edge in order to introduce a drainage tube to the pleural cavity of the scalpel, the rear leaflet of the periosteum: (1)
1. Along the top edge of the rib
2. (+) in the middle
3. All of the above answers are correct.

458. The drainage tube after resection of the edge and its introduction to the splash cavity should be fixed to: (1)

1. Prieucian pleura
2. Intercostal muscles
3. (+) skin
4. Surface Fascia
5. Own fascia

459. The most severe disorders are observed at pneumothorax: (1)

1. Open
2. Closed
3. (+) valve
4. Spontaneous
5. Combined

460. The cervical wagosympathetic blockade during breast injuries is carried out with the goal: (1)

1. Alestruction
2. Reducing hypoxia phenomena
3. (+) fighting pleurpulmonal shock
4. Pneumonia prevention
5. Light hyperventilation

461. After resection of the rib with the aim of introducing a drainage tube to the pleural cavity of the scalpel, the rear leaflet of the periosteum: (1)

1. Along the bottom edge of the rib
2. (+) in the middle
3. All of the above answers are correct.
4. The dissection is determined by the peculiarities of the pathological process.

462. When the open pneumothorax is stamped into the first row of seams, you need to capture: (1)

1. Parietal pleura
2. Parietal pleura and intragenuary fascia
3. (+) Parietal pleura, intragenic fascia and intercostal muscles
4. All listed layers and surface muscles
5. All breast wall layers

MEDIASTINUM

463. The most accurate position of the frontal plane separating the mediastinum to the front and rear departments is (1):

1. (+) rear surfaces of the roots of the lungs and the rear wall of the trachea
2. Middle tracheas and main bronchi

464. Install the conformity of the mediastinal authorities:

1) frontmediastone (A, B, D) A) Milk iron
2) rear media (b) b) esophagus
C) heart with pericardium
D) trachea

465. Install the compliance of the vessels of the mediastinum departments:

1) Front mediastone (A, B, B, D, E) a) Upper Hollow Vienna
2) rear media (g, f, h) b) internal chest arteries
C) ascending aorta
D) breast duct

E) aortic arc
E) pulmonary trunk
G) downward aorta
3) unpaired and semi-park veins

466. Install the correspondence of the nerves of the mediastinal departments:

1) frontmediastone (c) a) wandering nerves
2) rear media (A, B, D) b) large and small internal nerves
C) diaphragmal nerves
D) sympathetic trunks

467. Determine the sequence of the location in front of the anatomical formations:

1) Aortic arc (3)
2) trachea (4)
3) Milk iron (1)
4) ShchezhegoleViennes (2)

468. The most accurate position of the frontal plane separating the mediastinum to the front and rear departments is (1):

1. (+) rear surfaces of the roots of the lungs and the rear wall of the trachea
2. The front surfaces of the lung roots

469. For people with a delaichorphic chest characteristic of the heart position (1)

1. (+) Vertical
2. oblique

470. Install the correspondence between the position of the wall shells and their nomenclature names:

A) myocardium, b) pericardium, c) endocard, d) epicard
1) Inner Heart Wall Sheath (B)
2) Medium Heart Wall Sheath (a)
3) outer sheath wall heart (g)
4) Ocoloserday bag (b)

471. Of the four chambers of the hearts involved in the formation of its ne-rare surface, the main is: (1)

1. Left atrium
2. Left ventricle
3. Right atrium
4. (+) Right ventricle

472. Of the three chambers of the heart, participating in the formation of its rear surface, the main is: (1)

1. (+) left atrium
2. Left ventricle
3. Right atrium

473. For people with a delaichorphic chest characteristic of the heart position (1)

1. (+) Vertical
2. Transverse

474. Of the three heart cameras involved in the formation of its lower surface, the main one is: (1)

1. Left atrium
2. (+) left ventricle
3. Right ventricle

475. The rear surface of the heart is addressed to the organs and vessels of the rear mediastinum, among which two formations directly to the wall of the heart: (2)
1. (+) thoracic aorta department
2. Breastbank
3. Unpaired Vienna
4. (+) esophagus
5. Selects Vienna

476. When the patient is performed by the CoronaryRographs of the X-ray-repeat substance introduced into the bloodstream of the heart of the ascending aorta, passes sequentially through all parts of the coronary circle of blood circulation and, together with blood, it turns out in the cavity of the right atrium. Specify the sequence of blood and x-ray-contrast substance on the coron-circulation of blood circulation:
1. Candy sinus heart (7)
2. Intragan artery (3)
3. Intoral veins (5)
4. Left and Right Crown Artery (1)
5. Microcirculatory course (4)
6. Subpiccardial arterial branches (2)
7. Subpiccardiale Vienna (6)

477. The front interventricular branch departs from: (1)
1. ascending aorta
2. (+) Left Crown Artery Heart
3. Light trunk
4. Left pulmonary artery

478. Rear interventricular branch departs from: (1)
1. ascending aorta
2. Left Crown Artery Heart
3. (+) the right corporal artery of the heart
4. The right pulmonary artery

479. Envelope branch departs from: (1)
1. ascending aorta
2. (+) Left Crown Artery Heart
3. Light trunk
4. Left pulmonary artery

480. In the obturation of the right-wing artery in a plot of a side edge of the heart, the localization of the focus of myocardial infarction in: (1)
1. The wall of the right atrium
2. The front wall of the right ventricle
3. (+) rear wall of the right ventricle
4. Rear wall of the left ventricle

481. When obstructing the envelope of the branch is most characteristic of the localization of the focus of myocardial infarction in: (1)
1. The front wall of the left atrium
2. The front wall of the left ventricle
3. Rear wall of the left atrium
4. (+) rear wall of the left ventricle

482. The front interventricular branch departs from: (1)
1. (+) Left Crown Artery Heart
2. The right corvene artery of the heart
3. Light trunk
4. Left pulmonary artery

483. Rear interventricular branch departs from: (1)
1. ascending aorta
2. (+) right-wing artery heart
3. Light trunk
4. The right pulmonary artery

484. Envelope branch from: (1)
1. ascending aorta
2. (+) Left Crown Artery Heart
3. The right corneous artery of the heart
4. Light trunk

485. In the obturation of the initial department of the front interventricular branch, the localization of the focus of myocardial infarction in: (1)
1. The wall of the left atrium
2. (+) the front wall of the left ventricle
3. The front wall of the right ventricle
4. Interventricular partition

486. Large vein heart is located in: (1)
1. The front interventricular furrow and the right department of the Crown
2. (+) the front interventricular furrow and the left Department of the VernoyGrozde
3. Rear interventricular furrow and right-hand
4. Rear interventricular furrow and the left Department of the Crown Groove

487. The bearer sinus of the heart is located in: (1)
1. Front interventricular furrow
2. (+) rear interventricular furrow
3. Left Department of the Vienna Grozdy
4. The right department of the coronary
5. The backyard of the left coronary

488. The bearer sinus of the heart flows into: (1)
1. Upper hollow vein
2. Bald Vienna
3. (+) Right atrium
4. Left atrium

489. The front veins of the hearts fall into: (1)
1. Large Vienna Heart
2. (+) Candy sinus heart
3. Right atrium

490. The most frequent operational access during heart operations is: (1)
1. (+) Left-sided front thoracotomy
2. Left-sided head-side thoracotomy
3. Longitudinal sternotomy
4. CrowdowPheleral transverse access

491. When stamping wounds, seams are superimposed: (1)

1. (+) nodal or P-shaped
2. nodal or continuous
3. P-shaped or continuous

492. For the surveillance operation of the wound wound, the following three statements are true: (3)

1. (+) Seams should be performed by atraumatic needles.
2. (+) on the wall of the heart perform nodal seams
3. When equipping the seams, endocardia cannot be calcined
4. (+) It is impossible to capture large subepicardial arteries in the seam

493. Pericarda puncture is performed most often at the Larreya point. Specify the location of it: (1)

1. (+) between the sword-shaped process and the left edge arc
2. In the 4th inter estreon to the left of the sternum

494. When performing pericardial puncture, the needle is carried out in the dasery of the pericardial cavity: (1)

1. Kosoy
2. (+) Front-bottom

495. In modern cardiac surgery, four operations are used to treat coronary heart disease: (4)

1. (+) Aorticorogonary shunting
2. (+) Balloon Dilatation of Crown Artery
3. (+) The imposition of the Vernial and Breast Anastomoz
4. Dressing internal chest arteries
5. Pericardiocardiocardia
6. (+) stenting of the coronary artery

496. When operating on an open arterial exchange, the most appropriate operational reception is: (1)

1) duct bandage without dissection
2) the intersection of the duct and the bandage of its ends
3) (+) the intersection of the duct and suturing its ends

497. Warm iron is: (1)

1) (+) in the upper part of the foreground
2) in the lower department of the foreground
3) in the upper section of the rear media
4) in the lower section of the rear media
5) on the border of the front and rear media

498. Behind and on the left to the upper hollow vein goes: (1)

1) (+) trachea
2) esophagus
3) Pericard and Heart
4) Milk Iron
5) ascending aorta

499. Unpaired Vienna often flows: (1)

1) in the front wall of the upper hollow
2) (+) in the rear wall of the upper hollow
3) on the right wall of the upper hollow
4) in the left wall of the upper hollow

5) there is no definite place of failure

500. On the front-left surface of the aortic arc are: (2)

1) the right wandering nerve
2) (+) the left wandering nerve
3) (+) left diaphragmal nerve
4) right diaphragmal nerve
5) leftsympathetictrunk

501. At the front-left surface of the aortic arcs are: (2)

1) the right wandering nerve
2) (+) the left wandering nerve
3) (+) left diaphragmal nerve
4) right diaphragmal nerve
5) left sympathetic trunk

502. The left return mountain nerve from the left wandering nerve usually leaves: (1)

1. Above the aortic arches
2. At the level of the front wall of the arc aorta
3. (+) at the lower edge of the aortic arc
4. On all the above levels
5. Returnal nerve in the chest cavity from the wandering does not leave

503. The right Returnal Guttural nerve from the right wandering nerve usually leaves: (1)

1. At the top edge of the right plug-in artery
2. (+) at the lower edge of the right plug-in artery
3. at the root level of the lung
4. At the placement of the shoulder barrel
5. At the level of the upper edge of the aortic arc

504. The root of the right lung on top of the envelopes: (1)

1. Aorta arc
2. Top Hollow Vienna
3. Right Shoulder Vienna
4. (+) Unpaired Vienna
5. Chest dash

505. In the rear mediastrium, the esophagus in all trails to: (1)

1. Midnapar Vienna
2. Left sympathetic trunk
3. (+) breast duct
4. Aorte
5. Fuck

506. For the surveillance operation of the wound wound, the following three statements are true: (3)

1. (+) Seams should be performed by atraumatic needles.
2. (+) on the wall of the heart perform nodal seams

3. On the wall of the heart perform continuous seam
4. (+) It is impossible to capture large subepicardial arteries in the seam

507. Pericardine puncture is performed most often at the Larreya point. Specify the location of it: (1)

1. (+) between the sword-shaped process and the left edge arc
2. Between the Mioso-shaped process and the right edge arc

508. When performing puncture of pericardia, the needle is carried out in the sickness of the pericardial cavity: (1)

1. (+) Front-bottom
2. Transverse

509. In modern cardiac surgery, four operations are used to treat coronary heart disease: (4)

1. (+) Aorticorogonary shunting
2. (+) Balloon Dilatation of Crown Artery
3. (+) Performance of the Vernial and Breast Anastomoz
4. Pericardiocardiocardiosia
5. Simpatectomy
6. (+) stenting of the coronary artery

510. Being in the pre-convertible fiber, the chest duct in the rear mediastum is located between: (1)

1) esophagus and semi-regional veloy
2) (+) chest aorta and unpaired veins
3) esophagus and sympathetic barrel
4) unpaired and semi-regional veins
5) the rear surface of the lung and semi-regional veins

ABDOMINAL WALL

511. The front abdominal wall with horizontal and vertical lines are divided into: (1)

1. 8 regions
2. (+) 9 regions
3. 10 regions
4. 12 regions

512. Performing upper-medal laparotomy, the surgeon sequentially cuts the layers of anterior abdominal wall. Specify the sequence of layers:

1. White belly line (4)
2. Leather with subcutaneous fatty tissue (1)
3. Parietal peritone (7)
4. Surface Fascia (2)
5. Transverse fascia (5)
6. Preventive fiber (6)
7. Own fascia (3)

513. When performing a transrectal section in the epigastric area, the surgeon sequences the layers of anterior abdominal wall. Specify the sequence of layers:

1. Rear wall of the vagina direct abdominal muscle (6)
2. Leather with subcutaneous fatty tissue (1)
3. Parietal peritone (9)
4. Front wall of the vagina direct abdominal muscle (4)
5. Surface Fascia (2)
6. Transverse fascia (7)
7. Prettartal fiber (8)
8. Direct abdominal muscle (5)
9. Own fascia (3)

514. The front abdominal wall with horizontal and vertical lines are divided into: (1)

1. (+) 9 regions
2. 10 regions
3. 11 regions
4. 12 regions

515. Specify the sequence of layers in the side of the abdomen:

1. Inner oblique muscle (5)
2. Leather with subcutaneous fatty tissue (1)
3. Outdoor oblique muscle (4)
4. Parietal peritone (9)
5. Surface Fascia (2)

1. Cross Muscle (6)
2. Transverse fascia (7)
3. Prealchery fiber (8)
4. Own fascia (3)

516. The surgeon performs an appneldectomy oblique variable section of Volkovich-Dyaconov in the right iliac region. Specify the sequence of passing the layers of this area:

1. Uponeurosis outer oblique abdominal muscle (5)
2. Internal oblique and transverse muscles (6)
3. Deep sheet of surface fascia (3)
4. Leather with subcutaneous fatty tissue (1)
5. Parietal peritone (9)
6. Surface Fascia (2)
7. Transverse fascia (7)
8. Prealchery fiber (8)
9. Own fascia (4)

517 One of the anatomical prerequisites for the development of umbilical hernia is the weakness of the umbilical rings in the region: (1)

1. His lower seightened
2. (+) upper semicondancy

3. Right seightened
4. Left seaside

518. White belly line is formed by: (1)

1. APONEOPRASE outer braid abdominal muscle
2. Uponodesurosis of the transverse abdominal muscle
3. (+) tendon beams of 3 pairs of wide abdominal muscles
4. Intrasty fascia

519. Within the navel, the abdominal wall is represented by the following four layers: (4)

1. (+) leather
2. (+) Surface Fascia
3. (+) Undermined fascia
4. INTERNAL FASSION
5. Preview alert
6. (+) Peruny

520. When carrying out a transfectal incision in the epigastria, the surgeon opened the front wall of the vagina's direct abdominal muscle. At the level above the semicircular line, the front wall of the vagina is formed: (1)

1) aponeurosis of the outer oblique, internal oblique and transverse muscles
2) (+) aponeurosis of the outer oblique and inner oblique muscle

521. With transrectual cuts, it is not recommended to cross the tendon lintels of direct abdominal muscles, which is due to the presence of this: (2)

1. Lymphatic vessels
2. (+) nervous plexuses
3. (+) powered blood vessels
4. Porto-Cavalny Anastomoses

522. Performing transrectal access in the legislative area, the surgeon reveals the vagina of the straight abdominal muscle. At the level below the semicircular lines, the front wall of the vagina is formed: (1)

1. Uponeurosis of the outer oblique muscle
2. (+) aponeurosis of the outer oblique, inner oblique and transverse muscles
3. Uponeurosis of the inner oblique muscle
4. aponeurosis of the external braid abdominal muscle and transverse fascia

523. White belly line is formed by: (1)

1. Uponeryosis of the inner oblique muscle
2. Uponodesurosis of the transverse abdominal muscle
3. (+) tendon beams of 3 pairs of wide abdominal muscles
4. Intrasty fascia

524. Within the navel, the abdominal wall is represented by the following four layers: (4)

1. (+) leather
2. Subcutaneous fatty fiber

3. (+) Surface Fascia
4. (+) Undermined fascia
5. Intrabity fascia
6. (+) Peruny

525. For the arterial perfusion of the lower limbs, the palterization of the lower left artery is produced. This vessel is located: (1)

1. In subcutaneous fatty tissue
2. Ahead of the direct abdominal muscle
3. In the thicker, the straight muscles of the abdomen
4. (+) Behind the straight abdominal muscle

526 The median bubble-bubble fold contains: (1)

1) obliterated umbilical artery
2) obliterated umbilical vein
3) (+) obliterated urinary duct
4) seeding duct

527. Performing transrectal access in the grave region, the surgeon reveals the vagina of the straight muscle of the abdomen. At the level below the semicircular lines, the front wall of the vagina is formed: (1)

1. Uponeurosis of the outer oblique muscle
2. (+) aponeurosis of the outer oblique, internal oblique and pop

530. When performing a transfectal incision in epigastria, the surgeon opened the front wall of the vagina's direct abdominal muscle. At the level above the semicircular line, the front wall of the vagina is formed: (1)

1. Uponormaroses of the outer oblique, inner oblique muscle and transverse fascia
2. (+) aponeurosis of the outer oblique and inner oblique muscle

531. In the right hypochritic region, are usually projected: (3)

1) (+) part of the right lobe of the liver
2) Selezenka.
3) (+) part of the right kidney
4) Tail of the pancreas
5) (+) Right bending of the colon
6) gallbladder

532. The area of the projection of the gallbladder on the front wall of the life is: (1)

1) the right side area of the abdomen
2) Undermined area
3) (+) Nadium region

533. On the front of the abdomen, the duodenum is projected in the following areas: (1)

1) in the right and left side
2) (+) Underlands and Top
3) in the rural and right side
4) in the umbilical and right side

534. The projection of the pancreas on the front of the abdomen corresponds to the following areas: (1)

1) left hypotherapy and left side
2) Undermined and left hypo
3) (+) the prey and left hypochrit
4) the right hypochrietary and fat
5) Undermined and fat

535. When examining a patient with an acute appendicitis, a surgeon to assess the state of a blind intestine and a heart-shaped process, taking into account their anatomical projection, palpates: (1)

1. Right side abdomen
2. Left side abdomen
3. (+) Right inguinal region
4. Lobkovaya area

536. The area of the projection of the gallbladder on the front wall of the life is: (1)

1. Right hypochritation area
2. Undermined area
3. (+) Supported region

537. On the advanced wall of the abdomen, the duodenum is projected in the following areas: (1)

1. In the right and left side
2. (+) Underlands and Top
3. In the left and left side
4. In the rural and right side

538. When examining a patient with an acute appendicitis, a surgeon to assess the state of a blind intestine and a heart-shaped process, taking into account their anatomical projection, palpates: (1)

1. Left side abdomen
2. (+) Right inguinal region
3. Left inguinal region
4. Lobkovaya area

539. The borders of the inguinal triangle are: (3)

1) horizontal line conducted from the upper front axle of the ileal bone to the navel
2) (+) groin bunch
3) (+) horizontal line conducted from the border between the outer and medium third length of the groove
4) (+) outer edge direct abdominal muscle

540. In the inguinal channel you can allocate: (1)

1) 4 walls and 4 holes
2) (+) 4 walls and 2 holes
3) 2 walls and 4 holes
4) 4 walls and 3 holes

541 borders of the inguinal triangle are: (3)

1. (+) groove bunch
2. (+) Horizontal line conducted from the border between the outer and medium third length of the groin ligament
3. (+) outer edge direct abdominal muscle
4. White line

542. The inguinal gap is: (1)

1. Distance between the outer and inland rings of the inguinal canal
2. (+) Distance between the inguinal bunch and the lower edges of the internal oblique and transverse muscles
3. Distance between the front and rear walls of the inguinal canal
4. Inguinal gap does not exist

543. Space under a groove is divided into: (1)

1. Herry, muscle and vascular lacuna
2. Herge and vascular lacuna
3. (+) Muscular and vascular lacuna
4. Muscular, vascular lacuna and female canal

544. Three education participate in the formation of the outer opening of the inguinal channel: (3)

1) (+) Splitted on the legs of the aponeurosis outer oblique muscle
2) transverse fascia
3) Surface Fascia
4) (+) pubic bone
5) (+) interchangeable fibers

545. The front wall of the inguinal canal is: (1)

1) transverse fascia
2) (+) aponeurosis outer oblique abdominal muscle
3) lower edges of the inner oblique and transverse muscles
4) groove bunch

546. The rear wall of the inguinal canal is formed: (1)

1) Parietal peritonean
2) (+) transverse fascia
3) aponeurosis of the outer oblique abdominal muscle

547. The lower wall of the inguinal canal is formed: (1)

1) lower edges of the inner oblique and transverse muscles
2) (+) groin bale
3) swing fascia
4) aponeurosis of the outer oblique abdominal muscle

548. Spegheliev Line is a line: (1)

1) spent on the edge of the right hypochondrium
2) connecting the front top of the ileal bone

3) (+) line of transition of muscle fibers of the transverse abdominal muscle in aponeurosis and projected by the outer edge of the live muscle of the abdomen

549. The lower edges of the inner oblique and transverse muscles are the wall of the inguinal canal: (1)

5) (+) upper
6) Nizhnya
7) front

550. The inguinal gap is: (1)

1. (+) Distance between the groove bundle and the lower edges of the internal oblique and transverse muscles
2. Distance between the groove bunch and transverse fascia
3. Distance between the front and rear walls of the inguinal canal
4. Inguinal gap does not exist

551. Space under a groin bunch is divided into: (1)

1. Herge and muscular lacuna
2. Herge and vascular lacuna
3. (+) Muscular and vascular lacuna
4. Muscular, vascular lacuna and female canal

