№ ЛД-16 ИН

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

Department of Phthisiopulmonology

APPROVED

minutes of the meeting of the Central Coordinating Educational and Methodological Council dated April 02, 2024

ASSESSMENT MATERIALS

by discipline _____ phthisiology _____

the main professional educational program of higher education - programs of a specialist in specialty 31.05.01 General Medicine , (educational program, partially implemented in english) approved on April 17, 2024

for students ___6th course _____

by specialty 05.31.01 Medical business _____

Reviewed and approved at the meeting of the department
dated on April 01, 2024 protocol No. 8

Head of Department

Candidate of Medical Sciences, Associate Professor O.Z.Basieva

Vladikavkaz 2024

STRUCTURE OF ASSESSMENT MATERIALS

1. Title page
2. Structure of assessment materials
3. Reviews of evaluation materials
4. Passport of evaluation materials
5. Set of assessment materials:
- input control
- questions for the module
- questions for the exam
- bank of situational tasks/practical tasks/business games
- standards of test tasks (with title page and table of contents)
- exam papers/test tickets

Федеральное государственное бюджетное образовательное учреждение
высшего образования «Северо-Осетинская государственная медицинская академия»
Министерства здравоохранения Российской Федерации
(ФГБОУ ВО СОГМА Минздрава России)

РЕЦЕНЗИЯ

на оценочные материалы

по дисциплине по Фтизиатрии
для студентов 6 курса лечебного факультета
по специальности 31.05.01 Лечебное дело» (частично-реализуемая на английском языке).

Оценочные материалы составлены на кафедре фтизиатрии на основании рабочей программы учебной дисциплины и соответствуют требованиям ФГОС ВО по специальности 31.05.01 «Лечебное дело» (частично-реализуемая на английском языке).

Оценочные материалы включает в себя:

- вопросы к модулю,
- вопросы к экзамену,
- банк ситуационных задач,
- эталоны тестовых заданий (с титульным листом и оглавлением),
- экзаменационные билеты

Банк ситуационных задач включают в себя сами задания и шаблоны ответов. Все задания соответствуют рабочей программе дисциплины «Фтизиатрия»
формируемым при ее изучении компетенциям, и охватывают все её разделы. Банк содержит ответы ко всем ситуационным задачам.

Эталоны тестовых заданий включают в себя следующие элементы: тестовые задания, шаблоны ответов. Все задания соответствуют рабочей программе дисциплины «Фтизиатрия» формируемым при ее изучении компетенциям, и охватывают все её разделы. Сложность заданий варьируется. Количество заданий по каждому разделу дисциплины достаточно для проведения контроля знаний и исключает многократное повторение одного и того же вопроса в различных вариантах. Эталоны содержат ответы ко всем тестовым заданиям.

Количество экзаменационных билетов достаточно для проведения экзамена и исключает неоднократное использование одного и того же билета во время экзамена в течение одного дня. Экзаменационные билеты/билеты к зачету выполнены на бланках единого образца по стандартной форме, на бумаге одного цвета и качества. Экзаменационный билет/билет к зачету включает в себя 3 вопросов. Формулировки вопросов совпадают с формулировками перечня вопросов, выносимых на экзамен/зачет. Содержание вопросов одного билета относится к различным разделам рабочей программы дисциплины, позволяющее более полно охватить материал дисциплины.

Дополнительно к теоретическим вопросам предлагается банк ситуационных задач (анализы, рецепты, рентгенограммы, электрокардиограммы и т.д.). Ситуационные задачи/практические задания/деловые игры дают возможность объективно оценить уровень усвоения обучающимся теоретического материала при текущем контроле успеваемости и промежуточной аттестации. Сложность вопросов в экзаменационных билетах/билетах к зачету распределена равномерно.

Замечаний к рецензируемым оценочным материалам нет.

В целом, оценочные материалы по специальности 31.05.01 «Лечебное дело» (частично-реализуемая на английском языке).

способствует качественной оценке уровня владения обучающимися общекультурными и профессиональными компетенциями.
Рецензируемый оценочные материалы по специальности «Фтизиатрия» может быть рекомендован к использованию для промежуточной аттестации на лечебном факультете» (частично-реализуемая на английском языке) у обучающихся студентов 6 курса.

Рецензент:

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

ВЕРНО: специалист по кадрам отдела кадров и документооборота ФГБОУ ВО СОГМА Минздрава России
Саламова
«___» _____ 20___ г.