552. Anatomical prerequisite for the formation of inguinal hernia is: (1)

1) Availability of inguinal gap
2) (+) the presence of a wide inguinal gap
3) the absence of inguinal gap
4) no intraperous fascia

553. In the inguinal channel you can allocate: (1)

1. (+) 4 walls and 2 holes
2. 2 walls and 4 holes
3. 4 walls and 3 holes

554. The patient is diagnosed with a straight grocery hernia. Anatomical by the exit of this type of hernia is: (1)

1) lateral groin yam
2) Summary
3) (+) Medial Packing Pack
4) Muscular lacuna
5) vascular lacuna

555. The front wall of the inguinal canal is: (1)

1. Parietal peritonean
2. (+) aponeurosis of the outer oblique abdominal muscle
3. Bottom edges of the inner oblique and transverse muscles
4. Pach bunch

556. The rear wall of the inguinal canal is formed: (1)

1. Pakhovoy Big
2. (+) transverse fascia

3. Uponeurosis of the external braid abdominal muscle

557. The lower wall of the inguinal canal is formed: (1)

1. Lower edges of the inner oblique and transverse muscles
2. (+) groin bale
3. Parietal peritoneum
4. aponeurosis of the outer braid abdominal muscle

558. Spegheliev Line is a line: (1)

1. spent on the edge of the right hypochondrium
2. spent on the edge of the left hypochondrium
3. (+) Line of the transition of muscle fibers of the transverse abdominal muscle in aponeurosis and projected by the outer edge of the live muscle of the abdomen

559. The lower edges of the inner oblique and transverse muscles are the wall of the inguinal canal: (1)

1. (+) upper
2. Rear
3. front

560. Anatomical place of the output of oblique groove hernia is: (1)

1. (+) Lateral groin yam
2. Medial Packing Pack
3. Muscular lacuna
4. Outpunny Yamca
5. Vascular lacuna

561. Anatomical prerequisite for the formation of inguinal hernia is: (1)

1. (+) The presence of a wide inguinal gap
2. The presence of a narrow ink
3. Lack of inguinal gap
4. No intraperous fascia

562. In the inguinal channel you can allocate: (1)

6. 3 walls and 3 holes
7. (+) 4 walls and 2 holes
8. 4 walls and 3 holes

563. The front wall of the femoral canal is: (1)

1. High Vienna
2. Deep sheet of wide fascia hips
3. (+) Surface leaf of wide fascia hips
4. Screw fascia

564. The rear wall of the femoral canal is: (1)

1) femoral vein
2) Surface leaf of wide fascia hips
3) (+) Great Fascia
4) groove bunch

565. With a retrograde infringement (hernia type "W") in the jewelry bag: (1)

1) loop fine
2) a bowl of colon
3) big gland
4) (+) somewhat small intestine loops
5) none of the options fit

566. Turning out the hernia bag in a patient with a disadvantaged groin hernia, the surgeon did not find altered intestinal dishes in it. In case of easy sinking for intestinal hinges from the abdominal cavity, the modified sections of the intestinal wall appeared. This forced him to think about the following form of infringement: (1)

1. Kalov
2. Prieuchena
3. (+) retrograde
4. Elastic

567. The front wall of the femoral canal is: (1)

1. High Artery
2. Deep sheet of wide fascia hips
3. (+) Surface leaf of wide fascia hips
4. Screw fascia

568. The rear wall of the femoral canal is: (1)

1. High Vienna
2. Poor nerve
3. Surface leaf of wide fascia hips
4. (+) Great Fascia

569. During a surgery, the surgeon drew attention to a significant amount of fatty tissue on the posterior wall of the junk bag. The hernia bag contained loops of the small intestine, the blind and part of the ascending colon. Surgeon established availability: (1)

1. Improved hernia
2. Congenital hernia
3. (+) sliding hernia

570. The rear wall of the inguinal canal strengthen: (1)

1. With oblique gneezhe
2. (+) With a direct groin hernia
3. With congenital groin hernia
4. Determined by the desire of the surgeon

571. The incision during the operation about the groin hernia is: (1)

1. Parallel to the groin bundle 2 cm below it
2. (+) parallel to the groove bundle 2 cm above it
3. According to the projection of the groove
4. Above hernial bag

572. Indications for emergency operation are the following hernias of an advanced abdominal wall: (1)

1. (+) Published
2. Sliding
3. Unspecable
4. All of the listed

573. When plastic in the inguinal canal according to the bassinity method, the groove is laid: (1)

1. Over the seed campus the lower edges of the inner oblique and in the pepper muscle
2. Under the seed cord of the edge of the muscles and the flap of the aponeurosis of the outer oblique abdominal muscle
3. (+) under the seed campus the lower edges of the inner oblique and in the list of pepper muscles, and over the rope - the flap of the aponeurosis by the scale of the abdominal muscle

574. Plastic in the inguinal channel according to the method of Girard-Spirkukovooso Schw Kimbarovsky in Hernia Surgery is used to treat hernia: (1)

1. Disadvantaged
2. (+) oblique inguinal
3. Direct grooves
4. Channel channel
5. Undermines

575. Indications for emergency operation are the following hernias of an advanced abdominal wall: (1)

1. Congenital
2. (+) Published
3. Unspecable
4. All of the listed

576. When plastic in the inguinal canal according to the method of bassini to a groin bunch: (1)

1. Under the seed cords of the edge of the muscles and the flap of the aponeurosis of the outer oblique abdominal muscle
2. (+) under the seed campus the lower edges of the inner oblique and in the list of pepper muscles, and over the cords - the flap of the aponeurosis by the scale of the abdominal muscle
3. Over the seed cords of the flap aponeurosis outer oblique abdominal muscle

577. With the plastic of the femoral channel on the bassinity, it is stitched by its walls: (1)

1. Rear and media
2. lateral and media
3. (+) Front and rear
4. Front and medial

578. The rear wall of the inguinal canal strengthen: (1)

1. (+) With a direct groin hernia
2. With congenital groin hernia
3. With the disadvantaged hernia
4. Determined by the desire of the surgeon

579. The incision when surpassing the groin hernia is: (1)

1. Parallel to the groin bundle 2 cm below it
2. (+) parallel to the groove bundle 2 cm above it
3. According to the projection of the groove
4. Horizontally on the boundary of the outer and middle third of the length of the groove bundle

580. In the patient after the operation of the hernia, about the oblique gentle hernia in the near-postoperative period, a small swelling of the scrotum was observed, thickening of the seed rope and the egg seal. The reason for this was the following technical error: (1)

1. Capture in seams of iliac-inguinal nerve
2. Capture in the seam of the iliac-grade nerve
3. (+) Infringement of seed rope
4. Capture in seam of the floor branch of the femoral-sex nerve

581. When forming a sliding hernia, the wall of the junk bag can be all organs except: (1)

1. The descending division of the colon
2. Blind gut
3. bladder
4. (+) Toling

582. The seed edge includes three anatomical elements: (3)

1. (+) seed-moving duct
2. Urinary duct.
3. (+) vessels and the nerves of the seed-handing duct and eggs
4. (+) Details of the vaginal abnormal process
5. iliac-grade nerve

583. With the plastic of the femoral canal on the bassini, it is stitched by its walls: (1)

1. Rear and lateral
2. lateral and media
3. (+) Front and rear
4. Front and medial

584. In a patient after the operation of the hernias, there was a small swelling of the scrotum in the nearest postoperative period, a small edema of the scrotum, the thickening of the seed canopa and the egg seal were observed. The reason for this was the following technical error: (1)

1. Capture in the suture of the muscle raising the testicle
2. Capture in the seam of the iliac-grade nerve
3. (+) Infringement of seed rope

4. Capture in seam of the floor branch of the femoral-sex nerve

585. When forming a sliding hernia, the wall of the junk bag can be all organs except: (1)

1. The ascending Department of the Colon
2. Blind gut
3. bladder
4. (+) Toling

586. Middle Laparotomic Accessories respond to three requirements: (3)

1. (+) ensure compliance of the incision of an anatomical projection of the organ
2. (+) provide sufficient exposure of the organ
3. (+) have low traumatic
4. Provide the formation of a solid postoperative scar

587. The "Crown of Death" is an option for the emergence of the artery: (1)

1. Femren
2. Nadd-free
3. (+) lockable
4. Internal iliac

588. With the plastic of the umbilical hernia, the MEYO method connects the following fabrics: (1)

1. Right and left edge of the aponeurosis of wide abdominal muscles
2. (+) Upper and lower edge of the aponeurosis wide abdominal muscles
3. Inner edges of the aponeurosis of the outer oblique muscle
4. Interior edges of their own fascia

589. With the plastic of the umbilical hernia, the following fabrics combine the following fabrics: (1)

1. Upper and lower edge of the aponeurosis of three wide abdominal muscles
2. (+) The inner edges of the aponeurosis of three wide abdominal muscles
3. Internal edges of the aponeurosis of the inner oblique muscle
4. Inner edges of the aponeurosis of the outer oblique muscle

590. When performing medium-median laparotomy: (1)

1. The navel bypass right
2. (+) Pup's bypassing on the left
3. Pupil dissect across
4. The choice of the part does not matter

591. Transverse laparotomic access responds with three requirements: (3)

1. (+) ensure compliance of the incision of an anatomical projection of the organ
2. (+) provide sufficient exposure of the organ
3. Possess low traumatic
4. (+) ensure the formation of a solid postoperative scar

592. One of the symptoms of a number of diseases accompanied by a stagnation in the system of a portal vein is the expansion of subcutaneous veins in the umbilical region of the front abdominal wall. This is due to the presence here: (1)

1. Arterio-venous shunts
2. Kava-Cavalny Anastomoses
3. Lymphonic venous anastomoses
4. (+) Porto-Cavalny Anastomoses

593. "Corona of Death" is an artery disheaval option: (1)

1. Updated Nizhnya
2. Upper Topper
3. (+) lockable
4. Internal iliac

594. With the plastic of the umbilical hernia, the meyo method connect the following fabrics: (1)

5. Right and left edge of the aponeurosis of wide abdominal muscles
6. (+) Upper and lower edge of the aponeurosis wide abdominal muscles
7. Inner edges of the direct abdominal muscle
8. Inner edges of the aponeurosis of the outer oblique muscle

595. The upper and lower left arteries with the accompanying veins accompanying: (1)

1. In subcutaneous fatty tissue
2. In the vagina direct abdominal muscles ahead of the muscles
3. (+) In the vagina direct abdominal muscles behind the muscles
4. In the prettier fiber

596. With the plastic of the umbilical hernia, the following fabrics combine the following fabrics: (1)

1. Internal edges of the live abdominal muscle
2. (+) The inner edges of the aponeurosis of three wide abdominal muscles
3. Internal edges of the aponeurosis of the inner oblique muscle
4. Inner edges of the aponeurosis of the outer oblique muscle

597. When performing medium-median laparotomy: (1)

1. The navel bypass right
2. (+) Pup's bypassing on the left
3. The navel dissect along
4. The choice of the part does not matter

598. Portochpatography is carried out through: (1)

1. (+) Undermined Vienna
2. Undermined artery
3. Hepatic Vienna
4. Large subcutaneous vein
5. Lower hollow vein

599. The dome of the diaphragm on the right on the midcurbicular line is located at the rib level: (1)

1. (+) IV
2. V.

3. VI
4. VII.

600 Dome of the diaphragm on the left of the midcurcular line is located at the rib level: (1)

1. III
2. IV
3. (+) V
4. VI

601. Breast lymphatic duct passes through a diaphragm with: (1)

1. Esword
2. Sympathetic barrel
3. (+) Aorta
4. Wandering nerves

602. The unpaired and semi-park veins pass through a diaphragm of the retroperitoneal space to the mediastinum: (1)

1. (+) between the medial and medium legs of the diaphragm
2. Between the medium and lateral legs of the diaphragm
3. Through aortic hole
4. Together with the lower hollow veloy
5. Through a tendral center of the diaphragm

603. Dome of the diaphragm on the right of the midcurbicular line is located at the rib level: (1)

1. III
2. (+) IV
3. V.
4. VI

604. Dome of the diaphragm on the left of the middle-hearth line is located at the rib level: (1)

1. IV
2. (+) V
3. VI
4. VII.

605. To the so-called weak points of the diaphragms in which the diaphragmal hernias may occur include the following three: (3)

1. (+) Breast-Rib Triangle
2. Hole of the hollow vein
3. (+) Ecoming Hole
4. (+) Lumbar-Rib Triangle

606. Breast lymphatic duct passes through a diaphragm with: (1)

1. Unpaired Vienna
2. Sympathetic barrel
3. (+) Aorta

4. Wandering nerves

607. To the so-called weak points of the diaphragms in which diaphragmal hernias may occur include the following three: (3)

1. Aortic hole
2. (+) Breast-Rib Triangle
3. (+) Ecoming Hole
4. (+) Lumbar-Rib Triangle

ABDOMINAL CAVITY

608. The projection line on the front abdominal wall, the corresponding border between the upper and lower floors of the abdominal cavity is carried out between: (1)

1. (+) lower points x ribs
2. Lower points of XII Ribs

609. The upper and lower floors of the abdominal cavity shares: (1)

1. Gastrointestinal bunch
2. (+) mesenter of transverse colon

610. In the upper floor of the abdominal cavity there are 4 organs: (4)

1. Rising colon
2. (+) stomach
3. (+) Liver with bubble
4. (+) pancreas
5. (+) spleen

611. Performing upper median laparotomy, the surgeon is able to revise the three abdominal organs: (3)

1. ascending colon
2. (+) stomach
3. Downward colon
4. (+) liver
5. (+) spleen

612. For its position, the duodenum refers: (1)

1. To the lower floor of the abdominal cavity
2. (+) Located in both floors

613. The authorities of the abdominal cavity are five: (5)

1. (+) Rising colon
2. (+) descending colon
3. Liver with gall bubble
4. Spleen
5. (+) blind intestine with a heart-shaped process
6. (+) Sigmid
7. (+) Skinny and iliac

614. For its position, the duodenum refers: (1)

1. To the upper floor of the abdominal cavity

2. (+) Located in both floors

615. The projection line on the front abdominal wall, the corresponding border between the upper and lower floors of the abdominal cavity is carried out between: (1)

1. (+) lower points x ribs
2. The upper points of the wings of the ileum bones

616. The upper and lower floors of the abdominal cavity shares: (1)

1. Large seal
2. (+) mesenter of transverse colon
3. Fine gut mesentery

617. The upper and lower floors of the abdominal cavity shares: (1)

1. (+) Brysenter of the transverse colon
2. Bryzheka small intestine

618. In the upper floor of the abdominal cavity there are 4 organs: (4)

3. (+) stomach
4. (+) Liver with bubble
5. (+) pancreas
6. (+) spleen
7. Sleeping gut with a heart-shaped process

619. Performing an upper median laparotomy, the surgeon gets the possibility of revising the three organs of the abdominal cavity: (3)

1. (+) stomach
2. downward colon
3. (+) liver
4. (+) spleen
5. Thorning gut

620. In the upper floor of the abdominal cavity there are 4 organs: (4)

1. (+) stomach
2. (+) Liver with bubble
3. (+) pancreas
4. (+) spleen
5. Sleeping gut with a heart-shaped process
6. Skinny and iliac

621. From the listed organs are covered with trouser intraperitoneal: (6)

7. (+) stomach
8. (+) Skinny and iliac
9. (+) Sleeping
10. (+) Cell-shaped process
11. Rising colon
12. (+) transverse colon
13. (+) Sigmid

622. From the listed organs are covered with peritoneous mesoperitoneal: (3)

1. (+) Liver
2. SELEZENKA
3. Pancreas
4. duodenal gut
5. (+) Rising colon
6. Transverse colon
7. (+) Downward colon

623. From the listed organs are covered with peritinous extperperitoneal: (2)

1. Stomach
2. (+) pancreas
3. SELEZENKA
4. (+) duodenum
5. Sleeping gut

624 In the upper floor of the abdominal cavity there are 4 organs: (4)

1. (+) stomach
2. (+) Liver with bubble
3. (+) pancreas
4. (+) spleen
5. Sigmoid gut
6. Skinny and iliac

625. From the listed bodies are covered with peritinous mesoperitoneal: (3)

1. Stomach
2. (+) Liver
3. Pancreas
4. duodenal gut
5. (+) Rising colon
6. Transverse colon
7. (+) Downward colon

626. From the digestive tract departments has the most pronounced muscular shell: (1)

1. (+) stomach
2. duodenal gut
3. Skinny gut
4. iliac gut
5. Thick intestine

627. The wall of the small intestine contains the number of cases: (1)

1. (+) 2
2. 3.
3. 4.
4. 5.

628. One of the principles of abdominal surgery is the operating on the body withdrawn. Determine the organs that can be removed into the laparotomous incision of the anterior abdominal wall without additional mobilization: (4)

1. Stomach
2. duodenal gut
3. (+) Skinny and iliac
4. (+) blind intestine with a worm-shaped process
5. Rising colon
6. (+) transverse colon
7. Descending colon
8. (+) Sigmid

629. From the listed bodies are covered with peritinous extperperitoneal: (2)

1. (+) pancreas
2. spleen
3. (+) duodenal gut
4. Sleeping gut

630 In the upper floor of the abdominal cavity are 4 organs: (4)

1. (+) stomach
2. (+) Liver with bubble
3. (+) pancreas
4. (+) spleen
5. Skinny and iliac

631. From the listed bodies are covered with peritinous mesoperitoneal: (3)

1. Stomach
2. (+) Liver
3. duodenal gut
4. (+) Rising colon
5. Transverse colon
6. (+) descending colon

632. From the digestive tract departments has the most pronounced muscular shell: (1)

1. (+) Stomach
2. Delighteentum
3. Skinny gut
4. iliac gut
5. Thick intestine

633. From the listed bodies are covered with peritinous extperperitoneal: (2)

1. Liver
2. (+) pancreas
3. spleen
4. (+) duodenum
5. Sleeping gut

634. From the digestive tract departments has the most pronounced muscular shell: (1)

1. Food
2. (+) stomach
3. Skinny gut
4. iliac gut
5. Thick intestine

635. The wall of the small intestine contains the number of cases: (1)

1) 1
2) (+) 2
3) 3.
4) 5.

636. In the upper floor of the abdominal cavity there are 4 organs: (4)

1. (+) stomach
2. Descending colon
3. (+) Liver with bubble
4. (+) pancreas
5. (+) spleen
6. Sigmidian

637. In the course of operational intervention, after additional mobilization (dissection of peritoneal ligaments), an organ: (1) can be thrown into operational wound.

6. (+) stomach
7. transverse colon
8. Pancreas

638. With abdominal operations, three organs cannot be displayed in an operating wound due to the peculiarities of their location, fixation and penetration cover: (3)

1. (+) Liver
2. (+) duodenum
3. SELEZENKA
4. (+) pancreas
5. Sleeping gut

639. Install the appropriate anatomical formations that form the borders of the hepatic bag:

1) from above (D) a) side wall of the abdomen
2) in front (in, e) b) coronary bunch of liver
3) Rear (b) c) Front abdominal wall
4) from below (d) d) transverse colon
5) Right (a) d) the right dome of the diaphragm
6) left (g) e) rib arc

1. G) cherry bunch of liver

640. When examining a patient with the spinning of the stomach ulcers, the symptom of the disappearance of hepatic stupidity is performed, which is due to the accumulation of air in: (1)

1. Left subadiaphragmal space
2. Guide
3. SUBNIPTION
4. (+) right subiaphragmal space

641. In the course of surgical intervention, after additional mobilization (dissection of permanent ligaments), the body can be thrown into operational wound: (1)

1. Liver
2. (+) stomach
3. Pancreas

642 In the upper floor of the abdominal cavity there are 4 organs: (4)

1. (+) stomach
2. (+) Liver with bubble
3. (+) pancreas
4. (+) spleen
5. Sigmoid gut

643. In the course of operational intervention, after additional mobilization (dissection of permanent ligaments), an organ: (1) can be thrown into operational wound.