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РЕЦЕНЗИЯ
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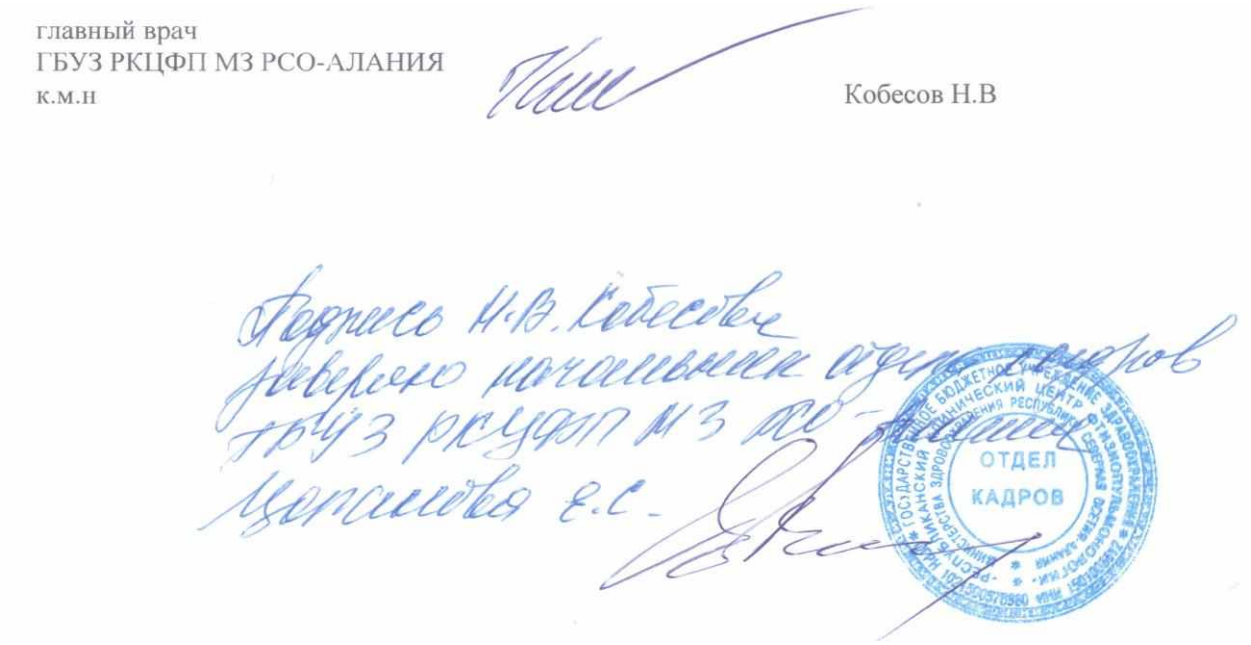
способствует качественной оценке уровня владения обучающимися общекультурными и профессиональными компетенциями.

Рецензируемый оценочные материалы по специальности «Фтизиатрия» может быть рекомендован к использованию для промежуточной аттестации на лечебном факультете» (частично-реализуемая на английском языке) у обучающихся студентов 6 курса.

главный врач
ГБУЗ РКЦФП МЗ РСО-АЛАНИЯ
к.м.н Кобесов Н.В



Passport of assessment materials

in the discipline "Phthisiology"

No. p / p	Name of the controlled section (topic) of the discipline/module	Code of the formed competence (stage)	Name of the evaluation tool
one	2	3	4
Type of control	**Current /Interim**		
1.	Input control Epidemiology of tuberculosis	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-20	test control, questions to the module, bank of situational tasks, tickets toexam
2.	Prevention of tuberculosis	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-20	test control, questions to the module, bank of situational tasks, tickets toexam
3.	Tuberculino - and laboratory diagnosis of tuberculosis	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-20	test control, questions to the module, bank of situational tasks, tickets toexam
4.	Primary pulmonary tuberculosis	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-20	test control, questions to the module, bank of situational tasks, tickets toexam
5.	Disseminated pulmonary tuberculosis	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-20	test control, questions to the module, bank of situational tasks, tickets toexam
6.	Focal pulmonary tuberculosis	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-20	test control, questions to the module, bank of situational tasks, tickets toexam
7.	Infiltrative pulmonary tuberculosis	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-20	test control, questions to the module, bank of situational tasks, tickets toexam
8.	Tuberculoma	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-20	test control, questions to the module, bank of situational tasks, tickets toexam
9.	Destructive pulmonary tuberculosis	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-20	test control, questions to the module, bank of situational tasks, tickets toexam
10.	Cirrhotic pulmonary tuberculosis	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-20	test control, questions to the module, bank of situational tasks, tickets toexam
11.	Tuberculous pleura	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-	test control, questions to the module, bank of

		20	situational tasks, tickets toexam
12	Treatment of patients with tuberculosis	OPK-1,OPK-2,OPK-3,OPK-4,PK-5.PK-11,PK-13,PK-17,PK-20	test control, questions to the module, bank of situational tasks, tickets toexam

Questions for the module

Questions for module №1

1. Theoretical foundations of phthisiology.
2. Etiology, pathogenesis, pathomorphology and immunology of tuberculosis.
3. Detection and diagnosis of tuberculosis of the respiratory system.
4. Primary tuberculosis: early period of primary tuberculosis infection.
5. Primary tuberculosis complex
6. Tuberculosis of the intrathoracic lymph nodes.
7. miliary tuberculosis. Clinic, diagnostics.
8. Subacute disseminated pulmonary tuberculosis. Clinic, diagnostics.
9. Chronic disseminated pulmonary tuberculosis. Clinic, diagnostics.
10. Differential diagnosis of disseminated tuberculosis.
11. Tuberculin diagnostics . Mantoux test, test procedure.
12. Contraindications for Mantoux test.
13. Cavernous tuberculosis. Clinic, diagnostics.
14. Fibrosis - cavernous pulmonary tuberculosis. Clinic, diagnostics.
15. Tuberculous pleurisy.

Questions for module number 2

1. Specific prevention of tuberculosis: vaccination, revaccination.
2. Indications and contraindications for vaccination and revaccination.
3. Sanitary prevention of tuberculosis.
4. X-ray examination of children and adolescents.
5. Features of tuberculosis in young children.
6. Features of tuberculosis in adolescents.
7. Complications of respiratory tuberculosis in children and adolescents.
8. Treatment of tuberculosis in children and adolescents.
9. Extrapulmonary forms of tuberculosis in children and adolescents.
10. Dispensary observation of children at risk for tuberculosis.
11. The work of a pediatrician with risk groups of children threatened by the development of tuberculosis.
12. Differential diagnosis of complicated forms of primary tuberculosis in children and adolescents.
13. Prevention of tuberculosis in children and adolescents.
14. Tuberculosis and motherhood.

15. Influence of pregnancy and childbirth on the development and course of tuberculosis.

Exam questions

1. The main epidemiological indicators of tuberculosis: infection,
morbidity, morbidity, mortality.
2.Organization of the fight against tuberculosis in the Russian Federation. History of development phthisiatric service.
3. The causative agent of tuberculosis and its properties. Atypical forms of mycobacteria.
4. Sources, ways and means of infection with tuberculosis.
5. The main stages in the development of the tuberculosis process. Primary and Secondary periods of tuberculosis infection.
6. The structure of tuberculous granuloma.
7. Immunity and allergy in tuberculosis.
8. Pathological anatomy of primary tuberculosis.
9. Pathological anatomy of secondary tuberculosis.
10. Pathological anatomy of destructive forms of tuberculosis.
11. The value of anamnestic data in the diagnosis of tuberculosis.
12. Intoxication and bronchopulmonary syndromes in tuberculosis.
13. Physical data in tuberculosis of the respiratory system.
14. Biochemical blood tests for tuberculosis.
15. Serological methods for diagnosing tuberculosis.
16. Changes in laboratory parameters in the tuberculosis process.
17. Bacteriological methods for diagnosing tuberculosis.
18. Determination of Mycobacterium tuberculosis in pathological material by bacterioscopic method.
19. Determination of Mycobacterium tuberculosis in pathological material by bacteriological method.
20. Determination of drug resistance of Mycobacterium tuberculosis and its clinical significance.
21. Tuberculin. types of tuberculin.
22. Mantoux test. Indications, contraindications, technique, evaluation of results.
23. Diaskintest . Technique, diagnostic value.
24. Mantoux test with 2 TU PPD-L. Use to identify primary
infection in children. 25. Subcutaneous tuberculin tests, the role in determining the activity and differential diagnosis of tuberculosis.
26. The main radiological syndromes in tuberculosis of the respiratory organs.
27. Methods of X-ray examination, their use for diagnosis
tuberculosis.
28. Using the X-ray method to determine the shape, localization