1. (+) stomach
2. Pancreas

644. With abdominal operations, three organs cannot be displayed in an operating wound due to the peculiarities of their location, fixation and penetration cover: (3)

1. (+) Liver
2. (+) duodenum
3. (+) pancreas
4. Sleeping gut

645. With abdominal operations, three organs cannot be displayed in an operating wound due to the peculiarities of their location, fixation and penetration coverage: (3)

1. (+) Liver
2. Stomach
3. (+) duodenal gut
4. (+) pancreas
5. Sleeping gut

646. When the stomach ulcers are performed, the exit air accumulates primarily in the highest place of the abdominal cavity, which is: (1)

1. Left subadiaphragmatic space
2. (+) Right subiaphragmatic space
3. Barbag
4. Guide

647. With abdominal operations, three organs cannot be displayed in an operating wound due to the peculiarities of their location, fixation and penetration coverage: (3)

a. (+) Liver
b. (+) duodenum
c. (+) pancreas
d. Sleeping gut

648. Install the appropriate anatomical formations that form the boundaries of the bargaining bag:

1) from above (b)	a) side wall of the abdomen
2) bottom (e)	b) diaphragm
3) in front (d)	c) stomach
4) Rear (in, d)	d) Small gland
5) Right (g)	d) Front abdominal wall
6) Left (a)	e) transverse colon
	g) cherry bunch of liver

649. In the bargain bag are: (12)

1. Gallbladder
2. (+) left lodge
3. Pancreas
4. (+) spleen

650. From the listed bodies are covered with trouser intraperitoneal: (6)

1. (+) stomach
2. (+) Skinny and iliac
3. (+) Sleeping
4. (+) Cell-shaped process
5. (+) transverse colon
6. Descending colon
7. (+) Sigmid

651. The abdominal cavity authorities include five: (5)

1. (+) Rising colon
2. Stomach
3. (+) descending colon
4. Pancreas
5. Searenka.
6. (+) blind intestine with a heart-shaped process
7. (+) Sigmid
8. (+) Skinny and iliac

652. In the bargain bag are: (12)

1. (+) left lodge
2. Pancreas
3. Right Liver Share

4. (+) spleen

653. Sickle bunch of liver shares: (1)

1. (+) Right and left subiaphragmatic spaces
2. SUNNY SPACE AND SLEEPING BUB

654. All Education, except: (1)

1. Horizontal part of the duodenum
2. Hepatic curvature of transverse colon
3. (+) large gland
4. Upper pole of the right kidney

655. Pushun covers the liver from all sides, besides its surface: (1)

1. Upper
2. Front
3. (+) rear
4. All answers are incorrect

656. The right side canal of the abdominal cavity communicates with all the formations except: (1)

1. Hepatic bag
2. SUNTING SPACE
3. Casually small pelvis
4. cavities in the gland bag
5. (+) right mesenteric sinus

657. In the bargain bag are: (12)

1. Gallbladder
2. (+) left lodge
3. Pancreas
4. (+) spleen
5. PrzodzhatkijoviyKoltka

658. From the listed bodies are covered with trouser intraperitoneal: (6)

1. (+) stomach
2. (+) Skinny and iliac
3. (+) Sleeping
4. (+) Cell-shaped process
5. (+) transverse colon
6. Descending colon
7. (+) Sigmid
8. Pancreas

659. The authorities of the abdominal cavity are five: (5)

1. (+) Rising colon
2. Stomach
3. (+) descending colon
4. Selezenka
5. (+) blind intestine with a heart-shaped process

6. (+) Sigmid
7. (+) Skinny and iliac

660. Sick-shaped liver bunch shares: (1)

1. Guideline and Pregnant Bag
2. (+) Right and left subiaphragmatic spaces

661. All Education, except: (1), will be adjacent to the lower liver surface.

1. Horizontal part of the duodenum
2. (+) large gland
3. Upper pole of the right kidney

662. Pushun covers the liver from all sides, besides its surface: (1)

1. Front
2. (+) rear
3. All options for answers are incorrect

663. The left side canal of the abdominal cavity is communicated with: (1)

1. Heat bag
2. Bysting space
3. (+) The cavity of a small pelvis
4. The cavity of the gland bag
5. Left mesenter sinus

664. All Education, except: (1)

1. Stomach
2. Horizontal part of the duodenum
3. (+) large gland
4. Upper pole of the right kidney

665. Pushun covers the liver from all sides, besides its surface: (1)

1. Upper
2. Front
3. (+) rear
4. All answers are incorrect

666. The following three ligaments include the following three ligaments: (3)

1. (+) diaphragm and gastric
2. Gastrointestinal
3. (+) hepatic duodenal
4. (+) Liver and gastric

667. In relation to the vertebral pillar, the gallbladder is at the vertebral level: (1)

1. X chest
2. XI chest
3. (+) i lumbar
4. Ipoya

668. Know the components of the parties of the triangle Calo is necessary when performing: (1)

1. Cholecystostomy

2. Cholecystoyunastomoz
3. Cholecyshoduodenaistomoz
4. (+) cholecystectomy
5. Recreation of the liver

669. Install the appropriate anatomical formations that form the walls of the gland bag:

1. upper (g
2. Lower (A, E
3. front (b, c, d
4. rear (D

a) mesenter transverse colon
b) stomach
c) gastrointestinal bunch
d) small gland
e) rear sheet of parietal peritoneum
f) transverse colon
g) taper share of the liver

670. All formations in addition to the back of the stomach, except: (2)

1. (+) left lobe liver
2. Rear sheet of parietal peritoneum
3. Pancreas
4. (+) spleen
5. Abdominal aorta

671. The following three bundles include the following three ligaments: (3)

1. (+) diaphragm and gastric
2. Gastrointestinal
3. (+) hepatic duodenal
4. (+) Liver and gastric

672. The following three bundles include the following three ligaments: (3)

1. (+) diaphragm and gastric
2. Gastrointestinal
3. Spiece-colon
4. (+) hepatic duodenal
5. (+) Liver and gastric

673. In relation to the vertebral pillar, the gallbladder is at the vertebral level: (1)

1. IX chest
2. XI chest
3. (+) i lumbar
4. Ipoya

674. In relation to the vertebral pillar, the gallbladder is at the vertebral level: (1)

1. XI chest
2. XII chest
3. (+) i lumbar

675. All formations in front of the stomach, except: (21)

1. (+) transverse colon
2. Front abdominal wall

3. (+) fine intestine

676. Install the appropriate anatomical formations forming the borders of the stuffing hole:

1) Upper (d)
2) Lower (c)
3) rear (b) and duodenal gut

a) Liver and duodenal bunch
b) Liver and renal bunch and lower hollow vein
c) renal-duodenal bunch
D) tail fraction of liver

677. In a patient with a sprinkling of the rear wall of the stomach, the gastric contents were in the right iliac yam at the blind intestine, where they caused symptoms simulating the attack of appendicitis. Specify 4 formations that make up the consistent path of income of the gastric content in this area: (4)

1. SUNNY SPACE (3)
2. Right side channel (4)
3. Right mesenter sinus
4. Barbag
5. Suite Bag (1)
6. Selnitic hole (2)
7. The gap ahead of the transverse colon

694. Intraper hernias can occur in the following three places of the abdominal cavity, in accordance with the location of the permanent pockets: (3)

1. (+) Behind the twelve-dimensional bend
2. (+) in the region of the ileocecal corner
3. In the region of the hepatic bending of the colon
4. In the region of the sealer bending of the colon
5. (+) Behind the mesentery of the sigmoid gut
6. Ahead of the mesentery of the Sigmid

695. The most likely ways of spreading purulent peritonitis from the right side channel are two: (2)

1. (+) Hepatic Bag
2. Right mesenter sinus
3. (+) Brown pelvis

696. The lateral border of the right-hand mesenteric sinus is: (1)

1. The root of the mesentery of the small intestine
2. (+) Medical edge of the ascending colon
3. Right side wall of the abdomen
4. Lateral edge of the ascending colon

697. The most likely ways of spreading purulent peritonitis from the right side channel are two: (2)

1. (+) Hepatic Bag
2. Left mesenter sinus
3. Left side canal
4. (+) Bridal floor of a small pelvis

698. The patient purulent appendicitis was complicated by the formation of intraperitoneal subadiaphragmal abscess. Determine the path of distribution of infection by: (1)

1. Big sanguisa
2. (+) Right side canal
3. Agricultural fiber of ascending colon

699. The stomach is bustling with arteries, outgoing: (1)

1. (+) only from the vent
2. Only from the upper mesenteric artery

700. Left gastrointestinal artery originates from: (1)

1. Left gastric artery
2. Crying trunk
3. Right gastric artery
4. (+) spleen artery
5. Upper mesenteric artery

701. In the system of the upper floor of the vein, the blood from the stomach is subject to veins: (1)

1. Spilenkoe
2. Left gastrointestinal
3. Left ventricle
4. (+) gastrointestinal

702. The most likely by the spread of purulent peritalis from the right mesenteric sinus is: (1)

1. (+) Left mesenter sinus
2. Left side canal

703. The duodenum is bustling all arteries, except: (1)

1. Right gastric artery
2. Right gastrointestinal artery
3. Upper pancreatic-duodenal artery
4. Bottom pancreatic and duodenal artery
5. (+) the right renal artery

704. In a patient, purulent appendicitis was complicated by the formation of intraperitoneal subadiaphragmal abscess. Determine the path of distribution of infection by: (1)

1. The front wall of the ascending colon
2. (+) Right side canal
3. Agricultural fiber of ascending colon

705. The stomach is bustling with arteries, outgoing: (1)

1. (+) only from the vent
2. From the ventricular barrel and the upper mesenteric artery

706. The most likely by the spread of purulent perita from the right mesenteric sinus is: (1)

1. (+) Left mesenter sinus

2. Right side channel

707. The lateral border of the right-hand mesenter sinus is: (1)

1. The root of the mesentery of the small intestine
2. (+) Medical edge of the ascending colon
3. Lateral edge of the rising colon

708. The most likely ways of spreading purulent peritonitis from the right side channel are two: (2)

1. (+) Hepatic Bag
2. Left mesenter sinus
3. (+) Brown pelvis

709. The patient purulent appendicitis was complicated by the formation of intraperitoneal subadiaphragmal abscess. Determine the path of distribution of infection by: (1)

1. (+) Right side canal
2. Agricultural fiber of ascending colon

710. Left gastrointestinal artery originates from: (1)

1. Clawed trunk
2. Right gastric artery
3. (+) spleen artery
4. Upper mesenteric artery

711. In the system of the upper floor of the vein, blood from the stomach is subject to veins: (1)

1. Left gastrointestinal
2. Left ventricle
3. (+) gastrointestinal

712. The blood vein system from the stomach is subject to veins: (4)

1. (+) spleen
2. (+) Right gastrointestinal
3. (+) Left Gastrointestinal
4. (+) left gastric
5. All response options are incorrect

713. One of the complications of the stomach ulcer disease is gastric bleeding. Most often to this brought ulcers located on: (1)

1. The front wall of the body of the stomach
2. The rear wall of the body of the stomach
3. (+) Small Curvatus of the Stomach
4. Great Curvatina Stomach

714. With a subtotal resection of the stomach during its mobilization of its large curvature, not only gastrointestinal, but also a gastrointestinal bunch was crossed. After the operation, necrosis of the stomach cult was developed, which was due to the dressing and intersection: (1)

1. (+) short gastric arteries
2. Left gastric artery

3. Left gastrointestinal artery
4. Selete artery

715. The most pronounced arterial and venous plexuses of hollow organs of the abdominal cavity are located in: (1)

1. Serous sheath
2. (+) submucous basis
3. mucous membrane

716. The tightness of the intestinal anastomosis ensures the execution of the seams on: (1)

1. (+) Serous Muscular Case
2. mucoby-lower case

717. In the system of the upper floor of the vein, blood from the stomach reaches the veins: (1)

1. Right gastrointestinal
2. Left gastrointestinal
3. Left ventricle
4. (+) gastrointestinal

718. In the system of the portal vein, the blood from the stomach is subject to veins: (4)

1. (+) spleen
2. (+) Right gastrointestinal
3. (+) Left Gastrointestinal
4. (+) left gastric
5. All response options are not true.

719. One of the complications of the stomach ulcer disease is gastric bleeding. Most often to this brought ulcers located on: (1)

1. The front wall of the body of the stomach
2. The rear wall of the body of the stomach
3. (+) Small Curvatus of the Stomach
4. Rear wall of the pyloric part of the stomach

720. With a subtotal resection of the stomach during the mobilization of its large curvature, not only gastrointestinal, but also a gastrointestinal bunch was crossed. After the operation, necrosis of the stomach cult was developed, which was due to the dressing and intersection: (1)

1. (+) short gastric arteries
2. Left gastric artery
3. Searel artery

721. One of the complications of the ulcer of the stomach is gastric bleeding. Most often to this brought ulcers located on: (1)

1. The back wall of the body of the stomach
2. (+) Low Curvatina Stomach
3. Great stomach curvature

722. With a subtotal resection of the stomach during its mobilization of its large curvature, not only gastrointestinal, but also a gastrointestinal bunch was crossed. After the operation, necrosis of the stomach cult was developed, which was due to the dressing and intersection: (1)

1. (+) short gastric arteries
2. Left gastrointestinal artery
3. Searel artery

723. The most pronounced arterial and venous plexuses of hollow organs of the abdominal cavity are located in: (1)

1. Serous sheath
2. (+) submucous basis
3. mucous membrane
4. Muscular shell

724. The most pronounced arterial and venous plexuses of hollow organs of the abdominal cavity are located in: (1)

1. Muscular sheath
2. (+) submucous basis
3. mucous membrane

725. The tightness of the intestinal anastomosis ensures the execution of the seams on: (1)

1. (+) Serous Muscular Case
2. Muscular shell

726. In the system of the portal vein, the blood from the stomach exposes on the veins: (4)

1. (+) spleen
2. (+) Right gastrointestinal
3. (+) Left Gastrointestinal
4. (+) left gastric
5. All response options are true.

727. One of the complications of the stomach ulcer disease is gastric bleeding. Most often to this brought ulcers located on: (1)

1. The back wall of the body of the stomach
2. (+) Low Curvatina Stomach
3. Rear wall of the pyloric part of the stomach

728. Connect serous surfaces when applying intestinal seam suggested: (1)

1. Cherni.
2. (+) Lambera
3. N.I. Pirogov
4. Schmiden
5. I.D. Kirpatovsky

729. To flash all the shells when performing an intestinal seam suggested: (1)

1. Bilrota
2. Albert.

3. Gel
4. (+) Velfler

730. Two-row seam is used for operations on: (3)

1. (+) stomach
2. (+) duodenal intestine
3. (+) fine intestine
4. All of the above bodies

731. Three-row seam applies during operations on: (1)

1. Stomach
2. Fine gum
3. (+) Tolstone
4. All of the above bodies

732. The misstate of the mucous-sublimated case occurs: (1)

1. (+) after 7-10 days
2. after 20 days
3. after 1 month
4. more than 1 month

733. Three-row seam applies during operations on: (1)

1. Thin intestine
2. (+) Tolstone
5. All of the above bodies

734. The fascinating of the mucinous submissible case occurs: (1)

1. after 1 day
2. (+) after 7-10 days
3. more than 1 month
4. Over 2 months
5. More than 3 months

735. Gastrostomy is: (1)

1. Introduction Probe to the stomach cavity
2. (+) Formation of artificial outdoor stomach fistula
3. Formation of gastrointestinal anastomosis
4. Removing part of the stomach

736. When performing gastrostomas for the method of strain-cader, a fistula is formed: (1)

1. Luxury
2. (+) tubular
3. Longitory
4. Circular

737. When performing gastrostomy by the foster method, a fistula is formed: (1)

1. (+) lipid
2. Tubular
3. Cross

4. Circular

738. The lipid fistula channel is lined with a membrane of a hollow organ: (1)

1. Muscular
2. (+) mucous
3. Sublifious
4. None of these shells

739. The surface of the tubular fistula is cleaned by the shell of a hollow organ: (1)

1. (+) serous
2. Muscular
3. mucous
4. None of these shells

740. To flash all the shells when performing an intestinal seam suggested: (1)

1. Albert.
2. Gel
3. (+) Velfler

741. Two-row seam is used for operations on: (3)

1. (+) stomach
2. (+) duodenal intestine
3. (+) fine intestine
4. All of the above bodies
5. None of the listed bodies

742. The three-row seam is applied at operations on: (1)

1. Stomach
2. Fine gum
3. (+) Tolstone
4. All of the above bodies
5. None of the listed bodies

743. Three-row seam applies during operations on: (1)

1. A duodenalist
2. Fine gum
3. (+) Tolstone
4. All of the above bodies

744. The fascination of the mucous-sublimated case occurs: (1)

1. after 1 day
2. (+) after 7-10 days
3. after 1 month
4. more than 1 month

745. Gastrostomy is: (1)

1. Introduction Probe to the stomach cavity
2. (+) imposition of artificial outdoor stomach fistula
3. Drying the wall of the stomach for the extraction of the foreign body followed by the wound sewing

4. Removing part of the stomach

746. In the formation of gastrostomas, a fistula is formed by the Cadier strain method: (1)

1. Luxury
2. (+) tubular
3. Longitory
4. Cross

747. To flash all the shells when performing an intestinal seam suggested: (1)

1. Pean
2. Albert.
3. Gel
4. (+) Velfler

748. Two-row seam is used for operations on: (3)

1. (+) stomach
2. (+) duodenal intestine
3. (+) fine intestine
4. Tolstoy Kishka

749. When performing gastrostomas by the fierce method, a fistula is formed: (1)

1. (+) lipid
2. Ltdity
3. Cross
4. Circular

750. The lipid fistula channel is lined with a shell of a hollow organ: (1)

1. Serous
2. (+) mucous
3. Sublifious
4. None of these shells

750. The lipid fistula channel is lined with a shell of a hollow organ: (1)

1. Serous
2. (+) mucous
3. Sublifious
4. None of these shells

751. The surface of the tubular fistula is covered with a shell of a hollow organ: (1)

1. (+) serous
2. Muscular
3. Sublifious
4. None of these shells

752. Hole in the organ after removal of the tube can close independently when fiction: (1)

1. Lithuanid
2. (+) tubular

753. Indications for performing a fistula on the stomach are: (3)

1. Stenosis of the gatekeeper
2. Acute intestinal obstruction
3. (+) Basic Esophageard Cancer and Cardial Stomach Department
4. (+) stenosis of the esophagus
5. (+) esophageal rupture

754. During the formation of gastrostomas by the method of strain-kader, a fistula is formed: (1)

1. Luxury
2. (+) tubular
3. Longitory
4. Cross
5. Cross-time

755. To flash all the shells when performing an intestinal seam suggested: (1)

1. Pean
2. Albert.
3. Gel
4. (+) Velfler
5. Carrel

756. Two-row seam is used for operations on: (3)

1. (+) stomach
2. (+) duodenal intestine
3. (+) fine intestine
4. Tolstoy Kishka
5. liver

757. The gastrostomy is known, in which the rubber tube is sewn into the front wall of the stomach with the formation of the channel, at the end of which the tube is introduced into the cavity of the stomach, and the other end of it is displayed through the front abdominal wall outward. This method is called Gastrostomy by: (1)

1. (+) Vitzel
2. Cader
3. Topner
4. Sapozhkov

758. The lipid fistula channel is lined with a hollow organ with a shell: (1)

1. Serous
2. (+) mucous
3. Sublifious
4. Muscular
5. None of these shells
6. All specified shells

759. The surface of the tubular fistula is lined with a shell of a hollow organ: (1)

1. (+) serous
2. Muscular

3. Sublifious
4. None of these shells
5. None of these shells
6. All specified shells

760. In children of gastrostomy can be performed by administering to the gastric cavity of the rubber tube perpendicular to the front wall and fixing it to: the wall of the stomach 2-3 concentricly superimposed with brine, weaving the wall of the stomach and creating a canal wall, seeded by a serous stomach case around the tube. This method is called Gastrostomy by: (1)

1. Witzel
2. (+) Kadera
3. Sapozhkov

761. Warning of food pits into a free abdominal cavity at gastrostomy is achieved by execution: (1)

1. (+) Gastropcs
2. Dressing the right gastric artery
3. Tamponads of the Big Salna
4. Creating a muscular bar

762. By performing resection of the stomach, the surgeon put the gastrointestinal anastomosis between the stomach stomach and the duodenalist in the end to the end. This method is called resection: (1)

1. (+) Bilrot I
2. Bilrot II
3. According to the Gofmister-Finterer

763. The resection of the stomach is known, at which, after removing the distal part of the stomach, the culture of the stomach and duodenum is inserted tightly, and the gastrointestinal anastomosis on-launder on the front wall of the stomach with the loop of the small intestine by the type "side in the side". This method is called resection: (1)

1. Bilrot I
2. (+) Bilrot II
3. According to the Gofmister-Finterer
4. OnMoineena

764. Selective wagotomy with stomach ulcer disease should be combined with: (1)

1. resection of the anthral department
2. resection of the piloroantral department
3. (+) Draining operations on JaineMikulich or Finne
4. Sympathetic liver denervation
5. resection 1/2 stomach

765. The surgical department entered the patient with the probulous gastric body, located on its front wall in a small curvature. Clinical symptoms began to fly, which

was the basis for making the diagnosis of punching perfolation. Determine the most likely body, at the expense of which there was a cover of the punch of ulcers: (1)

1. Large seal
2. Diafragma
3. (+) Liver
4. Selezenka

766. In children of gastrostomy can be performed by administering to the gastric cavity of the rubber tube perpendicular to the front wall and fixing it to: the wall of the stomach 2-3 concentrically superimposed with brine, weaving the wall of the stomach and create a canal wall, seeded by a serous stomach case around the tube. This method is called Gastrostomy by: (1)

1. (+) Cader
2. Freewire
3. Sapozhkov

767. Warning of food pillage into a free abdominal cavity at gastrostomy is achieved by execution: (1)

1. (+) Gastropcs
2. Tamponads of the Big Self
3. Creating a muscular bar

768. By performing resection of the stomach, the surgeon imposed gastrointestinal anastomosis between the stomach stomach and the duodenalist in the "End to End" type. This method is called resection: (1)

1. (+) Bilrot I
2. Bilrot II
3. According to Finterer
4. ByFinterer
5. According to the Hofmeuser-Finterer

769. The resection of the stomach is known, in which, after removing the distal part of the stomach, the culture of the stomach and duodenum is stuck tightly, and the gastrointestinal anastomosis is on-laid on the front wall of the stomach with the loop of the small intestine. This method is called resection: (1)

1. Bilrot I
2. (+) Bilrot II
3. OnMoineen

770. Warning of food pillage into a free abdominal cavity at gastrostomy is achieved by execution: (1)

1. (+) Gastropcs
2. Creating an artificial valve
3. Tamponads of the Big Salna
4. Creating a muscular bar

771. By performing resection of the stomach, the surgeon put the gastrointestinal anatomosis between the stomach stomach and the duodenalist in the end to the end. Thismethodiscalledresection: (1)

1. (+) Bilrot I

2. Bilrot II
3. OnMoineen

772. With a point (rod) penetrating wound of the small intestine, it is necessary to perform: (1)

1. One series of individual nodular serous muscular seams
2. (+) Serous-muscular brush seams with immersion of the edges of the wound in the intestinal lumen
3. Two-row intestinal seam (Schmiden + Lambert)
4. Two-row intestinal seam (tiled + Lamber)
5. Economical gut resection