and phases of the tuberculosis process.
29. X-ray methods for diagnosing tuberculosis.
30. Use of invasive methods in the diagnosis of tuberculosis.
31. Classification of tuberculosis. Basic principles and sections of the classification, building a diagnosis.
32. Primary tuberculosis, forms. Features of pathogenesis and diagnosis.
33. Clinic, diagnosis, differential diagnosis and treatment of tuberculosis intoxication in children and adolescents.
34. Clinic, diagnosis, differential diagnosis and treatment of primary tuberculosis complex.
35. Clinic, diagnosis, differential diagnosis and treatment of tuberculosis of the intrathoracic lymph nodes.
36. Secondary tuberculosis, clinical forms. Features of pathogenesis and diagnosis.
37. Clinic, diagnosis, differential diagnosis and treatment of miliary
pulmonary tuberculosis.
38. Clinic, diagnosis, differential diagnosis and treatment of disseminated pulmonary tuberculosis.
39. Clinic, diagnosis, differential diagnosis and treatment of focal pulmonary tuberculosis.
40. Clinic, diagnosis, differential diagnosis and treatment of infiltrative pulmonary tuberculosis.
41. Clinic, diagnosis, differential diagnosis and treatment of caseous pneumonia.
42. Chronic destructive forms. Features of pathogenesis, clinical forms.
43. Clinic, diagnosis, differential diagnosis and treatment of cavernous pulmonary tuberculosis.
44. Clinic, diagnosis, differential diagnosis and treatment of fibrous-cavernous pulmonary tuberculosis.
45. Clinic, diagnosis, differential diagnosis and treatment of cirrhotic
pulmonary tuberculosis.
46. Complications of pulmonary tuberculosis. Clinic and diagnostics.
47. Pathogenesis, clinic, diagnosis, differential diagnosis and treatment

pleurisy of tuberculous etiology.
48. Pathogenesis, clinic, diagnosis and treatment of pleural empyema.
49. Tuberculosis of the pleura. Clinic, diagnosis and treatment.
50. Pathogenesis, clinic, diagnosis, differential diagnosis and treatment
tuberculosis of the upper respiratory tract.
51. Hemoptysis. Clinic, diagnosis and treatment.
52. Pulmonary bleeding. Clinic, diagnosis and treatment.
53. Lung atelectasis in tuberculosis. Pathogenesis, diagnosis and treatment.
54. Spontaneous pneumothorax. Kinds. Clinic, diagnosis and treatment.
55. Extrapulmonary tuberculosis. Pathogenesis, main clinical forms.

56. Pathogenesis, clinic, differential diagnosis of tuberculous meningitis.
57. Urogenital tuberculosis. Pathogenesis, clinic, diagnostics, treatment.
58. Abdominal tuberculosis. Pathogenesis, clinic, diagnostics, treatment.
59. Tuberculosis of bones and joints. Pathogenesis, clinic, diagnostics, treatment.
60. Tuberculosis of peripheral lymph nodes. Pathogenesis, clinic, diagnostics, treatment.
61. Basic methods and principles of complex treatment of tuberculosis.
62. Standard modes of modern etiotropic therapy of tuberculosis.
63. Anti-tuberculosis drugs, classification.
64. Adverse reactions when using anti-tuberculosis drugs, methods
their elimination and prevention.
65. Pathogenetic therapy of tuberculosis.
66. Collapse therapy for pulmonary tuberculosis: artificial pneumothorax and pneumoperitoneum .
67. Physiotherapeutic methods in the treatment of respiratory tuberculosis.
68. Surgical treatment of respiratory tuberculosis. Indications.
69. Sanatorium treatment of respiratory tuberculosis.
70. Silicotuberculosis. Pathogenesis, clinic, differential diagnosis and treatment.
71. Tuberculosis and diabetes.
72. Tuberculosis and peptic ulcer of the stomach and duodenum.
73. Tuberculosis and pregnancy. Tuberculosis and motherhood.
74. Tuberculosis and lung cancer.
75. Tuberculosis and HIV infection.
76. Tuberculosis dispensary, its structure and organization of work.
77. Grouping of contingents of anti-tuberculosis dispensary.
78. Methods and significance of tuberculosis prevention. social, sanitary and
specific prevention of tuberculosis.
79. Chemoprophylaxis of tuberculosis.
80. Organization of outpatient treatment of patients with pulmonary tuberculosis.
81. Diagnosis of tuberculosis in a general medical network.
82. The focus of tuberculosis infection. Foci types.
83. Carrying out current disinfection in the focus of tuberculosis infection.
84. Carrying out the final disinfection in the focus of tuberculosis infection.
85. BCG vaccination. The method of vaccination. Indications
contraindications, vaccine administration technique.
86. The reaction of the body to the introduction of BCG, monitoring the course of the vaccination
reactions. Duration of post-vaccination immunity.
87. BCG revaccination. Contingents subject to revaccination, terms

holding.