773. The patient is diagnosed with an ulcer on the rear wall of the body of the stomach, penetrating in: (1)

1. Left kidney
2. Liver
3. (+) pancreas
4. Transverse colon
5. Selezenka

774. The composition of the hepatic and duodenal ligament includes: (31)

1. Lower hollow vein
2. (+) Common liver duct
3. Right gastric artery
4. Own hepatic artery

775. In relation to hepatic veins, the following statement of hepatic veins are correct: (1)

1. Go out from the gate of the liver and fall into the gate vein
2. (+) go on the back surface of the liver and fall into the lower hollow vein

776. The bottom of the gallbladder is projected on the front abdominal wall at the point: (1)

1. (+) intersection of the outer edge of the right-hand abdominal muscle with the rib arc
2. Crossing the right media removal line with the rib arc

777. During the execution of cholecystectomy, the bubble artery is determined at the base of the triangle of CALO, the side parties of which are two anatomical entities: (2)

1. Common bile duct
2. (+) Common liver duct
3. Right liver duct
4. (+) bubble duct

778. Determine the sequence of parts of the total bile duct: (4)

1. Intramural part (4)
2. Hardened part (1)
3. Pancreatic part (3)

4. Retroduodenal part (2)

779. Mutual arrangement in the hepatic duodenal bunch of common bile duct, its own hepatic artery of the portal vein as follows: (1)

1. Artery for the free edge of the ligament, the left of the left, Vienna between them and the Forward
2. (+) duct on the free edge of the ligament, the artery of the left, Vienna between them and the stop
3. Vienna via the free edge of the ligament, the left of the left, the duct between them and the kice
4. Doc on the free edge of the ligament, Vienna to the left, the artery between them and the kice

780. The patient has a diagnosed ulcer on the back wall of the gastric body penetrating in: (1)

1. Liver
2. (+) pancreas
3. transverse hatch
4. Searenka.

781. The hepatic and duodenal ligament includes: (31)

1. (+) Common liver duct
2. Right gastric artery
3. Own hepatic artery

782. In relation to liver veins, the following statement of hepatic veins are correct: (1)

1. Go out from the gate of the liver and fall into the gate vein
2. (+) go on the back surface of the liver and fall into the lower hollow vein
3. Go out from the gate of the liver and fall into the lower hollow vein

783. In relation to the hepatic veins, the following is the following assertion of hepatic veins: (1)

1. Go out on the rear surface of the liver and fall into the unpaired vein
2. (+) go on the back surface of the liver and fall into the lower hollow vein

784. The bottom of the gallbladder is projected on the front abdominal wall at the point: (1)

1. (+) intersection of the outer edge of the right-hand abdominal muscle with the rib arc
2. Between the right and medium thirds of the horizontal line connecting the lower ends x ribs

785. During the execution of cholecystectomy, the bubble artery is determined at the base of the triangle of CALO, one of the lateral stories of which is: (1)

1. Common bile duct
2. Right liver duct
3. (+) bubble duct

786. During the execution of cholecystectomy, the bubble artery is determined at the base of the triangle of Calo, the side parties of which are two anatomical education: (3)

1. Common bile duct
2. (+) Common liver duct
3. Right liver duct
4. (+) bubble duct
5. Pancreatic Dump
6. (+) edge of liver

787. During the execution of cholecystectomy, the bubble artery is determined at the base of the triangle of CALO, the side parties of which are two anatomical education: (2)

1. (+) Common liver duct
2. Right liver duct
3. (+) bubbleduct
4. Own hepatic artery

788. The hepatic and duodenal ligament includes: (31)

1. Right Vienna
2. (+) Common liver duct
3. Right gastric artery
4. Ownhepaticartery

789. For a temporary stopping of bleeding from the liver, you can pour your fingers a liver and duodenal bunch: (1)

1. for 2-3 minutes
2. for 5-10 min
3. (+) for 15-20 min
4. for 25-30 min
5. Pressing time is determined by the need to complete bleeding

790. The crank trunk is usually divided into: (3)

1. (+) left gastric artery
2. Upper mesenteric artery
3. Lower mesenteric artery
4. (+) spleen artery
5. (+) overall hepatic artery
6. Vile-bubble artery

791. Determine the more frequent option of the relationship of finite departments of the total bile and pancreatic ducts: (1)

1. Both duct opens on their own
2. Both duks form a common hole
3. (+) Bothduks form a general ampoule

792. Combined lesions of the biliary liver and pancreas system are known, for example, cholecystopancreatitis. Ana-tomic basis of such lesions can be: (1)

1. Community of the source of blood supply from the ventricular barrel
2. Outflow of venous blood from the pancreas in the liver
3. (+) The merger of finite departments of general gall and pancreatic ducts

793. When performing cholecystostomy, the wall of the gallbladder around the drainage tube is fixed to the layers of the abdominal wall: (1)

1. (+) Parietal Pushin
2. Parietal peritoneum and skin
3. skin
4. Internal abdominal muscle and skin

794. After removing the gallbladder, its beds usually close: (1)

1. Plate of fascia
2. Part of the Big Self
3. (+) residues of the serous cover of the gallbladder
4. Parentheim liver with tightening seams

795. The blood supply to the pancreas is carried out by the branches of the three arteries: (3)

1. (+) upper mesenter
2. (+) gastrointestinal
3. Lower mesenteric
4. Renal
5. (+) spleen

796. For stove injuries, you can use: (3)

1. (+) Single Ketgutic Sews
2. Closing the wound plate of fascia
3. Muscle
4. (+) plastic free seal
5. (+) Plastic with a blanket with a leg

797. The combined lesions of the biliary liver system and the pancreas are known, for example, cholecystopancreatitis. Ana-tomic basis of such lesions can be: (1)

1. Outflow of venous blood from the pancreas in the liver
2. (+) The merger of finite departments of general bile and pancreatic ducts
3. Test topographicanomatic relationships between pancreas and common bull duct

798. When performing cholecystostomy, the wall of the gallbladder around the drainage tube is fixed to the layers of the abdominal wall: (1)

1. (+) Parietal Pushin
2. Parietal peritoneum and skin
3. Uponeurosis of the outer oblique muscle
4. Internal abdominal muscle and skin

799. After removing the gallbladder, its beds usually close: (1)

1. Part of the muscle from the front abdominal wall
2. Part of the Big Self
3. (+) residues of the serous cover of the gallbladder

4. Parentheim liver with tightening seams

800. SoohKuznetsova-Pensky uses for wounds of the Russian Academy of Sciences: (1)

1. Music
2. Uponeurosis
3. Kiska
4. (+) liver
5. 5. (+) liver

801. One of the early clinical symptoms of cancer of the pancreas head may be the appearance of signs of jaundice, which is due to (1):

1. Development of early metastasis in the liver
2. germinating a tumor into the wall of the duodenum in the region of a large duodenal papilla
3. (+) compression of the tumor of the total bile duct

802. Destructive pancreatitis may be complicated by peritonitis, which is most often developing in: (1)

1. Pregnant bag
2. (+) the gland bag
3. Left mesenter sinus
4. Right-mesenteric sinus

803. Three education is located behind the head of the pancreas: (3)

1. (+) Power Vienna
2. duodenal gut
3. (+) Lower hollow vein
4. (+) general bull duct
5. Right kidney

804. Viennic blood from five bodies will be subject to a portal vein: (5)

1. (+) stomach
2. Supplements
3. (+) colon
4. liver
5. (+) pancreas
6. Kidneys
7. (+) spleen
8. (+) fine intestine

805. Three education are located behind the head of the pancreas: (3)

1. Abdominal Aorta
2. (+) Passion Vienna
3. (+) Lower hollow vein
4. (+) general bull duct
5. Right kidney

806. Venous blood from three organs recesses the lower hollow vein: (3)

1. Stomach
2. (+) adrenal glands
3. Coloring gut
4. (+) liver
5. Pancreas
6. (+) kidneys
7. Selezenki.
8. Thin nose

807. To stop bleeding from parenchymal organs, it is advisable to use seam: (2)

1. (+) Kuznetsova-Pensky
2. Schmiden
3. Alberta
4. (+) Opel

808. SoohKuznetsova-Pensky use for stake wounds: (1)

1. Skin
2. Uponeurosis
3. Kiska
4. (+) liver

809. Behind the head of the pancreas are located three education: (2)

1. duodenal gut
2. (+) Lower hollow vein
3. (+) Common bull duct
4. Right kidney

810. Viennic blood from four organs recesses the venous vein: (4)

1. (+) stomach
2. Supplements
3. The liver
4. (+) pancreas
5. Kidney
6. (+) spleen
7. (+) fine intestine

811. Behind the head of the pancreas are two education: (2)

1. Abdominal Aorta
2. (+) Lower hollow vein
3. (+) Common bull duct
4. Right kidney

812. One of the early clinical symptoms of cancer of the pancreas head can be the appearance of signs of jaundice, which is due (1):

1. Metasicizing the tumor into lymph nodes of the leaf gate area
2. germinating a tumor into the wall of the duodenum in the region of a large duodenal papilla

3. (+) compression of the tumor of the total bile duct

813. Destructive pancreatitis may be complicated by peritonitis, which is most often developing in: (1)

1. Hepatic bag
2. (+) the gland bag
3. Left mesenter sinus
4. Right-mesenteric sinus

814. Basic principles of seams of parenchymal organs: (3)

1. The use of rare seams in places location of the largest vessels
2. (+) The use of P-shaped seams that impede the teething of tissues and contributing to squeezing bleeding vessels
3. (+) Capture in seam fibrous capsule to avoid rubberizing seams
4. (+) The use of a large seal with a hemostatic target, as well as to avoid rubberizing seams
5. Turning on Muscle flap seam

815. One of the early clinical symptoms of the cancer of the pancreas head can be the appearance of signs of jaundice, which is due to (1):

1. Metasicizing the tumor into lymph nodes of the leaf gate area
2. germinating a tumor into the wall of the duodenum in the region of a large duodenal papilla
3. (+) compression of the tumor of the total bile duct
4. Metasicing the tumor into the right share of the liver
5. Metasicing the tumor into the left loss of the liver

816. With splenectomy, the artery and vein of the spleen should be tied up: (1)

1. In the gastrointestinal bundle, it is possible closer to the gate of the spleen in order to avoid damage to the short branches to the stomach, as well as the tail of the pancreas
2. The spleen artery is tied up at the place of her disheaval from the vent
3. (+) The spleen artery and vein should be tied up in the pancreas and spleen bond

817. Maskilize the spleen as much as possible and bring it into the wound allows dissection: (2)

1. (+) diaphragm-spleen ligament
2. (+) pancreatic spleen bunch
3. spleen and colon
4. Gastrointestinal Bundles

818. The blood supply to the pancreas is carried out by the branches of the three arteries: (3)

1. (+) upper mesenter
2. (+) gastrointestinal
3. Renal
4. (+) spleen

819. To stop bleeding from parenchymal organs, it is advisable to use seam: (2)

1. (+) Kuznetsova-Pensky
2. Lambon
3. Alberta
4. (+) Opel

820. When operating on the organs of the abdominal cavity, the surgeon conducts anesthesia of the root root of the small intestine, located along the line: (1)

1. From the spleen bending of the colon to the blind intestine
2. From the left half of the body of the 1st lumbar vertebra to the right sacratling and ileum
3. (+) From the left half of the body of the 2nd lumbar vertebrae to the right sacratling and ileum
4. Vertically along the lumbar spine

821. The blood supply to the cushion is carried out at the expense of the branches of the arteries: (1)

1. Lower mesenteric
2. (+) upper mesenter
3. spleen
4. Left and right gastrointestinal

822. The blood supply to the ileum is carried out at the expense of the branches of the arteries: (1)

1. Lower mesenteric
2. (+) upper mesenter
3. General hepatic
4. Left and right gastrointestinal

823. Maskilize the spleen as much as possible and bring it into the wound allows dissection: (2)

1. (+) diaphragm-spleen ligament
2. (+) pancreatic spleen bunch
3. spleen and colon
4. Gastrointestinal Bundles
5. liver and gastric ligament

824. Pancreas blood supply is carried out by the branches of the three arteries: (3)

1. (+) upper mesenter
2. (+) gastrointestinal
3. Renal
4. (+) spleen
5. Hepatic

825. The venous outflow from the peak is carried out in the Vienna system: (1)

1. Lower hollow
2. Upper hollow
3. (+) Pass
4. Passion and lower hollow

5. Paletandupperhollow

826. The length of the root mesentery of the small intestine in an adult is: (1)

1. 5-10 cm
2. 10-15 cm
3. (+) 15-20 cm
4. 20-25 cm

827. With splenectomy, the artery and vein of the spleen should be tied up: (1)

1. Between gastrointestinal and gastrointestinal ligaments
2. The spleen artery is tied up at the place of her disheaval from the vent
3. (+) The spleen artery and vein should be tied up in the pancreas and spleen bond

828. Maskilize the spleen as much as possible and bring it into the wound allows dissection: (2)

1. (+) diaphragm-spleen ligament
2. (+) pancreatic spleen bunch
3. Diaphragm and gastric ligament
4. Gastrointestinal Bundles

829. Pancreas blood supply is carried out by the branches of the three arteries: (3)

1. (+) upper mesenter
2. (+) gastrointestinal
3. Left ventricle
4. (+) spleen

830. Mekkel'sdiverticulus is: (1)

1. unexpressed urinary duct
2. UncassedUmous Vessels
3. (+) Embryonic residue of the yolk-intestinal duct

831. The cause of the thin intestine in the late stage of the abdominal typhoid may be: (1)

1. (+) Necrosis of Peyer Plaques
2. Necrosis of the intestine
3. The defeat of the nervous apparatus of the intestine

832. Artery take part in the blood supply to the stomach: (4)

1. (+) Left gastric
2. (+) Right gastric
3. Branches of Riolane Arc
4. (+) Right gastrointestinal
5. (+) Left gastrointestinal

833. Two-row seam, consisting of through sutures through all the shells of the intestinal wall and serous-serous seam, is called seam: (1)

1. (+) Albert
2. Lambon
3. Cherni.
4. Schmiden

834. The blood supply is carried out at the expense of the branches of the arteries: (1)

1. (+) upper mesenter
2. Spilenkoe
3. General hepatic
4. Left and right gastrointestinal

835. The blood supply to the ileum is carried out at the expense of the branches of the arteries: (1)

1. Lower mesenteric
2. (+) upper mesenter
3. spleen
4. General hepatic

836. Maskilize the spleen as much as possible and bring it into the wound allows dissection: (2)

1. (+) diaphragm-spleen ligament
2. (+) pancreatic spleen bunch
3. Diaphragm and gastric ligament

837. Pancreas blood supply is carried out by the branches of the three arteries: (3)

1. (+) upper mesenter
2. Left hepatic
3. (+) gastrointestinal
4. Left gastric
5. (+) spleen
6. General hepatic
7. Right liver

838. Mekkel'sdiverticulus is: (1)

1. Uncassed Upper Vessels
2. (+) Embryonic residue of the yolk-intestinal duct
3. Embryonic residue of the primary intestinal tube

839. The inserting pass through the seam through all the shells of the intestinal wall is called seam: (1)

1. Alberta
2. Lambon
3. Pirogov-Bira
4. Cherni.
5. (+) Schmiden

840. When performing intercircuit anastomosis "side in side" use sequentially individual seams (by the authors): (1)

1. (+) Lambera - Zhea - Schmeden - Lambera
2. Weave Schmeden - Lambera - Lambert
3. Lambert - Schmiden - Lambera - Zhea
4. Zhea - Zhea - Lambera - Lambera
5. Schmiden - Zhea - Lambera - Lambera

841. When stamping point-bore wounds, the small intestine is rational: (1)

1. Nodal serous muscular seams
2. ShovSchmiden
3. (+) Brushing serous-muscular seam
4. Seam Gel

842. The blood supply is carried out at the expense of the branches of the arteries: (1)

1. (+) upper mesenter
2. Spilenkoe
3. General hepatic
4. Left and right gastrointestinal
5. Right and left liver

843. Wounds of hollow tubular organs are shed in the transverse direction: (1)

1. Due to the convenience of work
2. For better adaptation of the layers
3. (+) To avoid the narrowing of the lumen
4. By virtue of the established tradition

844. Decraction of the small intestine as an operation of the choice applies with the wound of the small intestine: (1)

1. 3-5 cm long
2. (+) more than 1/3 of the circumference of the small intestine
3. Length less than 2/3 of the circumference of the small intestine
4. More than 2/3 of the circumference of the small intestine
5. The zone is invented in all cases, regardless of the size

845. When performing "seams-holders" usually capture: (1)

1. All wicker wall cases
2. (+) Serous Muscular Case
3. mucoby-lower case
4. All shell
5. Seryo-musculo-sublimated case

846. When stamping point-bore wounds, the small intestine is rational to use: (1)

1. Show Schmiden
2. (+) Brushing serous-muscular seam
3. Soo Alberta
4. Seam Gel

847. Wounds of hollow tubular organs are sutured in the transverse direction: (1)

1. Due to the convenience of work
2. (+) To avoid the narrowing of the lumen
3. By virtue of the established tradition
4. To preserve the peristaltics

848. In the resection of the small intestine, two types of enteroanastomoses are most often used: (2)

1. (+) "End to the end"

2. "End in Side"
3. "side to the end"
4. (+) "side in side"

849. Mekkel'sdiverticulus is: (1)

1. unexpressed venous duct
2. UncassedUmous Vessels
3. (+) Embryonic residue of the yolk-intestinal duct

850. The cause of the thin intestine in the late stage of the abdominal typhoid may be: (1)

1. (+) Necrosis of Peyer Plaques
2. The defeat of intestinal villi
3. The defeat of the nervous apparatus of the intestine

851. Artery takes part in the blood supply to the stomach: (4)

1. (+) Left gastric
2. Medium rimming
3. (+) Right gastric
4. (+) Right gastrointestinal
5. (+) Left gastrointestinal

852. Decraction of the small intestine as an operation of the choice is used at the wound of the small intestine: (1)

1. 3-5 cm long
2. (+) more than 1/3 of the circumference of the small intestine
3. Length less than 2/3 of the circumference of the small intestine
4. More than 2/3 of the circumference of the small intestine
5. The zone is invented in all cases, regardless of the size
6. All answers are true.

853. When performing "seams-holders" usually capture: (1)

1. All wicker wall cases
2. (+) Serous Muscular Case
3. mucoby-lower case
4. All shell
5. Seryo-musculo-sublimated case
6. All answers are true.

854. Two-row seam, consisting of through seam through all the shells of the intestinal wall and the serous-serous seam, is called seam: (1)

1. (+) Albert
2. Pirogova-Bira
3. Cherni.
4. Schmiden

855. The technical disadvantage of enteroeeroanastomose "End to the end" when comparing with the rational "side in side" may be: (1)

1. The complexity of the formation of the rear lip of the anastomosis

2. (+) The narrowing of the lumen of the anastomosis
3. Low strength anastomosis
4. Low aseptic anastomosis

856. Distinguish the thick intestine from fine by: (3)

1. Relationship to the peritoneum
2. (+) the presence of blinking over the intestine
3. (+) thepresenceofmuscletapes
4. (+) Color

857. The edge seam is often used for the exterior lips of the anastomosis when using continuous seam: (1)

1. Schmiden
2. (+) P.Ya. Multanovsky
3. Kohler
4. N.I. Pirogov

858. To prevent the development of the "vicious" circle with a gastroenteroanastomosis according to a velfler method, it is necessary: (1)

1. Gastrointestinal collapse in size of more than 2 sister diameters
2. (+) Interchetian Sustain on Brown
3. Produce pyloroplasty
4. RunWagotomy

859. Detection of mesenter during the resection of the small intestine is invented: (1)

1. Due to the danger of bleeding
2. (+) To prevent the infringement of the loop of the small intestine
3. Forperitonization
4. All specified options are correct.

860. The technical disadvantage of enteroeateanastomose "End to the end" when compared with the "side in side" by the rationality: (1)

1. The complexity of the formation of the rear lip of the anastomosis
2. (+) The narrowing of the lumen of the anastomosis
3. The complexity of the formation of an anastomosis front lip
4. Low aseptic anastomosis

861. Distinguish the thick intestine from fine by: (3)

1. The presence of gland processes
2. (+) the presence of blinking over the intestine
3. (+) the presence of muscle tapes
4. (+) Color

862. The edge seam: (1) is used to use the external lips of the anastomosis when using continuous seam.

1. Alberta
2. (+) P.Ya. Multanovsky
3. Kohler
4. N.I. Pirogov

863. Two-row intestinal seams can be applied to all departments of the gastrointestinal tract, except: (1)

1. Food
2. Stomach
3. duodenal gut
4. iliac gut
5. (+) blind intestine

864. Install the compliance of the listed arteries of the colon waste, for which they are the main sources of blood supply:

1. Sleeping gut (b)	a) Left colon artery
2. Rising intestine (c)	b) iliac-sloping artery
3. Transverse colon (D)	c) Right shear artery
4. Downward intestine (a)	d) Sigmoid artery
5. Sigmid intestine (d)	d) medium colon artery

865. The clinical picture of appendicitis, similar to the right-sided kidney colic, is most likely when the design of a worm-like grip: (1)

1. Retrocecalintraperitoneal
2. (+) retrocecal retroperitoneal

866. To prevent the development of the "vicious" circle with a gastroenteroanastomosis by a velfler method, it is necessary: (1)

1. Gastrointestinal collapse in size of more than 2 sister diameters
2. (+) Interchetian Sustain on Brown
3. Produce pyloroplasty
4. Run Wagotomy
5. All specified options are correct.
6. All specified options are incorrect

867. Detection of mesenter during the resection of the small intestine is invented: (1)

1. Due to the danger of bleeding
2. (+) To prevent the infringement of the loop of the small intestine
3. Forperitonization
4. All specified options are correct.
5. All specified options are incorrect

868. The clinical picture of appendicitis, similar to the cholecystitis clinic, may be due to: (1)

1. Reflex influences in appendicitis from the ileocecal region to the region of the gallbladder,
2. (+) the tuned position of the blind intestine and a heart-shaped process

869. Indicate the damage to the nervous apparatus of which intestine leads to the development of Girshprung disease: (1)

1. (+) Sigmid
2. Direct
3. duodenal

870. Two-row intestinal seams can be applied on all departments of the gastrointestinal tract, except: (1)

1. Food
2. Stomach
3. duodenal gut
4. iliac gut
5. (+) blind intestine
6. All answers are correct.

871. During the execution of appendectomy, the most reliable and convenient sign of finding a heart-shaped process is: (1)

1. Location of the base of the process on the posterior wall of the blind intestine
2. Location of the base of the outflow from the bottom of the blind
3. Location of the base of the process of convergence of three longitudinal tapes of a blind intestine
4. (+) Continuation of the front (free) ribbon on the basis of the process

872. To prevent the development of the "vicious" circle with a gastroenteroanastomosis according to the velfler method, it is necessary: (1)

1. "Isoperistal" liner bug
2. (+) Interchetian Sustain on Brown
3. Produce pyloroplasty
4. Run Wagotomy

873. Defect mesentery during the resection of the small intestine invented: (1)

1. To prevent adhesive disease
2. (+) To prevent the infringement of the loop of the small intestine
3. Forperitonization
4. All specified options are correct.