88. Indications and contraindications for vaccination and revaccination of BCG.

89. Complications of BCG vaccination.

90. Mycobacteriosis . Clinic, diagnosis and treatment.

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

Department of Phthisiopulmonology
Faculty of Medicine (educational program, partially implemented in english) **Course** 6
The discipline of phthisiology

Situational task number 1

A 9-year-old child, a student at a secondary school, was sent to the children's room of the regional clinical anti-tuberculosis dispensary due to suspected tuberculosis after tuberculin diagnosis . From the anamnesis - he does not note contact with patients with tuberculosis, he had chickenpox in childhood, he notes rare colds . Makes no complaints.
Objectively: the skin is clean. On the part of the internal organs without features. Peripheral lymph nodes are not enlarged. Blood and urine tests are normal.
The chest radiograph is normal. Vaccinated in the maternity hospital (one post-vaccination scar).
Mantoux test with 2TE PP D - L: at the age of 1 year - papule 11, 2 years - 10 mm, 3 years - 5 mm, 4-8 years - 8 mm, 9 years - papule with vesicle 15 mm.
medical tactics. Dispensary registration group

Head of Department
Candidate of Medical Sciences, Associate Professor **O.Z.Basieva**

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Situational task number 2

A 6-year-old child has a Mantoux test with 2TE 1P1D-L - 10 mm papule.

At 1 year, the Mantoux test had a papule of 10 mm, at 2 years - a papule of 8 mm, at 3,4,5 years - negative. The child was examined, no pathology was detected .

your tactics.

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Situational task number 3

A 48-year-old patient had pulmonary tuberculosis in the past and was removed from the register due to recovery.
During a preventive examination, X-ray revealed changes: in the 2nd segment of the right lung, a thin-walled annular shadow 3 * 2 cm in diameter with clear internal and external contours. In the surrounding lung tissue, there are single foci of low intensity without clear contours, in the apical segment there are 2 dense foci with clear contours up to 0.5 cm. MBT were found in sputum.
Hemogram: ESR - 29 mm/hour, l - 6.0-10 ^{9} /l, p- neutrophic . - 4%, lymph. - 34%.
Make a diagnosis.

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Situational task number 4

Six years ago, a 43-year-old patient was diagnosed with infiltrative tuberculosis of 1.2 segments of the right lung in the disintegration phase, CD+. He was treated permanently, repeatedly violated the treatment regimen, and took drugs irregularly. Suffering from chronic alcoholism.
Objectively: reduced nutrition. Body temperature subfebrile. Retraction and lag in the act of breathing of the right half of the chest is determined. Respiratory rate - 28 per minute. In the lungs, auscultatory over all departments, but more over the right lung, a lot of moist mixed and dry rales. Heart sounds are deaf, tachycardia.
X-ray: the right lung is reduced in volume due to pronounced fibrous changes in the upper middle sections, a bean-shaped cavity is determined in the area of the upper lobe. In the underlying sections of the right lung and in all lung fields of the left lung, foci of bronchogenic dissemination are determined. The organs of the mediastinum are displaced to the right.
Hemogram: ESR - 54 mm/h, l - 8.8-10 ^{9} /l, n- neutrophic . - 12%, lymph. - fourteen%. BC in sputum was detected bacterioscopically and by culture. MBT culture is resistant to streptomycin, rifampicin .
Diagnosis. Specify the type of drug resistance.