874. Name the authors of operational access to a worm-like process: (1)

1. (+) Dyakonov-Volkovich
2. Gerard-Spirkukotsky
3. Khchetkin-Blumberg
4. JV. Fedorov
5. N.I. Pirogov

875. The clinical picture of appendicitis, similar to the right-sided renal colic, is most likely when the CHAIR-shaped process is positioned: (1)

1. Retrocenest intramural
2. (+) retrocecal retroperitoneal

876. The clinical picture of appendicitis, similar to the cholecystitis clinic, may be due to: (1)

1. Distributing the inflammatory process on the right side channel to the bustling bubble
2. (+) the tuned position of the blind intestine and a heart-shaped process

877. Indicate the defeat of the nervous apparatus of which intestine leads to the development of Girshprung disease: (1)

1. (+) Sigmid
2. duodenal
3. Blind

878. Access to McBurnea-Volkovich is called Kosoperented due to: (1)

1. Alternations of acute and stupid ways of separation of tissues
2. Missing the skin cut line with muscle separation line
3. Invisions of the skin cut line with peritoneous dissection line
4. (+) consistent diffusion of muscles with different fiber areas in a blunt way
5. oblique cut direction

879. Paragreotal access to a worm-shaped process offered: (1)

1. Kohler
2. SP. Fedorov
3. N.I. Pirogov
4. A.V. Vishnevsky
5. (+) Lennander

880. Options for the position of a worm-shaped process are: (3)

1. Medial
2. lateral
3. (+) SUNNING
4. (+) pelvic
5. (+) Retrocecal
6. All of the above

881. Detection of mesenter during resection of the small intestine is invented: (1)

1. To prevent adhesive disease
2. (+) To prevent the infringement of the loop of the small intestine
3. Forperitonization

882. Name the authors of operational access to a worm-shaped process: (1)

1. (+) Dyakonov-Volkovich
2. Gerard-Spirkukotsky
3. Khchetkin-Blumberg
4. N.I. Pirogov

883. The clinical picture of appendicitis, similar to the right-sided renal colic, is most likely when the standing of a heart-shaped process: (1)

1. Retrocenest intramural
2. (+) retrocecal retroperitoneal
3. Horizontal
4. Cross
5. Vertical

884. The clinical picture of appendicitis, similar to the cholecystitis clinic, may be due to: (1)

1. Distributing the inflammatory process on the right side channel to the bustling bubble
2. (+) the tuned position of the blind intestine and a heart-shaped process
3. Long mesentery of the black-shaped process

885. Indicate the damage to the nervous apparatus of which intestine leads to the development of Girshprung disease: (1)

1. (+) Sigmid
2. duodenal
3. Blind
4. iliac

886. The clinical picture of appendicitis, similar to the right-hand renal colic, is most likely at the position of a worm-shaped process: (1)

1. Retrocenestintramural
2. (+) retrocecalretroperitoneal
3. Ventral
4. Downward

887. Determine the sequence of the stages of removal of a worm-like transformation in appendectomy:

1. Performing a brine on the wall of the blind intestine (2)
2. Performing a serous muscular Z-shaped seam (6)
3. Performance of ligature on the base of the draft-like process (3)
4. cutting off a draft-like process (4)
5. Rebuilding and crossing the mesentery of the draft-like process (1)
6. Immersion of the cult of the process in the blind intestine and tightening the brush seam (5)

888. Indicate the defeat of the nervous apparatus of which intestine leads to the development of Girshprung disease: (1)

1. (+) Sigmid
2. duodenal
3. Blind
4. Toe

889. Access on McBurnea-Volkovich is called Kosoperented due to: (1)

1. Alternations of acute and stupid ways of separation of tissues
2. Missing the skin cut line with muscle separation line
3. Invisions of the skin cut line with peritoneous dissection line
4. (+) consistent diffusion of muscles with different fiber areas in a blunt way
5. oblique cut direction
6. Atypical position of Appendix

890. Retrograde Appendectomy has to be performed: (1)

1. In the pelvic position of the process
2. (+) when fixing the process of spikes to the rear abdominal wall
3. With a very short worm-shaped process

4. The choice of the method of appendectomy depends on the desire of the surgeon

891. The blood supply to the descending colon is carried out due to the artery: (1)

1. (+) left colon
2. Left kidney
3. Left gastrointestinal
4. Spilenkoe

892. The transverse colon is bustling from the artery pool: (2)

1. (+) upper mesenter
2. (+) Lower mesenteric
3. General hepatic
4. Right ventricle

893. The transverse semicircle is heavily suited: (2)

1. iliac rim
2. Right collapse
3. (+) Left rim
4. Right gastrointestinal
5. (+) medium colon

894. To create an unnatural rear pass, most often use: (1)

1. Direct gut
2. (+) Sigmoid
3. Downstorming gut
4. Transverse colon
5. Blind gut

895. Features of the differences in the colon of the colon from the transactions on the small intestine are that: (3)

1. (+) The thick intestine has a thinner wall than the small intestine
2. The thick intestine has a thicker wall than the small intestine
3. (+) The thick intestine has a more infected content than the small intestine
4. The small intestine has a more infected content than the thick intestine
5. (+) uneven distribution of muscle beams in the wall of the colon

896. Access to McBurnea-Volkovich is called Kos-variable due to: (1)

1. Missing the line of the skin section with muscle separation line
2. Missets of the line of the skin section with the line of abuse
3. (+) consistent diffusion of muscles with different fibers in a blunt way
4. oblique cut direction
5. Atypical position of Apandix

897. Retrograde Appendectomy has to be performed: (1)

1. In the pelvic position of the process
2. (+) when fixing the process of spikes to the rear abdominal wall
3. With a very short worm-shaped process
4. The choice of the method of appendectomy depends on the desire of the surgeon
5. Selection of the method of appendectomy depends on the skill of the surgeon

898. Retrograde Appendectomy has to be performed: (1)

1. With the length of the process of more than 10 cm
2. (+) when fixing the process of spikes to the rear abdominal wall
3. With a very short worm-shaped process
4. The choice of the method of appendectomy depends on the desire of the surgeon

899. The blood supply to the descending colon is carried out due to the artery: (1)

1. (+) left colon
2. Left kidney
3. Left testicle (ovarian)
4. Spilenkoe

900. The transverse semicircle is blood supply to the artery: (2)

1. Right colon
2. (+) Left rim
3. Right gastrointestinal
4. (+) medium colon
5. **901. To create an unnatural rear pass, the most commonly used: (1)**

1. Direct gut
2. (+) Sigmoid
3. Downstorming gut
4. Transverse colon

902. The blood supply to the downstream gut is carried out due to the artery: (1)

1. (+) left colon
2. Left kidney
3. Left gastrointestinal
4. Spilenkoe
5. General hepatic

903. The transverse colon is bustling from the Basin Artery: (2)

1. (+) upper mesenter
2. (+) Lower mesenteric
3. General hepatic
4. Right ventricle
5. spleen

904. The transverse semicircle is blood supply to the artery: (2)

1. iliac rim
2. Right collapse
3. (+) Left rim
4. Right gastrointestinal
5. (+) medium colon
6. Spleen

905. The transverse colon is bustling from the Basin Artery: (2)

1. (+) upper mesenter

2. (+) Lower mesenteric
3. Right ventricular
4. Right gastrointestinal

906. Features of the differences in the colon of the colon from the transactions on the small intestine are that: (3)

1. (+) The thick intestine has a thinner wall than the small intestine
2. The thick intestine has a thicker wall than the small intestine
3. (+) The thick intestine has a more infected content than the small intestine
4. The small intestine has a more infected content than the thick intestine
5. (+) uneven distribution of muscle beams in the wall of the colon
6. The colon has a thinner wall, less infected content

907. In the course of the operation of the formation of an unnecessary rear pass, the parietal peritoneum is stitched to the skin: (1)

1. To isolate the cavity of the peritoneum
2. (+) To isolate the abdominal fiber layers and the preset to rotate their infection
3. For fixation
4. For washing the peritoneal cavity
5. To prevent the development of adhesive disease

908. Copy can be applied on: (3)

1. (+) Kill
2. A rising hatch
3. (+) transverse hatch
4. Descendingcolon
5. (+) Sigmoid

909. The transverse colon ranks from the Artery Pool: (2)

1. (+) upper mesenter
2. (+) Lower mesenteric
3. General hepatic
4. Spilenkoe

910. The transverse colon is heavily suited by Artery: (2)

1. Right colon
2. (+) Left rim
3. Right gastrointestinal
4. (+) medium colon
5. Spleen

RETROPERITONEAL SPACE, PELVIS

911. The boundary between the lumbar region and the retroperitoneal space is: (1)

1. Square Muscle Liminas
2. (+) intra-painted fascia
3. Retroperitian fascia

912. In the retroperitoneal space between intra-abdominal and retroperitoneal fascia: (1)

1. (+) Scribbed fiber layer
2. Calopal fiber

913. Conductive fiber is located between: (1)

1. ascending or descending colon and early fascia
2. (+) Poseartable and advanced fascia

914. The octopoid fiber is located around the kidneys: (1)

1. Under the fibrous kidney capsule
2. (+) between fibrous and fascial capsules

915. The crank barrel departs from the abdominal aorta most often at the level of the vertebrae: (1)

1. TH11
2. (+) TH12
3. L1
4. L2.

916. Upper mesenteric artery departs from the abdominal aorta at the level of the vertebrae:

1. TH12
2. (+) L1
3. L2.
4. L3.

917. Renal arteries depart from the abdominal aorta at the level of the vertebrae: (1)

1. TH12-L1
2. (+) L1-L2
3. L2-L3
4. L3-L4

918. Lower mesenteric artery departs from the abdominal aorta at the vertebral level: (1)

1. L1
2. L2.
3. (+) L3
4. L4.

919. The boundary between the lumbar region and the retroperitoneal space is: (1)

1. Cross belly muscle
2. (+) intra-painted fascia
3. Retroperitian fascia

920. In the retroperitoneal space between intraper and retroperitoneal fascia, there is: (1)

1. (+) Scribbed fiber layer
2. Pondogenic fiber

921. Against fiber is between: (1)

1. (+) Poseartable and advanced fascia
2. Poseartable and intra-abdominal fascia

922. The octopic fiber is located around the kidneys: (1)

1. (+) between fibrous and fascial capsules
2. On top of the fascial kidney capsule

923. Determine the sequence of veins constituting an anastomotic path between the lower and the upper hollow veins in the retroperitoneal space:

1. Upper Hollow Vienna (5)
2. Ascending Lumbar Viennes (3)
3. Unpaired and semi-park veins4 ()
4. Lower hollow vein (1)
5. Lumbar veins (2)

924. Determine the procedure for the location of the three kidney capsules, ranging from its parenchyma: (3)

1. Fatty (2)
2. Fascial (3)
3. Fibrous (1)

925. The kidneys are covered with trousers: (1)

1. Intraperitoneal
2. (+) Extraperitoneal

926. The kidney gate is projected at the level of the vertebrae: (1)

1. TH11-TH12
2. (+) TH12-L1
3. L1-L2
4. L2-L3

927. The 12th edge crosses the left kidney at the level: (1)

1. Upper poles kidney
2. Between the top and middle third
3. (+) at the level of the middle
4. Between the middle and lower third

928. Lower mesenteric artery departs from the abdominal aorta at the vertebral level: (1)

1. L11
2. L2.
3. (+) L3
4. L4.

929. The boundary between the lumbar region and the retroperitoneal space is: (1)

1. Cross belly muscle
2. (+) intra-painted fascia
3. Retroperitian fascia
4. Renal fascia

930. In the retroperitoneal space between intra-abdominal and retroperitoneal fascia: (1)

1. (+) Scribbed fiber layer

2. Pondogenic fiber
3. Okolopochny fascia

931. The 12th edge crosses the right kidney at the level: (1)

1. Upper poles kidney
2. (+) between the upper and middle third
3. At the middle level
4. Between the middle and lower third

932. The kidneys are covered with trousers: (1)

1. Mesoperitoneal
2. (+) Extraperitoneal

933. The kidney gate is projected at the level of the vertebrae: (1)

1. TH11-TH12
2. (+) TH12-L1
3. L1-L2

934. Front from the left kidney are four organs: (4)

1. Liver
2. (+) stomach
3. (+) pancreas
4. duodenal gut
5. (+) loops fine intestine
6. Rising colon
7. (+) splenic bending of the colon

935. Front from the right kidney there are three organs: (31)

1. (+) Liver
2. Stomach
3. Pancreas
4. (+) duodenum
5. (+) Rising colon

936. The elements of the renal leg are located in the front direction back in the sequence: (1)

1. (+) Renal Vienna, Renal Artery, Lohanka
2. Lohanka, Renal Vienna, Renal Artery
3. Lohanka, renal artery, renal vein

937. The basis of the segment of the kidney segments lies: (1)

1. (+) renal artery branching
2. Formation of renal vein
3. Location of small and large renal cups

938. The number of segments allocated in the kidney is: (1)

1. 3
2. 4.
3. (+) 5
4. 6.

939. The ureter has: (1)

1. One narrowing
2. Two narrowings
3. (+) three narrowings
4. Four narrowings

940. Three organs are located in front of the right kidney: (31)

1. (+) Liver
2. Pancreas
3. (+) duodenal gut
4. Loops fine intestine
5. (+) Rising colon

941. Elements of the renal leg are arranged in the front direction back in the sequence: (1)

1. Renal Artery, Renal Vienna, Lohanka
2. (+) Renal Vienna, Renal Artery, Lohanka
3. Lohanka, renal artery, renal vein

941. The basis of the segment of the kidney lies: (1)

1. (+) renal artery branching
2. Location of small and large renal cups
3. Location of renal pyramids

943. The narrowing of the ureter is at the level: (3)

1. (+) Lohank transition to ureter
2. Lower Pole Kidney
3. Crossing with ovarian (egg) artery
4. Middle of the ureter's abdominal part
5. (+) Borderline small pelvis
6. (+) Over the versatile venue by the ureter of the bladder wall

944. At the level of the border line, the left ureter crosses the artery: (1)

1. (+) general iliac
2. Internal iliac
3. Outdoor iliac

945. Elements of the renal leg are arranged in the front direction back in the sequence: (1)

1. (+) Renal Vienna, Renal Artery, Lohanka
2. Lohanka, renal artery, renal vein

946. The basis of the segment of the kidney lies: (1)

1. (+) renal artery branching
2. Formation of renal vein
3. Location of small and large renal cups
4. Natural Survection of the Kidney Surface

947. At the level of the border line, the right ureter crosses the artery: (1)

1. Internal iliac

2. (+) Outdoor iliac

948. The venue for the introduction of the needle with panefral blockade is: (1)

1. The middle of the 12th edge at the bottom edge
2. (+) The top of the corner between the 12th edge and the outer edge of the muscle, straightening the spine

949. With a panefral blockade, the novel solution is entered into: (1)

1. (+) kidney fat capsule
2. Kidney Gateway

950. Specify the sequence of the location of the layers, which the surgeon dissect when accessing the kidney along the Bergman-Iravel:

1. INTERNAL FASSION (6)
2. Deep leaflet lumbly-spinal fascia and transverse abdominal muscle (5)
3. Leather with subcutaneous tissue and surface fascia (1)
4. Lower rear gear muscle and inner abdominal muscle (4)
5. Surface leaflet lumbly-spinal fascia (2)
6. The widest muscle of the back and the outer oblique abdominal muscle (3)

951. With nephrectomy, the dressing and intersection of the elements of the renal leg is carried out in the sequence: (1)

1. Renal artery, renal vein, ureter
2. Renal vein, renal artery, ureter
3. (+) ureter, renal artery, renal vein

952. At the level of the borderline pelvis, the right ureter crosses the artery: (1)

1. General iliac
2. (+) Outdoor iliac

953. The place of introduction of the needle with panefral blockade is: (1)

1. Point of intersection of the rear axillary line and the 12th edge
2. (+) The top of the corner between the 12th edge and the outer edge of the muscle, straightening the spine

954. With a panefral blockade, the novel solution is entered into: (1)

1. Abrainy fiber layer
2. (+) Buric kidney capsule

955. The lumbar triangle (triangle of the PC) limit: (3)

1. (+) Outdoor abdominal muscle
2. Inner oblique muscle
3. Transverse abdominal muscle
4. Spin extensor
5. 12th edge
6. (+) The widest muscle of the back
7. (+) Comb of the iliac

956. The sides of the Lesgafta-Grunefeld rhombus form: (4)

1. Outdoor oblique muscle
2. (+) Inner oblique muscle

3. Transverse abdominal muscle
4. (+) spin extensor
5. (+) 12th edge
6. The widest muscle of the back
7. (+) Rear Bottom Muscle

957 The practical value of the triangle of the PC is that it is: (2)

1. (+) Herge Output
2. (+) the place of the yield of glans from the retroperitoneal space
3. Place for performing punctures and blockades
4. pain point for differential diagnosis of abdominal diseases

958. Access to the kidney in Bergman-Iravel is characterized by: (1)

1. (+) This is extra-abreastsed access.
2. It is an alert access
3. necessarily accompanied by resection of the 12th edge
4. These are variable access

959. The front and rear borders of the retroperitoneal space are: (1)

1. (+) Rear Parietal Peritone
2. (+) Fascia Endoabdominalis
3. Fascia Retroperitonealis
4. Lumbar region muscles
5. FascianToldta

960. The main melting spaces of the cavity of the small pelvis are within the floors of the pelvis: (1)

1. British
2. (+) stiffitish
3. subcutaneous

961 The practical value of the triangle of the PC is that it is: (2)

1. (+) Herge Output
2. (+) the place of the yield of glans from the retroperitoneal space
3. Place to perform access to the scanitoneal space authorities
4. pain point for differential diagnosis of abdominal diseases

962. Access to the kidney in Bergman-Irasely is characterized by: (1)

1. (+) This is extra-abreastsed access.
2. Requires the mandatory opening of the pleural cavity
3. necessarily accompanied by resection of the 12th edge
4. These are variable access

963. With a panefral blockade, the novel solution is introduced in: (1)

1. Abrainy fiber layer
2. (+) Buric kidney capsule
3. Okolopochnye fiber
4. under the kidney capsule

964. Lagnical triangle (triangle of the PC) limit: (3)

1. (+) Outdoor abdominal muscle
2. Inner oblique muscle
3. (+) The widest muscle back
4. (+) Comb of the iliac

965. On the front surface of the magnifier, the brush covers: (1)

1. (+) only the body of the uterus
2. Body and overall part of the cervix
3. The body of the uterus, the overall part of the neck and front of the vagina

966. On the back surface of the uterus, the brush covers: (1)

1. Only the body of the uterus
2. body and all cervical
3. (+) the body of the uterus, the overall part of the cervix and the rear arch of the vagina

967. The urinary diaphragm is formed by two muscles: (2)

1. (+) Deep transverse crotch muscle
2. Copchicker muscle
3. Sedal Cave Muscle
4. (+) urinary sphincter

968. The pelvic diaphragm is formed by two muscles: (21)

1. Deep transverse crottest muscle
2. (+) Copchicker muscle
3. (+) muscle raising the rear pass
4. Sedal Cave Muscle
5. Ureyeing channel sphincter

969. The seeded nerve comes out of the cavity of the small pelvis to the buttock area through the hole: (1)

1. Cleaning
2. Nadgroiudoid
3. (+) progressive
4. Small sedanistic

970. On the front surface of the vita, the peritonese covers: (1)

1. (+) only the body of the uterus
2. body and all cervical
3. The body of the uterus, the overall part of the neck and front of the vagina

971. On the back surface of the uterus, the brush covers: (1)

1. Only the body of the uterus
2. Body and overall part of the cervix
3. (+) the body of the uterus, the overall part of the cervix and the rear arch of the vagina

972. The urinary diaphragm is formed by two muscles: (2)

1. (+) Deep transverse crotch muscle
2. Muscle raising the rear pass

3. Sedal Cave Muscle
4. (+) urinary sphincter

973. The rear skin nerve of the thigh comes out of the cavity of the small pelvic to the buttock area through the hole: (1)

1. Cleaning
2. Nadgroiudoid
3. (+) progressive
4. Small sedanistic

974. Sex nerve, internal genital arteries and veins penetrate into a sedlicate-straight hole through a hole: (1)

1. Cleaning
2. Front sacrats
3. Podgrushoid
4. (+) Smallsedanized

975. Of the listed bundles of the uterine dupicature of the peritoneum is: (1)

1. Cardinal bunch of uterus
2. Round bunch of uterus
3. Straightening-uterine bunch
4. Own bunch of ovary
5. (+) Wide bunch of uterus

976. In the course of the operation about the suppuration of the fiber of the near-cooler space, a mixture of pus was discovered in the prettier's fiber of the front abdominal wall in the inner hole of the inguinal channel. Identify, in the course of which anatomical education, the Vnight process was distributed: (1)

1. (+) in the course of a round bunch of uterus
2. In the course of the lower left artery
3. In the course of a wide bundle of uterus

977. The uterine tube is located: (1)

1. (+) Along the top edge of a wide bunch of uterus
2. Along the side edge of the bodies of the uterus
3. In the middle department of a wide bunch of uterus
4. Based on a wide bundle of uterus

978. The uterine artery is the branch of the artery: (1)

1. (+) internal iliac
2. NizhnyaNeshshenny
3. Common iliac

979. ovarian artery is a branch: (1)

1. (+) abdominalaorta
2. Internal iliac artery
3. Common iliac artery

980. With pipe pregnancy, the rupture of the uterine tube is accompanied by a cluster of blood in: (1)

1. Side Pelvic Space Space
2. Ranomascular cellular space
3. (+) straightforward-uterine deepening
4. Bubble-uterine deepening

981. Determine the anatomical premise of the possibility of an extra-bubble point of bladder through the front abdominal wall: (1)

1. The presence of prettier tissue in the front wall of the bladder
2. The presence of a visceral sheet of internal frames
3. The presence of the preposter cellular space
4. (+) High standing transverse folds of peritoneum with a filled bubble

982. In the course of surgery for the suppuration of the cellular space, the accumulation of inserts was found in the prettier tissue of the front abdominal wall in the inner opening of the inlet channel. Identify, in the course of which anatomical education, the Vnight process was distributed: (1)

1. (+) in the course of a round bunch of uterus
2. Over the aircraft and prepaulous spaces
3. In the course of a wide bundle of uterus

983. The uterine tube is located: (1)

1. (+) Along the top edge of a wide bunch of uterus
2. Along the side edge of the bodies of the uterus
3. In the middle department of a wide bunch of uterus
4. Based on a wide bundle of uterus

984. The uterine artery is the branch of the artery: (1)

1. (+) internal iliac
2. Outdoor iliac
3. NizhnyaNeshryzna

985. ovarian artery is a branch: (1)

1. (+) abdominal aorta
2. Uterine artery
3. Common iliac artery

986. Prostate gland is located in relation to the bladder: (1)

1. In front
2. (+) from the bottom
3. Behind

987. Egg arterie is a branch: (1)

1. Abdominal aorta
2. (+) internal iliac artery
3. Cleaning artery
4. Outdoor iliac artery
5. Common iliac artery

988. With the catheterization of the male urethra among the three of its essences, the greatest obstacle represents: (1)

1. (+) outer hole
2. Reflection part
3. Interior hole

989. Determine the sequence of the layers of the scrotum and the membranes of the Egg: (1)

1. Vaginal Egg Shell
2. (+) Internal seed fascia
3. Leather
4. Funny shell
5. Muscle raising egg
6. Outdoor seed fascia

990. The finger rectal study in men is carried out in order to determine the state primarily: (1)

1. bladder
2. (+) prostate gland
3. front sacral lymph nodes

991. Install the correspondence between the arteries supplying the right integer and the sources of their formation:

1. Upper recycling artery (D)	a) Inner interground
2. Middle Black Arteries (b)	b) internal iliac artery
3. Lower recycling artery (a)	c) Upper mesenteric artery
1.	D) outdoor iliac artery
2.	E) bottom mesenteric artery

992. In case of liver disease, straightforce chloral hydrate anesthesia (in the enema) can aggravate the lesion of the liver. Describe the venous path of the flow of chloralhydrate into the liver sequentially for three veins: (3)

1. Upper mesenteric
2. Upper straightforward (1)
3. Passion (3)
4. Lower mesenteric (2)
5. Lower hollow
6. Medium straightforward

993. Nadampular part of the rectum is covered with peritoneous: (1)

1. (+) from all sides
2. On three sides

994. A ampoule of the rectum at a high extent is covered with peritoneous: (1)

1. From all sides
2. On three sides
3. (+) Only in front

995. The bottom of the rectum is covered with peritoneous: (1)

1. On three sides
2. (+) Only in front

3. Not covered with peritoneous

996. Among the three ways of outflow of lymphs from the rectum is the main way to: (1)

1. Inguinal lymph nodes
2. (+) sacrals and further - in internal iliac lymph nodes
3. Upper straight and further in the lower mesenteric lymph nodes

997. In the operation of the extirpation of the rectum over cancer, a complete removal of the transshipment of the grinding space is made due to: (1)

1. Purpicular communication of fatty fiber with the wall of the rectum
2. (+) the possibilities of metastasis of the tumor in the front sacral lymph nodes

998. The finger rectal study in men is carried out in order to determine the state primarily: (1)

1. Ureterals
2. (+) prostate gland
3. front sacral lymph nodes

999. In the stiffer floor of a small pelvic, cellulums are isolated: (3)

1. (+) preposter
2. (+) Beforeading
3. (+) Posadigar-blur
4. Prieucum cellular spaces
5. Parameter cellular spaces

1000. Nadampular part of the rectum is covered with peritoneous: (1)

1. (+) from all sides
2. Only in front

ЛД-21ИН

Federal State Budgetary Educational Institution of Higher Education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation

Department human anatomy with topographic anatomy and operative surgery

EXAM QUESTIONSBY DISCIPLINE
"TOPOGRAPHIC ANATOMY AND OPERATIVE SURGERY»
the main professional educational program of higher education – specialty programs in the specialty
31.05.01 **«General Medicine»**
for 4th year students of the Faculty of Medicine

1. THE DOCTRINE OF V. N. SHEVKUNENKO INDIVIDUAL ANATOMICAL VARIABILITY OF ORGANS AND SYSTEMS, ITS CLINICAL RELEVANCE.

2. CLINICAL ANATOMY OF THE SMALL INTESTINE. Departments, relation to peritoneum, syntopia, mesentery and its contents, the differences from the colon. Blood supply, innervation, regional lymph nodes.

3. 3TRACHEOSTOMY. Indications, types, technique of operations and their topographic and anatomical justification, possible complications and their prevention.

4. TOPOGRAPHICAL ANATOMY OF LATERAL REGION OF FACE (BUCCAL AND PAROTID-MASTICATORY). Layers and their characteristics, parotid gland and "weak spots" of its capsule, projection on the skin of the parotid gland duct and branches of the facial nerve, neurovascular formations.

5. CLINICAL ANATOMY OF THE PLEURA. Borders, divisions, and part of the pleural cavity, slit, pleural sinuses, Mainperle fields, characteristics of blood supply, innervation and lymphatic drainage from the various divisions of the pleura.

6. OPERATIONS ON THE NERVES. Neurotomy, nerve resection, nerve suture, neurolysis (indications, requirements, technique).

7. CLINICAL ANATOMY OF THE HIP JOINT. Articular surface, the line of attachment of the joint capsule, the projection of the joint space, the ligaments and weak points of the capsule. Blood supply and innervation of the joint.

8. TOPOGRAPHY OF THE PERITONEUM IN THE LOWER FLOOR OF THE ABDOMINAL CAVITY. Canals, sinuses, pockets, large omentum. Features of messages with the upper floor of the abdomen and pelvic cavities, their clinical significance.

9. CRANIOTOMY. Indications, the main types and methods, the main stages of operations, methods of closing the defects of the bones of the cranial vault.

10. CLINICAL ANATOMY OF THE BREAST. With cellotape. capsule, kletchataya space, features of the structure. Blood supply, innervation and ways of lymph outflow.

11. CLINICAL ANATOMY OF THE LIVER. Sellotape, syntopia, holotape. Attitude to the peritoneum, shape and position, ligaments, external structure (lobes, furrows and their contents), segmental structure of the liver. Blood supply to the liver and its features, innervation, lymph flow.

12. EXPOSURE AND LIGATION OF THE FEMORAL ARTERY IN SAROVSKOM TREHERNE. Indications, projection, topography, technique of operations, possible complications and their prevention, ways of collateral blood supply.

13. TOPOGRAPHIC ANATOMY OF THE BACK REGION OF THE KNEE. Boundaries, layers, walls, bottom and contents of popliteal fossa, collateral circulation pathways in violation of blood flow in the popliteal artery.

14. TOPOGRAPHIC ANATOMY OF THE MEDIASTINUM. Borders, departments. General overview of the topography of the organs of the anterior mediastinum.

15. SURGERY FOR DIRECT INGUINAL HERNIAS. Methods of plasty of the inguinal canal.

16. CLINICAL ANATOMY OF THE SHOULDER JOINT. The articular surfaces and the attachment sites of the joint capsule, ligaments, inversions and weaknesses of the joint capsule. Blood supply and innervation of the joint.

17. CLINICAL ANATOMY OF THE LUNGS. Boundaries, external structure of the lungs, lobar and segmental structure, the gate and the root of the lung (blood supply,

innervation, lymph flow). The projection of the lobes of the lung on the surface of the breast.

18. OPERATIONS ON THE BLOOD VESSELS. Ligation of the vessel in the wound and throughout-anatomical and physiological justification. Vascular suture, requirements, types and methods, their essence, the technique of the seam on the Carrel.

19. OPERATIONSA ANATOMY OF THE BACK REGION OF THE TIBIA. Borders, layers, muscular-fascial bed, neurovascular bundles, their projection, the ankle-popliteal canal.

20. TOPOGRAPHICAL ANATOMY OF LUMBAR REGION. Boundaries, divisions, layers, weaknesses, lumbar plexus and its branches.

21. PRINCIPLES of Subtotal subfascial resection of the thyroid gland by O. V. Nikolaev.

22. THE DOCTRINE OF THE FASCIA. Definition, structure and types of fascia, types and characteristics of interfacial receptacles, osteo0fascial cases. Clinical significance of fascia.

23. CLINICAL ANATOMY of the gallbladder and extrahepatic zelnik ways. Attitude to the peritoneum of the gallbladder. Its projection, part, syntopia, sellotape, holotape. The topography of the extrahepatic ducts. Variants of the relationship between the common bile and pancreatic ducts. Blood supply, innervation, regional lymph nodes.

24. SURGERY for phlegmon of the extremities. Drainage space Parody-Pirogov.

25. TOPOGRAPHIC ANATOMY OF THE INTERNAL BASE OF THE SKULL. Cranial fossa. Typical places of skull base fractures and their clinical and anatomical characteristics.

26. CLINICAL ANATOMY OF THE LIVER. Sellotape, syntopia, holotape. Attitude to the peritoneum, shape and position, ligaments, external structure (lobes, furrows and their contents), segmental structure of the liver. Blood supply to the liver and its features, innervation, lymph flow.

27. EXPOSURE AND LIGATION OF THE CAROTID ARTERIES. Indications, projection, topography, technique of operations, possible complications and their prevention, ways of collateral blood supply.

28. CLINICAL ANATOMY OF THYROID AND PARATHYROID GLANDS. Skeletopy, syntopia, holotape. Capsules, blood supply and innervation, lymph drainage, "dangerous zone of the thyroid gland".

29. CLINICAL ANATOMY OF THE STOMACH. Sellotape, syntopia, holotape, divisions and part, shape and position of the ligament. Blood supply, innervation, regional lymph nodes and ways of cancer metastasis.

30. OPERATION WHEN PANARITIUMS: hypodermic, nail, tenosynovitis. Readings of topographic-anatomic substantiation, types of equipment and operations.

31. TOPOGRAPHIC ANATOMY OF THE LATERAL TRIANGLE OF THE NECK. Borders, layers, topography of subclavian arteries and veins, cervical and brachial nerve plexus.

32. TOPOGRAPHIC ANATOMY OF THE INGUINAL REGION. Layers and their characteristics, inguinal triangle, inguinal gap, inguinal canal, its walls, holes and contents. Lateral and medial inguinal fossa. Topographic and anatomical prerequisites for the formation of inguinal hernias.

33. OPERATIVE ACCESSES TO THE LUNGS.

34. TOPOGRAPHIC ANATOMY OF THE ANTERIOR REGION OF THE THIGH. Boundaries, layers, neurovascular bundles, muscular and vascular lacunae and their contents.

35. HOLOGRAPHY OF THE PERITONEUM OF THE UPPER FLOOR OF THE ABDOMINAL CAVITY. Bags, ligaments, small omentum and its contents. Features of messages with the lower floor and their clinical value.

36. SUTURE OF THE NERVE. Types, methods and techniques of surgery

37. OPERATIONAL ACCESS AND ACCEPTANCE. Definition, requirements for operational access, criteria for their evaluation, types of operational techniques, individualization of access and reception.

38. CLINICAL ANATOMY OF THE COLON. Departments, attitude to the peritoneum. Sellotape, syntopia, holotape, structure of the colon wall, the structural features of the intestine in the area of the ileocecal angle and its clinical importance. Blood supply and the concept of" critical zones", innervation, regional lymph nodes.

39. CUTS ON THE FACE WHEN ENOYNA THE MUMPS.

40. TOPOGRAPHIC ANATOMY OF THE GLUTEAL REGION. Boundaries, layers and their characteristics, the vessels and nerves, the cellular spaces of the space and ways of distribution of purulent streaks.

41. CLINICAL ANATOMY OF THE PANCREAS. Syntopia. Sellotape, syntopia, holotape. Odely, the attitude to the peritoneum, especially the relationship with large vessels. Blood supply, innervation, lymph flow.

42. SURGICAL TREATMENT OF PURULENT MEDIASTINITIS. Dorsal mediastinotomy on Naslovu modification HEIDENHAIN.

43. CLINICAL ANATOMY OF THE MENINGES OF THE BRAIN. Sinuses of the Dura mater and the pathway of venous outflow from the skull, their connection with extracranial venous formations and their importance in the spread of inflammatory processes.

44. TOPOGRAPHIC ANATOMY OF THE MEDIASTINUM. The boundaries, divisions, overview of the topography of the organs of the posterior mediastinum. Topographic anatomy of the vagus nerves and recurrent branches.

45. The CONCEPT OF SUPRAVAGINAL hysterectomy and surgery for ec Lesson pregnancy. Puncture of the abdominal cavity through the posterior vaginal vault.

46. CLINICAL ANATOMY OF THE DIAPHRAGM. Departments, weaknesses, blood supply, innervation.

47. TOPOGRAPHICAL ANATOMY OF SMALL PELVIS. The floor of the pelvis, cellular spaces of the space of the pelvis and their practical value.

48. PRIMARY SURGICAL TREATMENT OF TRAUMATIC BRAIN INJURY. Features, preparation, topographic and anatomical justification, stages and technique of the operation, ways to stop bleeding from the vessels of the soft tissues of the head, diploic veins, vessels and sinuses of the Dura and superficial vessels of the brain.

49. The TEACHINGS of V. I. SHEVKUNENKO ABOUT the INDIVIDUAL AND AGE-specific ANATOMIC variability of ORGANS AND SYSTEMS. Its main provisions and clinical significance.

50. CLINICAL ANATOMY OF THE UTERUS AND APPENDAGES. Relationship to the peritoneum. Sellotape, syntopia, holotape. The position of the uterus, ligaments. Blood supply, innervation, regional lymph nodes.

51. OPERATIONS AT FEMORAL HERNIAS. The concept of"crown of death".

52. FASCIA AND cellular spaces spaces of the NECK and their clinical significance. Classification and topography. Localization of abscesses and phlegmon, the spread of purulent numb with phlegmon of the neck.

53. TOPOGRAPHY OF THE HEART AND PERICARDIUM. Sellotape, syntopia, holotape. Blood supply, innervation.

54. PUNCTURE of the hip joint.

55. TOPOGRAPHIC ANATOMY OF THE MEDIAL TRIANGLE OF THE NECK. Carotid and scapular-tracheal triangles: boundaries, layers and their characteristics, neurovascular bundle, its projection, topography, branches of the external carotid artery.

56. CLINICAL ANATOMY OF THE COLON. Departments, relation to peritoneum, syntopia, sellotape, holotape. Features of the structure of the colon wall, especially the structure of the intestine in the ileocecal angle and their clinical significance. Blood supply and the concept of" critical zones", innervation, regional lymph nodes.

57. DISARTICULATION Definition, indications. Methods and General technique.

58. FASCIA AND cellular spaces spaces of the NECK and their clinical significance. Classification and topography. Localization of abscesses and phlegmon, the spread of purulent numb with phlegmon of the neck. Incisions in phlegmon and abscesses of the neck and their topographic and anatomical justification.

59. CLINICAL ANATOMY OF THE PANCREAS. Sellotape. syntopia, departments, relation to the peritoneum, especially the relationship with major vessels. Blood supply, innervation, lymph flow.

60. PUNCTURE and catheterization of the femoral artery by the Seldinger.

61. CLINICAL ANATOMY OF THE ELBOW JOINT. The articular surfaces and the attachment sites of the joint capsule, ligaments and weak points of the capsule. Blood supply and innervation of joints

62. CLINICAL ANATOMY OF THE STOMACH. Sellotape, syntopia, holotape, Divisions and part, shape and position of the ligament. Blood supply, innervation, regional lymph nodes and ways of cancer metastasis

63. OPERATIONS ON THE KIDNEYS. Operative access. Nephrotomy, nephrostomy. Indications. Technique of execution.

64. TOPOGRAPHIC ANATOMY OF THE FINGERS. Layers and their characteristics, the topography of the osteo-fibrous canals and synovial sheaths of the flexor tendons of the fingers.

65. TOPOGRAPHICAL ANATOMY OF THE RETROPERITONEAL SPACE. Borders, departments, layers, fascia and cellular spaces.

66. PUNCTURE OF THE PLEURAL CAVITY. Indications, technique, anatomical justification, possible complications and their prevention.

67. CLINICAL ANATOMY OF THE PHARYNX AND THE CERVICAL ESOPHAGUS. Sellotape, syntopia, holotape, Walls, posts, blood supply, innervation, lymphatic outflow.

68. CLINICAL ANATOMY OF THE BLADDER. Relation to the peritoneum, fascial sheath, and the cellular spaces of the space of the bladder layers of the walls. Blood supply and innervation, the regional lymph nodes.

69. OPERATIONS AT PURULENT MASTITIS. The location of ulcers and cuts, the anatomical substantiation and technique of operations.
70. CLINICAL ANATOMY OF THE KNEE JOINT. Articular surface, the line of attachment of the joint capsule, ligaments, menisci, and inversions. Blood supply and innervation.
71. TOPOGRAPHIC ANATOMY OF THE ANTERIOR-LATERAL ABDOMINAL WALL. Areas, projection of organs, blood supply, innervation, lymph flow. The topography of the layers of the lateral region of the abdomen.
72. OPERATIONS FOR INJURIES OF THE HEART. Operative accesses, principles, anatomical substantiation.
73. THE CONTRIBUTION OF N. And. PIROGOV IN THE DEVELOPMENT OF SURGERY. N. And. Pies as the founder of bone-plastic operations.
74. TOPOGRAPHICAL ANATOMY OF THE RETROPERITONEAL SPACE. Borders, bodies and vascular-nervous formations. Branches of the abdominal aorta, formation and tributaries of the inferior Vena cava.
75. GASTROSTOMY. Indications, types and methods, their essence. The technique of gastrostomy for Witzel.
76. TOPOGRAPHICAL ANATOMY of LATERAL REGION of FACE (buccal and parotid-masticatory). Layers and their characteristics, parotid gland and "weak spots" of its capsule, projection on the skin of the parotid gland duct and branches of the facial nerve, neurovascular formations. Cuts on the face with purulent mumps.
77. TOPOGRAPHICAL ANATOMY OF THE THORAX. Borders, departments and areas. Layers the subclavian region, the topography of the intercostal space.
78. SURGERY FOR ABDOMINAL INJURIES. Accesses the audit the abdominal cavity. Suturing the wounds of the small intestine.
79. OPERATIONAL ACCESS AND ACCEPTANCE. Definition, requirements for operational access, criteria for their evaluation, types of operational techniques, individualization of access and reception.
80. TOPOGRAPHIC ANATOMY OF THE UMBILICAL REGION. The relationship of the broad muscles of the abdomen direct. The formation of the white line of the abdomen, the umbilical ring, the layers of the area, their characteristics, weaknesses as an anatomical prerequisite for the formation of hernias, neurovascular bundles.
81. CRANIOTOMY. Indications, the main types and methods, the main stages of the operation. Methods for closing defects in the bones of the cranial vault.
82. TOPOGRAPHIC ANATOMY OF THE FOOT. Layers of muscular and fascial Lodge of the rear and sole of the foot, the neurovascular bundles and their projection, cellular spaces of space and ways of distribution of purulent streaks in phlegmon of the foot.
83. CLINICAL ANATOMY OF THE COLON. Departments, attitude to the peritoneum. Sellotape, syntopia, holotape. Features of the structure of the colon wall, especially the structure of the intestine in the ileocecal angle and their clinical significance. Blood supply and the concept of "critical zones", innervation, regional lymph nodes
84. INCISIONS at deep phlegmon of the lateral area of the face.
85. TOPOGRAPHICAL ANATOMY OF AXILLARY REGION. Boundaries and layers of the area, walls and contents of the axillary cavity, topography of the neurovascular bundle. Ways of collateral circulation in thrombosis of the axillary artery.

86. CLINICAL ANATOMY OF THE DIAPHRAGM. Departments, weaknesses, blood supply, innervation.

87. SURGERY FOR ABDOMINAL INJURIES. Accesses an audit of the abdominal cavity, suturing wounds of the liver.

88. THE SURGICAL TOOL. Groups and types, characteristics of the main instruments, rules of use of surgical instruments.

89. BLOOD FLOW TO THE HEART AND WAYS OF VENOUS OUTFLOW. The concept of the coronary circulation. Branches and blood supply areas of the coronary arteries. Characteristics of the ways of venous outflow and lymph outflow from the heart.

90. OPERATIONS ON THE STOMACH. Gastroenterostomy. Indications. Technique Perevalnogo front of the gastroenteroanastomosis.

91. TOPOGRAPHICAL ANATOMY OF FRONTO-PARIETO-OCCIPITAL REGION. Borders, layers, cellular spaces, vessels and nerves, topographic and anatomical justification of scalped wounds on the head.

92. CLINICAL ANATOMY OF THE PERICARDIUM. The walls of the pericardium and their syntopia. Sinuses of the pericardium, the structure of the pericardium, especially blood supply and innervation.

93. CHOLECYSTECTOMY. CHOLECYSTOSTOMY. Indications, accesses, methods, their essence and technique, anatomical justification.

94. TOPOGRAPHICAL ANATOMY OF TEMPORAL REGION. Boundaries, layers, their characteristics and the ratio with the layers of the front-parietal-occipital region. Neurovascular bundles and cellular spaces. The projection of the main grooves and brain vessels on the skin (scheme Cranlana Brusovo).

95. CLINICAL ANATOMY OF THE RECTUM. Sellotape, syntopia, relation to peritoneum, fascial sheaths and cellular spaces of the space of the rectum, the layers of the walls. Blood supply, innervation, regional lymph nodes.

96. PUNCTURE of the shoulder joint. Shoulder joint resection

97. CAVA KAVALENYA AND PORTO-KAVALENYA MEZVINSKY ANASTOMOSES. Species, topographic anatomy, clinical significance.

98. CLINICAL ANATOMY of the GALLBLADDER and extrahepatic biliary tract. Attitude to the peritoneum of the gallbladder, its projection, parts, syntopia. The topography of the extrahepatic bile ducts. Variants of the relationship between the common bile and pancreatic ducts. Blood supply, innervation, regional lymph nodes.

99. OPERATIONS ON THE BLOOD VESSELS. Ligation of the vessel in the wound and throughout-anatomical and physiological justification. Vascular suture-requirements, types and methods. Seam technique but Carrel.

100. TOPOGRAPHIC ANATOMY PODIGNE-MAXILLARY TRIANGLE. Borders, layers, capsule, bed and topography of the submandibular gland, vessels and nerves, lymph nodes, Pirogov's triangle.

101. CLINICAL ANATOMY OF THE UTERUS AND APPENDAGES. Relation to the peritoneum, the abdominal recess, syntopia, the position of the uterus, part of the layers of the wall of the uterus, ligaments. Blood supply, innervation, regional lymph nodes.

102. SURGERY FOR INGUINAL HERNIAS. Features of the operation with strangulated, sliding and congenital hernias.

103. TOPOGRAPHIC ANATOMY OF THE MASTOID REGION. Trepanation triangle of Shipo. the essence and main stages of trepanation of the mastoid process (antrotomy) and possible complications.

104. CLINICAL ANATOMY OF THE BREAST. Sellotape, capsule, cellular spaces of space, features of the structure. Blood supply, innervation and ways of lymph outflow.

105. APPENDECTOMY. Indications, accesses, differences in the position of the Appendix, stages and technique of operation.

106. SEPARATION AND CONNECTION OF TISSUES. Types and methods, characteristics of modern suture material, application in surgery of bonding agents, ultrasound, laser, plasma scalpel.

107. BLOOD FLOW TO THE HEART AND WAYS OF VENOUS OUTFLOW. The concept of coronary circulation. Branches and blood supply areas of the coronary arteries. Characteristics of the ways of venous outflow and lymph outflow from the heart.

108. INTESTINAL SUTURE. Requirements for intestinal suture. types, methods, equipment

109. CLINICAL ANATOMY OF THE SHOULDER JOINT. The articular surfaces and the attachment sites of the joint capsule, ligaments, inversions and weaknesses of the joint capsule. Blood supply and innervation of the joint.

110. CLINICAL ANATOMY OF THE BREAST. Sellotape, capsule, cellular spaces of space, features of the structure. Blood supply, innervation and ways of lymph outflow.

111. LAPAROTOMY. Types, stages and technique of operations, anatomic substantiation requirements of the laparotomy incision, a comparative evaluation.

112. TOPOGRAPHIC ANATOMY OF THE BACK REGION OF THE KNEE. Boundaries, layers, walls, bottom and contents of popliteal fossa, collateral circulation pathways in violation of blood flow in the popliteal artery.

113. TOPOGRAPHIC ANATOMY OF THE INGUINAL REGION. Layers and their characteristics, inguinal triangle, inguinal gap, inguinal canal, its walls, holes and contents. Lateral and medial inguinal fossa. Topographic-anatomic prerequisites for the formation of Popovych hernias.

114. BREAST SURGERY. Sectoral resection of the breast. Radical mastectomy by Halsted-Meyer. Indications. Technique of execution.

115. TOPOGRAPHICAL ANATOMY OF LATERAL REGION OF FACE (BUCCAL AND PAROTID-MASTICATORY). Layers and their characteristics, parotid gland and "weak spots" of its capsule, projection on the skin of the parotid gland duct and branches of the facial nerve, neurovascular formations..

116. TOPOGRAPHICAL ANATOMY OF LUMBAR REGION. Boundaries, divisions, layers, weaknesses, lumbar plexus and its branches.

117. THE SEAM TENDON. Requirements. Views. Technique of execution.

118. TOPOGRAPHIC ANATOMY OF THE INTERNAL BASE OF THE SKULL. Cranial fossa. Typical places of skull base fractures and their clinical and anatomical characteristics.

119. CLINICAL ANATOMY OF THE UTERUS AND APPENDAGES. Relation to the peritoneum, the abdominal recess, syntopia, the position of the uterus, part of the layers of the wall of the uterus, ligaments. Blood supply, innervation, regional lymph nodes.

120. OPERATIONS ON THE STOMACH. Gastric resection type Billroth-I, Billroth - II. Billroth II in modification of Hofmeister-Finsterer. Advantages and disadvantages of these methods of resection.

121. FASCIAS AND CELLULAR SPACES OF THE SPACE OF THE NECK, THEIR CLINICAL SIGNIFICANCE. Classification and topography. Localization of abscesses and phlegmon, the spread of purulent numb with phlegmon of the neck.

122. CLINICAL ANATOMY OF THE STOMACH. Sellotape, syntopia, holotape. The divisions and part, shape and position of the ligament. Blood supply, innervation, regional lymph nodes and ways of cancer metastasis

123. OPERATIONS ON THE BONES. Osteotomy, bone resection, extra-and intramedullary osteosynthesis.

124. TOPOGRAPHICAL ANATOMY OF TEMPORAL REGION. Boundaries, layers, their characteristics and the ratio with the layers of the front-parietal-occipital region. Neurovascular bundles and cellular spaces. The projection of the main grooves and brain vessels on the skin (scheme Cranlana Brusovo).

125. CLINICAL ANATOMY OF THE PERICARDIUM. The divisions of the pericardium and their syntopia, the sinuses of the pericardium, the structure of the pericardium, especially of the blood supply and innervation.

126. OPERATIONS ON THE NERVES. Neurolysis. Suture of the nerve. Indications. Technique of execution.

127. CLINICAL ANATOMY OF THE KNEE JOINT. Articular surface, the line of attachment of the joint capsule, ligaments, menisci, and inversions. Blood supply and innervation.

128. CLINICAL ANATOMY OF THE DIAPHRAGM. Departments, weaknesses, blood supply, innervation.

129. AMPUTATION. Definition, indications, classification, types and methods, stages and General technique, amputation stump.

130. 130. TOPOGRAPHICAL ANATOMY OF AXILLARY REGION. Boundaries and layers of the area, walls and contents of the axillary cavity, topography of the neurovascular bundle. Ways of collateral circulation in thrombosis of the axillary artery.

131. TOPOGRAPHIC ANATOMY OF THE ANTERIOR-LATERAL ABDOMINAL WALL. Areas, projection of organs, blood supply, innervation, lymph flow. The topography of the layers of the lateral region of the abdomen

132. SURGERY for HYDROCELE (methods of Winkelmann and Bergman).

133. TOPOGRAPHIC ANATOMY OF THE GLUTEAL REGION. Boundaries, layers and their characteristics, the vessels and nerves, the cellular spaces of the space and ways of distribution of purulent streaks.

134. CLINICAL ANATOMY OF THE COLON. Departments, relation to peritoneum, syntopia, structure of the colon wall, the structural features of the intestine in the area of the ileocecal angle and its clinical importance. Blood supply and the concept of" critical zones", innervation.

135. SUTURE OF THE LUNG. Marginal resection of the lung.

136. TOPOGRAPHIC ANATOMY OF THE ANTERIOR REGION OF THE THIGH. Boundaries, layers, neurovascular bundles, muscular and vascular lacunae and their contents.

137. TOPOGRAPHIC ANATOMY OF THE MEDIASTINUM. The boundaries, divisions, overview of the topography of the organs of the posterior mediastinum. Topographic anatomy of the vagus nerves and recurrent branches.

138. OPERATIONS ON the BLADDER: puncture, cystotomy. cystostomy. Statement, concept of operations and their nature, the anatomical rationale.

139. CLINICAL ANATOMY OF THE MENINGES OF THE BRAIN. Sinuses of the Dura mater and the pathway of venous outflow from the skull, their connection with extracranial venous formations and their importance in the spread of inflammatory processes.

140. TOPOGRAPHICAL ANATOMY OF THE THORAX. Borders, departments and areas. Layers of the subclavian region, topography of intercostal spaces.

141. PUNCTURE OF ABDOMINAL CAVITY THROUGH POSTERIOR VAGINAL VAULT. Operative access to the uterus.

142. TOPOGRAPHICAL ANATOMY OF FRONTO-PARIETO-OCCIPITAL REGION. Borders, layers, cellular spaces, vessels and nerves, topographic and anatomical justification of scalped wounds on the head.

143. TOPOGRAPHY OF THE PERITONEUM IN THE LOWER FLOOR OF THE ABDOMINAL CAVITY. Canals, sinuses, pockets, large omentum. Features of messages with the upper floor of the abdomen and pelvic cavities, their clinical significance.

144. SURGERY FOR OBLIQUE INGUINAL HERNIAS. Methods of plasty of the inguinal canal.

145. CLINICAL ANATOMY OF THE HIP JOINT. Articular surface, the line of attachment of the joint capsule, the projection of the joint space, the ligaments and weak points of the capsule. Blood supply and innervation of the joint.

146. TOPOGRAPHY OF THE PERITONEUM OF THE UPPER FLOOR OF THE ABDOMINAL CAVITY. Bags, ligaments, small omentum and its contents. Features of messages with the lower floor and their clinical value.

147. SEPARATION AND CONNECTION OF TISSUES. Types and methods, characteristics of modern suture material, application in surgery of bonding agents, ultrasound, laser, plasma scalpel.

148. TOPOGRAPHIC ANATOMY OF THE MEDIAL TRIANGLE OF THE NECK. Carotid and scapular-tracheal triangles: boundaries, layers and their characteristics, neurovascular bundle, its projection, topography, branches of the external carotid artery.

149. TOPOGRAPHICAL ANATOMY OF THE RETROPERITONEAL SPACE. Borders, departments, layers, fascia and cellular spaces.

150. RADICAL OPERATIONS ON THE LUNGS. Pneumonectomy, lobectomy, segmentectomy. The essence of operations, anatomical justification, operational accesses, the main stages.

ЛД-21ИН

QUESTIONS FOR PRACTICAL SKILLS
BY DISCIPLINE
«TOPOGRAPHIC ANATOMY AND OPERATIVE SURGERY»

the main professional educational program of higher education – specialty programs in the specialty
31.05.01 **«General Medicine»**,
for 4th year students of the Faculty of Medicine

Part I.

Name it in Latin and show it on the drug:

1. the frontal bone
2. scaly part of the temporal bone
3. external auditory canal
4. the jugular hole
5. holeof the parietal emissary vein
6. large nose wing cartilage
7. buccal region
8. submandibular gland
9. scapuloclavicular fascia
10. shoulder
11. intermediate ulnar vein
12. shoulder blade awn
13. medial condyle
14. intercostal brachial nerve
15. brachial veins
16. ulnar muscle
17. lower posterior iliac spine
18. foot
19. popliteal surface
20. iliopsoas muscle
21. temporal bone
22. the head of the upper jaw
23. large occipital hole
24. central furrow
25. back of the nose
26. lateral surface of the zygomatic bone
27. laryngeal protrusion
28. jugular venous angle
29. joint capsule
30. ulnar fossa
31. shoulder blade
32. subarticular tubercle
33. scapula-hyoid muscle
34. interosseous recurrent artery
35. recurrent ulnar artery
36. little sciatic notch
37. posterior ankle area
38. scallop muscle
39. iliac-comb bag
40. lumbar-gluteal fat mass
41. frontal area
42. mastoid process
43. condylar fossa
44. internal auditory orifice
45. hole of the occipital emissary vein
46. nostrils
47. parotid-chewing area
48. superficial fascia of the neck
49. upper thyroid artery
50. back surface of the shoulder
51. radial flexor of the hand
52. subcostal fossa
53. common flexor tendon
54. medial cutaneous nerve of the shoulder
55. upper ulnar collateral artery
56. metacarpal bone
57. sciatic bone branch
58. sole area of the foot
59. medial condyle
60. gluteus maximus
61. brow arch
62. mastoid cave
63. condylar canal
64. outer opening of the vestibule water pipe
65. opening of the condylar emissary vein
66. lateral nasal cartilage
67. sternocleidomastoid muscle
68. external plate of the superficial fascia of the neck
69. lingual artery
70. The frontal bone
71. Scaly part of the temporal bone
72. External auditory canal
73. The jugular hole
74. Holeof the parietal emissary vein
75. Large nose wing cartilage
76. Buccal region
77. Submandibular gland
78. Scapuloclavicular fascia
79. Shoulder
80. Intermediate ulnar vein
81. Shoulder blade awn

82. Medial condyle
83. Intercostal brachial nerve
84. Brachial veins
85. Ulnar muscle
86. Lower posterior iliac spine
87. Foot
88. Popliteal surface
89. Iliopsoas muscle
90. Temporal bone
91. The head of the upper jaw
92. Large occipital hole
93. Central furrow
94. Back of the nose
95. Lateral surface of the zygomatic bone
96. Laryngeal protrusion
97. Jugular venous angle
98. Joint capsule
99. Ulnar fossa
100. Shoulder blade
101. Subarticular tubercle
102. Scapula-hyoid muscle
103. Interosseous recurrent artery
104. Recurrent ulnar artery
105. Little sciatic notch
106. Posterior ankle area
107. Scallop muscle
108. Iliac-comb bag
109. Lumbar-gluteal fat mass
110. Frontal area
111. Mastoid process
112. Condylar fossa
113. Internal auditory orifice
114. Hole of the occipital emissary vein
115. Nostrils
116. Parotid-chewing area
117. Superficial fascia of the neck
118. Upper thyroid artery
119. Back surface of the shoulder
120. Radial flexor of the hand
121. Subcostal fossa
122. Common flexor tendon
123. Medial cutaneous nerve of the shoulder
124. Upper ulnar collateral artery
125. Metacarpal bone
126. Sciatic bone branch
127. Sole area of the foot
128. Medial condyle
129. Gluteus maximus
130. Brow arch
131. Mastoid cave
132. Condylar canal
133. Outer opening of the vestibule water pipe
134. Opening of the condylar emissary vein
135. Lateral nasal cartilage
136. Sternocleidomastoid muscle
137. External plate of the superficial fascia of the neck
138. Lingual artery
139. Brachial artery
140. Triceps brachialis (long head)
141. Shoulder blade tenderloin
142. Subacute fascia
143. Lateral thoracic nerve
144. The head of the radius
145. Lower limb
146. Lower branch of the pubic bone
147. Sole area of the foot
148. Large adductor muscle
149. Semi-tendon muscle
150. Supra-block artery
151. Sphenoid bone
152. Large occipital opening
153. Mastoid opening
154. Sulcus of the superior sagital sinus
155. Upper nasal passage
156. Masticatory muscle
157. Scapuloclavicular fascia
158. Facial artery
159. Brachial vein
160. Forearm
161. Upper edge of the scapula
162. Glenoid-brachial ligament
163. Lateral cutaneous nerve of the forearm
164. Radius bone
165. Lower limb girdle
166. Pubic bone
167. Finger areas
168. Dorsal sacroiliac ligament
169. Semipereminous muscle

170. Supraorbital artery
171. Large wing of the sphenoid bone
172. Sulcus of the superior sagittal sinus
173. Stingray
174. Sulcus of the lower sagittal sinus
175. Middle nasal passage
176. Maxillary artery
177. Intra-cervical fascia
178. Recurrent laryngeal nerve
179. Acromial branch of the thoracoacromial artery
180. Anterior surface of the forearm
181. Lower corner of the scapula
182. Subcutaneous sac of the scapular muscle
183. Small humeral tubercle
184. Block-shaped clipping
185. Gluteal region
186. Vascular lacuna
187. The upper branch of the pubic bone
188. Ventral sacroiliac ligament
189. Long head of the biceps femoris
190. Angular vein
191. Small wing of the sphenoid bone
192. Anterior cranial fossa
193. Transverse sinus sulcus
194. Sulcus of the rectus sinus
195. Lower nasal passage
196. Parotid gland
197. Sleepy triangle
198. Subclavian artery
199. Brachial plexus
200. Posterior surface of the forearm
201. Upper corner of the shoulder blade
202. Large rhomboid muscle
203. Round pronator
204. Interosseous membrane
205. Free lower limb
206. The front surface of the thigh
207. Symphyseal surface
208. Pubic symphysis
209. Middle gluteal muscle
210. Supracranial muscle
211. Occipital bone
212. Latticed plate of the latticed bone
213. Sulcus of the occipital sinus
214. Chewing tuberosity
215. Nasal septum
216. Parotid duct
217. Sleepy vagina
218. Shield barrel
219. Upper trunk of the brachial plexus
220. Median vein of the forearm
221. Median edge of the scapula
222. Musculoskeletal system
223. Square forearm pronator
224. Oblique chord
225. Hip joint
226. Medial surface of the femur
227. Locking hole
228. Intervertebral disc
229. Small gluteal muscle
230. Tendon helmet
231. Occipital protrusion
232. Blind hole
233. Internal occipital crest
234. Condylar process
235. Coulter
236. Facial nerve
237. Cervical plexus
238. Internal thoracic artery
239. Middle trunk of the brachial plexus
240. Surface flexor of the fingers
241. Lateral edge of the scapula
242. Belt muscle of the head
243. Cellular space of the forearm
244. Styloid process of the radius
245. Hip
246. Back of the thigh
247. Femur
248. Superior pubic ligament
249. Hip broad fascia tensioner
250. Cranial periosteum
251. Lacrimal bone
252. Finger indentations
253. Internal occipital protuberance
254. Temporomandibular joint
255. Frontal process of the upper jaw
256. The sub-temporal fossa
257. Great ear nerve
258. Pharynx
259. Lower trunk of the brachial plexus
260. Elbow flexor of the hand
261. Beak-shaped process

262. Small round muscle
263. Lateral intermuscular septum of the shoulder
264. The styloid process of the ulna
265. Iliac crest
266. Drive channel
267. Femoral head
268. Arched pubic ligament
269. Large adductor muscle
270. Ear area
271. Upper nasal passage
272. Optic nerve canal
273. Dura mater of the brain
274. Chin hole
275. Maxillary sinus
276. Lateral pterygoid muscle
277. Lingual-pharyngeal nerve
278. Lymphoepithelial ring
279. Lateral bundle of the brachial plexus
280. Proximal finger fold
281. Shoulder blade neck
282. The broadest back muscle
283. Musculocutaneous nerve
284. Posterior edge of the radius
285. Posterior superior iliac spine
286. Knee area
287. Fossa of the femoral head
288. Sacro-spinous ligament
289. Long adductor muscle
290. The auricle
291. Middle nasal passage
292. Middle cranial fossa
293. Arachnoid membrane of the brain
294. Hyoid bone
295. Sphenoid sinus
296. Pterygopalebral fossa
297. Anterior stair muscle
298. Bicuspid muscle
299. Posterior brachial plexus bundle
300. Long extensor of the thumb of the hand
301. Artery encircling the scapula
302. Deltoid branch of the thoracoacromial artery
303. Radial tuberosity
304. Posterior surface of the radius
305. Coccyx
306. Knee joint
307. Ligament of the femoral head
308. Sacro-tubercular ligament
309. Short adductor muscle
310. External auditory canal
311. Lower nasal passage
312. Stony part of the temporal bone
313. Anterior cerebral artery
314. Ascending pharyngeal artery
315. Frontal sinus
316. The first cervical vertebra
317. Middle stair muscle
318. Cricoid cartilage
319. Medial bundle of the brachial plexus
320. Distal interphalangeal joint
321. Dorsal artery of the scapula
322. Anterior dentate muscle
323. Aponeurosis of the biceps muscle of the shoulder
324. Square pronator
325. Pelvic bone
326. Patella
327. Femoral head neck
328. Iliolumbar ligament
329. Piriformis muscle
330. Coronary suture
331. Coulter
332. Turkish saddle
333. Middle cerebral artery
334. Bridge of the nose
335. Latticed sinus
336. Tooth of the first cervical vertebra
337. Posterior stair muscle
338. Thyroid cartilage
339. Main vein
340. Ulnar wrist extensor
341. Deep artery of the shoulder
342. Axillary fascia
343. Brachioradialis muscle
344. Round pronator
345. Acetabulum
346. Lower leg
347. Femoral body
348. Acetabulum
349. Superior twin muscle

350. Sagital suture
351. Nasal bone
352. Upper orbital fissure
353. Posterior cerebral artery
354. Eye socket area
355. The sub-temporal fossa
356. Second cervical vertebra
357. Lateral triangle of the neck
358. Arytenoid cartilage
359. Cephalic vein
360. Acromial end
361. Beak-shaped process
362. Brachial plexus
363. The head of the radius
364. The short muscle that withdraws the thumb
365. Iliac bone
366. Anterior surface of the lower leg
367. Large skewer
368. Acetabular lip
369. Lower twin muscle
370. Parietal bone
371. Upper jaw
372. Lower orbital fissure
373. Vertebral artery
374. Supraorbital margin
375. Mouth area
376. Spinous process
377. Scapular-tracheal triangle
378. Epiglottic cartilage
379. Clavicular-sternal joint
380. Cone-shaped tubercle
381. Supraspinatus muscle
382. Shoulder blade body
383. Ulnar process
384. Long radial wrist extensor
385. Wing of the ilium
386. Posterior surface of the lower leg
387. Trochanteric fossa
388. Semilunar surface
389. Square thigh muscle
390. The crown
391. Lower jaw
392. Round hole
393. Arterial circle of the large brain
394. Subglacial margin
395. Oral fissure
396. Transverse process
397. Scapuloclavicular triangle of the neck
398. Thyroid gland
399. Cranio-clavicular ligament
400. Beak-shaped process
401. Beak-shoulder muscle
402. Axillary vein
403. Radial nerve
404. Short radial wrist extensor
405. Iliac crest
406. Medial ankle
407. Iliolumbar muscle
408. Acetabulum
409. Glute area
410. Parietal hillock
411. Palatine process
412. Oval hole
413. Sickle of the big brain
414. Upper eyelid
415. Solid sky
416. Opening of the transverse process
417. The spatula-trapezoid triangle
418. Isthmus of the thyroid gland
419. Deltoid muscle
420. Sulcus of the subclavian muscle
421. Pectoralis major
422. Median thoracic nerve
423. Posterior cutaneous nerve of the forearm
424. Ulnar extensor of the wrist
425. Anterior superior iliac spine
426. Lateral ankle
427. Intervertebral line
428. Obstructive artery
429. Glute crease
430. Big fontanelle
431. Alveolar process
432. Spinous opening
433. Frontal pole
434. Lower eyelid
435. Soft palate
436. Upper articular process
437. Common carotid artery
438. Parathyroid gland
439. Triceps of the shoulder
440. Costoclavicular ligament

441. Small pectoral muscle
442. Suspensory ligament
443. Finger extensor
444. Little finger extensor
445. Posterior superior iliac spine
446. Tibia
447. Intervertebral ridge
448. Joint capsule
449. Sacrum
450. Small fontanelle
451. Chin protrusion
452. Ragged hole
453. Lateral ventricle
454. Eyeball
455. Vestibule of the mouth
456. Lower articular process
457. External carotid artery
458. Trachea
459. Biceps brachii
460. Anatomical neck of the humerus
461. Subacute fossa
462. Musculocutaneous nerve
463. Deep artery of the shoulders
464. Long palmar muscle
465. The auricular surface of the ilium
466. Fibula
467. Rough hip line
468. Articular cavity
469. Coccyx
470. Latticed bone
471. Lower jaw branch
472. Internal opening of the carotid canal
473. Third ventricle
474. Tear lake
475. Oral cavity
476. Anterior stair muscle
477. Internal carotid artery
478. The cervical part of the esophagus
479. Long head of the biceps muscle of the shoulder
480. Interbugular furrow
481. Acromion angle
482. Ulnar nerve
483. Long head of the triceps muscle of the shoulder
484. Right forearm
485. Sacroiliac joint
486. Tibial nerve
487. Inner lip of the iliac crest
488. Circular zone
489. Great trochanter of the femur
490. Temporal muscle
491. Angle of the lower jaw
492. Cleft canal of the great stony nerve
493. Fourth ventricle
494. Semicircular conjunctival fold
495. Language
496. Middle stair muscle
497. External jugular vein
498. Border area
499. Short head of the biceps brachii
500. Deltoid tuberosity
501. Surgical neck of the humerus
502. Radial nerve
503. Ulnar nerve
504. Common flexor tendon
505. Sciatic bone
506. Peroneal nerve
507. External lip of the iliac crest
508. Ilio-femoral ligament
509. Subcutaneous trochanter bag
510. Temporal fossa
511. Zygomatic bone
512. Cleft canal of the lesser stony nerve
513. Interventricular orifice (monroe's orifice)
514. Nose area
515. Lingual nerve
516. Posterior stair muscle
517. Internal jugular vein
518. Trapezius muscle
519. Elbow area
520. Lateral supracondylar crest
521. Humerus block
522. Clavicle
523. Recurrent radial artery
524. Ulnar flexor of the hand
525. Sciatic tubercle
526. The ankle joint
527. Gluteal tuberosity
528. Sciatic-femoral ligament
529. Posterior cutaneous nerve of the thigh

530. The sub-temporal fossa
531. Zygomatic arch
532. Posterior cranial fossa
533. Lateral aperture of the fourth ventricle (lyushka opening)
534. Pear-shaped hole
535. Zygomatic region
536. Medial triangle of the neck
537. Vagus nerve
538. Shoulder joint
539. Elbow joint
540. Lateral epicondyle
541. Ulnar nerve furrow
542. Sternocleidomastoid muscle
543. Radial collateral artery
544. Radial flexor of the hand
545. Sciatic spine
546. Anterior ankle area
547. Scallop line
548. Pubic-femoral ligament
549. Superficial fascia
550. Frontal bone protuberance
551. Awl-shaped process
552. Occipital condyle
553. Sublingual canal
554. Opening of the mastoid emissary vein
555. Nasal cavity
556. Buccal muscle
557. Subcutaneous neck muscle
558. Pre-vertebral fascia
559. Front surface of the shoulder
560. Brachioradialis muscle
561. Supraspinatus fossa
562. Ulnar muscle
563. Subcapular nerve
564. Medial brachial cutaneous nerve
565. Bridle
566. Large sciatic tenderloin
567. Arch of the foot
568. Lateral condyle
569. Tailor's muscle
570. Mammary gland
571. Edge arc
572. The deepest intercostal muscles
573. Anterior dentate muscle
574. Anterior jugular vein
575. Upper right lung
576. Transverse pericardial sinus
577. Left hypochondrium
578. Superficial inguinal ring
579. Middle umbilical fold
580. Oil seal bag
581. Gallbladder
582. The body of the pancreas
583. Abdominal aorta
584. Left common iliac vein
585. Large pelvis
586. Uterus
587. Right iliac artery
588. Coccygeal part of the sacrum
589. Sternum
590. Right edge angle
591. Short muscles that raise the ribs
592. Round back muscle
593. Jugular venous arch
594. The tip of the left lung
595. Parietal pleura
596. Oblique chord
597. The epigastric region proper
598. Medial pedicle of the inguinal ligament
599. Middle umbilical fold
600. Packing hole
601. Cystic artery
602. Tail of the pancreas
603. Visceral branches of the aorta
604. Right external iliac vein
605. Small pelvis
606. The bottom of the uterus
607. Left iliac artery
608. Coccyx
609. Clavicular sternum tenderloin
610. Left edge angle
611. Pectoralis major
612. Small rhomboid muscle
613. Right common carotid artery
614. Horizontal slit of the right lung
615. Visceral pleura
616. Coronal sinus
617. Right side area
618. Lateral leg of the inguinal ligament
619. Lateral umbilical fold
620. Inferior vena cava

621. The bed of the gallbladder
622. Excretory flow of the pancreas
623. Parietal branches of the aorta
624. Left external iliac vein
625. Iliac crest
626. The body of the uterus
627. Right iliac vein
628. Sacrococcygeal joint
629. Jugular sternum tenderloin
630. Shoulder blade
631. The clavicular part of the pectoralis major
632. The large rhomboid muscle
633. Right subclavian artery
634. Oblique fissure of the right lung
635. The mediastinal part of the parietal pleura
636. Left coronary artery
637. Left side area
638. Inguinal canal
639. Parietal peritoneum
640. Abdominal aorta
641. The bottom of the gallbladder
642. Pancreatic excision
643. The ventral trunk
644. Right internal iliac vein
645. The upper branch of the pubic bone
646. The cervix
647. Left iliac vein
648. The muscle that straightens the spine
649. Sternum handle
650. Shoulder blade awn
651. The sternal part of the pectoralis major muscle
652. Three-way opening
653. Left common carotid artery
654. Apical segment of the upper lobe of the right lung
655. The diaphragmatic part of the parietal pleura
656. Left common carotid artery
657. The umbilical region
658. Round ligament of the uterus
659. Median fossa
660. Spleen
661. The body of the gallbladder
662. Mesentery of the small intestine
663. Left gastric artery
664. Left internal iliac vein
665. The lower branch of the pubic bone
666. Anterior lip of the cervix
667. Vertebra
668. Sacroiliac joint
669. Sternum body
670. Supraspinatus fossa
671. Abdominal part of the pectoralis major muscle
672. Quadrilateral opening
673. Left subclavian artery
674. Posterior segment of the upper lobe of the right lung
675. Costal part of the parietal pleura
676. Superior vena cava
677. Navel
678. Spermatic cord
679. Middle fossa
680. The upper pole of the spleen
681. The neck of the gallbladder
682. Mesentery root of the small intestine
683. Right gastric artery
684. Square lumbar muscle
685. The iliosacral ligament
686. Posterior lip of the cervix
687. Vertebral body
688. Sacroiliac ligaments
689. Xiphoid process
690. The subacute fossa
691. Small pectoral muscle
692. Unpaired vein
693. Right vagus nerve
694. Anterior segment of the upper lobe of the right lung
695. Pleural dome
696. Inferior vena cava
697. The umbilical ring
698. The muscle that raises the testicle
699. Lateral fossa
700. The lower pole of the spleen
701. Common bile duct
702. Jejunum
703. Superior mesenteric artery
704. Fascia of the square lumbar muscle

705. Large sciatic opening
706. Broad ligament of the uterus
707. Vertebral arch
708. Iliocostal muscle
709. Clavicular-sternal joint
710. Subscapular fossa
711. Surface sub-sector space
712. Semi-detached vein
713. Left vagus nerve
714. Lateral segment of the middle lobe of the right lung
715. Lower border of the left pleural cavity
716. Diaphragm
717. Right iliac region
718. Fascia of the muscle that raises the testicle
719. Large oil seal
720. Spleen gate
721. Common hepatic duct
722. The ileum
723. Small bowel artery
724. Intra-abdominal fascia
725. Small sciatic opening
726. Round ligament of the uterus
727. Leg of the vertebral arch
728. Spinal cord
729. Clavicle
730. Cutting the shoulder blade
731. Deep sub-sector space
732. Jugular venous angle
733. Thoracic duct
734. Medial segment of the middle lobe of the right lung
735. Lower border of the right pleural cavity
736. Right dome of the diaphragm
737. Pubic area (submandibular)
738. Lacunar ligament
739. Small oil seal
740. Splenic artery
741. Right hepatic duct
742. Caecum
743. The jejunal artery
744. The adrenal gland
745. Iliac fossa
746. Fallopian tube
747. The first cervical vertebra
748. The cervical part of the spinal cord
749. Sternal edge of the clavicle
750. Upper edge of the scapula
751. Anterior dentate muscle
752. The shoulder-head trunk
753. Clavicular-thoracic fascia
754. Left lung
755. Intra-thoracic fascia
756. Left dome of the diaphragm
757. Left iliac region
758. Scallop ligament
759. Upper duodenal recess
760. Splenic vein
761. Left hepatic duct
762. The dome of the cecum
763. Right colon artery
764. Kidney
765. Locking membrane
766. Abdominal opening of the fallopian tube
767. The second cervical vertebra
768. Thoracic part of the spinal cord
769. Subclavian area
770. Lower angle of the scapula
771. Posterior dentate muscle
772. Pulmonary trunk
773. Trachea
774. The uvula of the upper lobe of the left lung
775. Internal thoracic artery
776. Tendon center of the diaphragm
777. Rectus abdominis
778. External oblique abdominal muscle
779. Lower duodenal recess
780. Liver
781. Coronal ligament
782. Ileocecal angle
783. Middle colonic artery
784. The upper pole of the kidney
785. Sacro-tubercular ligament
786. Fallopian tube funnel
787. Carotid tubercle
788. The lumbar part of the spinal cord
789. Sternal region
790. Upper corner of the scapula
791. Deltoid-thoracic triangle

792. Aorta
793. Tracheal bifurcation
794. Oblique slit of the left lung
795. Pericardium
796. The muscular part of the diaphragm
797. Vagina rectus abdominis
798. Aponeurosis of the external oblique abdominal muscle
799. Right side channel
800. Upper surface of the liver
801. Round ligament of the liver
802. Worm-like process
803. Lower mesenteric artery
804. The lower pole of the kidney
805. Pubic-rectal muscle
806. Fimbria of the fallopian tube
807. Vertebral column
808. The sacral part of the spinal cord
809. Thoracic region
810. The median edge of the scapula
811. Scapular edge of the clavicle
812. Aortic bulb
813. Right main bronchus
814. Upper lobe of the right lung
815. Pericardial cavity
816. Costal section of the diaphragm
817. The anterior wall of the vagina of the rectus abdominis
818. Internal oblique abdominal muscle
819. Left side channel
820. Back surface baking
821. Sickle ligament
822. The tip of the vermiform process
823. Left colon artery
824. Anterior surface of the kidney
825. Pubic-coccygeal muscle
826. Uterine artery
827. Cervical spine
828. Cervical thickening of the spinal cord
829. Sub-chest area
830. Lateral edge of the scapula
831. Sternal edge of the clavicle
832. Ascending part of the aorta
833. Left main bronchus
834. Middle lobe of the right lung
835. The outer leaf of the pericardium
836. The sternal part of the diaphragm
837. The posterior wall of the vagina of the rectus abdominis
838. Transverse abdominal muscle
839. Right mesenteric sinus
840. Anterior surface of the liver
841. Portal vein
842. The base of the vermiform process
843. Sigmoid artery
844. Posterior surface of the kidney
845. Coccygeal muscle
846. Ovary
847. Cervical vertebra
848. Lumbosacral thickening of the spinal cord
849. Edge
850. Beak-like process
851. Sternocostal triangle
852. Aortic arch
853. Right pulmonary artery
854. Lower lobe of the right lung
855. Inner pericardial leaf
856. Vertebral diaphragm
857. Semilunar line
858. Transverse fascia
859. Left mesenteric sinus
860. Lower edge of the liver
861. Hepatic-duodenal ligament
862. Mesentery of the vermiform process
863. Superior rectal artery
864. Kidney gate
865. Piriformis muscle
866. Ovarian gate
867. Thoracic spine
868. Anterolateral sulcus of the spinal cord
869. Rib cartilage
870. Neck of the scapula
871. Anterior midline of the chest
872. Descending part of the aorta
873. Left pulmonary artery
874. Upper lobe of the left lung
875. Heart
876. Aortic opening
877. Arc line
878. Anterior plate of the vagina of the

rectus abdominis
879. Stomach
880. Lower surface of the liver
881. Hepatic-gastric ligament
882. Ascending part of the colon
883. Middle rectal artery
884. Kidney pelvis
885. Epiglottis hole
886. The vagina
887. Thoracic vertebra
888. Posterolateral sulcus of the spinal cord
889. Edge angle
890. Artery encircling the scapula
891. Sternal line
892. Right coronary artery
893. Right pulmonary veins
894. Lower lobe of the left lung
895. The tip of the heart
896. Esophageal opening
897. Aponeurosis of the external oblique abdominal muscle
898. Posterior plate of the vagina of the rectus abdominis
899. The bottom of the stomach
900. Right lobe of the liver
901. Duodenum
902. Hepatic angle of the colon
903. Lower rectal artery
904. Renal fascia
905. Podgrushevidnoe hole
906. The arch of the vagina
907. Lumbar spine
908. Terminal thread
909. Rib head
910. Internal thoracic artery
911. Mid-key line
912. Left coronary artery
913. Left pulmonary veins
914. Cardiac excision of the left lung
915. The base of the heart
916. Opening of the inferior vena cava
917. Aponeurosis of the internal oblique abdominal muscle
918. Inguinal triangle
919. The body of the stomach
920. Left lobe of the liver
921. The descending part of the duodenum
922. The horizontal part of the colon
923. Aortic bifurcation
924. Anterior leaf of the renal fascia
925. The muscle that raises the anus
926. Vesicopoietic recess
927. Lumbar vertebra
928. Gray matter of the spinal cord
929. Rib body
930. Lateral thoracic artery
931. Anterior axillary line
932. Coronal sinus
933. Pulmonary trunk
934. The diaphragmatic surface of the right lung
935. The left ear of the heart
936. White belly line
937. Transverse abdominal muscle
938. Vascular lacuna
939. The anterior wall of the stomach
940. The square fraction of the liver
941. The horizontal part of the duodenum
942. Mesentery of the horizontal part of the colon
943. Right common iliac artery
944. Posterior leaf of the renal fascia
945. Tendon arch of the muscle that raises the anus
946. The bladder
947. Intervertebral symphysis
948. White matter of the spinal cord
949. Rib furrow
950. Lateral branches of the internal thoracic artery
951. Middle axillary line
952. The phrenic nerve
953. Upper lobar bronchus
954. The diaphragmatic surface of the left lung
955. The right ear of the heart
956. Intercostal line
957. Superior epigastric artery
958. Muscle lacuna
959. Задняя стенка желудка
960. Caudate lobe of the liver

961. Ascending part of the duodenum
962. Splenic angle of the colon
963. Left common iliac artery
964. Kidney fat capsule
965. Sigmoid colon
966. The bottom of the bladder
967. Sacrum
968. Soft shell of the spinal cord
969. True edge
970. Medial branches of the internal thoracic artery
971. Posterior axillary line
972. Superior vena cava
973. Lower lobar bronchus
974. Costal surface of the right lung
975. Right atrium
976. Epigastric artery
977. Inferior epigastric artery
978. Femoral artery
979. Small curvature of the stomach
980. Common hepatic artery
981. Ligament suspending the duodenum
982. Parotid adipose tissue
983. Right external iliac artery
984. Renal artery
985. Rectum
986. The body of the bladder
987. Sacral crest
988. Arachnoid membrane of the spinal cord
989. False edge
990. Pectoral transverse muscles
991. Scapular line
992. Right brachiocephalic vein
993. Esophagus
994. Costal surface of the left lung
995. Right ventricle
996. Srednechrevye
997. Anterior superior crest of the ilium
998. Femoral vein
999. Large curvature of the stomach
1000. Own hepatic artery

Part II.

Collect a set of tools for the operation, name them, specify their purpose, and explain the operation progress:

1. Projection and location of the brachial artery in the lunar fossa.
2. Thrombendarterectomy
3. Madelung operation
4. Percutaneous puncture catheterization of the subclavian vein by Seldinger
5. Puncture femoral catheterization
6. Neurolysis
7. Exposing the femoral nerve
8. Exposure of the sciatic nerve
9. Brown tendon suture
10. Suture tendons by Cuneo
11. Puncture of the shoulder joint
12. Resection of the elbow joint
13. Arthrotomy of the wrist joint by Langenbeck
14. Resection of the knee joint
15. Osteotomy by the method of Bogoraz
16. Bone trepanation
17. Guillotine amputation
18. Osteoplastic amputation by the PTI method
19. Consecrata drehmomente amputation of the thigh by Pirogov
20. Opening and drainage of Pirogov-Paron space
21. Opening and drainage of the phlegmon of the middle space of the palm
22. Opening and drainage of the phlegmon of the middle space of the palm by the method of Voino-Yasenetsky
23. Opening and drainage of phlegmon of the middle space of the palm by the method of Kanavell
24. Opening and drainage Of the U-shaped phlegmon of the brush
25. Oosteosynthesis according to Ilizarov
26. Gastroenterostomy
27. Billroth-I stomach resection
28. Colostomy.
29. Ovarian resection.
30. Hemicolectomy.
31. Bladder puncture
32. Cholecystostomy.
33. Billroth-II stomach resection
34. Enterostomy.
35. Bottom cholecystectomy.
36. Upper cholecystectomy.
37. Stuffing bag drainage.
38. Appendectomy.
39. Splenectomy.
40. Pancreatectomy.

41. Hernioplasty by the Kimbarovsky method.
42. Wedge-shaped liver resection.
43. Laparocentesis.
44. Rectal removal.
45. Nephrotomy.
46. Relegation of the testicle.
47. Nephrectomy.
48. Hernioplasty by Sapezhko method
49. Laminectomy
50. Gastrostomy tube by the method of Strain-Kader

When answering, you must follow the response plan:
1. definition
2. indications
3. patient's position
4. pain relief
5. processing of the operational field
6. online access
7. prompt reception
8. exit the operation
9. complications