Head of Department
Candidate of Medical Sciences, Associate Professor _____O.Z.Basieva

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

Department of Phthisiopulmonology
Faculty of Medicine (educational program, partially implemented in english) **Course** 6
The discipline of phthisiology

Situational task number 5

A 34-year-old tractor driver 2 months ago noted a deterioration in his general condition, moderate general weakness by the end of the working day, sweating at night. He associated these phenomena with overwork at work. He paid little attention to health, in the evenings he often drank alcohol. In the future, general weakness became more pronounced, there was a constant cough with a moderate amount of sputum, subfebrile, and then febrile body temperature up to 38.2 ° C - 38.7 ° C. In the evenings he was treated with aspirin,
folk remedies with temporary improvement until profuse hemoptysis appears.
An x-ray examination in the district clinic in both lungs in all lung fields, mainly in the upper zones, revealed a lot of focal and infiltrative shadows in places of a confluent nature of low intensity with fuzzy contours. In the upper lobes of both lungs, several tones of bony annular shadows were contoured. The roots are poorly structured , the dimensions of the lung cavities and mediastinum are unremarkable. On the fluorogram performed a year ago, pathology in the lungs was not determined.
Hemogram: ESR - 42 mm/hour, l - 9.2-109/l. Mantoux test with 2TE Sh1D-L - papule 12 mm. In sputum bacterioscopically detected BC in large quantities.
Make a diagnosis.

Head of Department
Candidate of Medical Sciences, Associate Professor _____O.Z.Basieva

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higher education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation

Department of Phthisiopulmonology
Faculty of Medicine (educational program, partially implemented in english) **Course** 6
The discipline of phthisiology

Situational task number 6

A 54-year-old patient suddenly developed pain in the left side of the chest in full health against the background of a paroxysmal cough, which intensified with deep inspiration. Breathing became - superficial, shortness of breath gradually increased, pain sensations intensified. Reception of validol and nitroglycerin under the tongue did not have a positive effect.
On examination, the lagging of the left half of the chest in the act of breathing was noted, on the same side, auscultatory breathing was sharply weakened.
X-ray: the transparency of the right and left lung is not the same. The left lung field is half-divided by an inconspicuous vertical line extending from the dome of the diaphragm and disappearing at the top. In the medial zone of the left lung field, there is a thickening of the pulmonary pattern, and in the lateral zone there is no pulmonary pattern, here transparency is sharply increased. The mediastinum is displaced to the right side. In the right lung, the pulmonary pattern is sharply increased throughout the lung field. Tomographically , 6 cm in the upper sections in the medial zone of the left lung, a thin-walled deformed cavity is determined. In the washing water of the bronchi , bacteriosc about - single mycobacteria were detected picicheski .
Make a diagnosis. Dispensary group. Treatment.

Head of Department
Candidate of Medical Sciences, Associate Professor _____O.Z.Basieva

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higher education "North Ossetian State Medical Academy" of the Ministry of Health of the Russian Federation

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Faculty of Medicine (educational program, partially implemented in english) **Course** 6
The discipline of phthisiology

Situational task number 7

A 17-year-old boy, a student of the 10th grade, is registered in the 4th dispensary registration group (contact with his father, who suffers from tuberculosis). The next examination revealed pathological changes on the X-ray. Makes no complaints. I had the flu a month ago.
Objectively: the skin is clean, peripheral lymph nodes are not enlarged. There is one post-vaccination scar on the left shoulder. Lungs, heart - without features. Blood and urine tests are normal. BC in sputum was not detected bacterioscopically and three times by culture. Mantoux test with 2TE PPD-L: at the age of 1 year - papule 6 mm, 2-16 years old - negative, 17 years old - papule 15 mm.
X-ray: on the right in the 3rd segment, a group of foci of medium intensity of a confluent character with heaviness to the root is determined. The root is expanded, the outer contour is convex.
Diagnosis. Dispensary group. Standard chemotherapy regimen.

Head of Department
Candidate of Medical Sciences, Associate Professor _____O.Z.Basieva

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

Department of Phthisiopulmonology
Faculty of Medicine (educational program, partially implemented in english) **Course** 6
The discipline of phthisiology

Situational task number 8

A 7-year-old child was sent to the children's office of the TB dispensary with complaints about the appearance of swelling in the middle third of the left shoulder, the presence of a fistula with the release of a small amount of pus. From the anamnesis it was established that BCG revaccination was carried out four months ago.
Objectively: the development of the child corresponds to the age. On the part of the internal organs without features. Blood and urine tests are normal. On the border of the upper and middle thirds of the left shoulder swelling 2 * 2.5 cm with a fistula in the center and the presence of a small amount of pus, painless. The skin around the fistula is not changed.
Diagnosis. Dispensary group . Therapeutic measures .

Head of Department
Candidate of Medical Sciences, Associate Professor _____O.Z.Basieva

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Department of Phthisiopulmonology
Faculty of Medicine (educational program, partially implemented in english) **Course** 6
The discipline of phthisiology

Situational task number 9

The patient is 70 years old, pensioner. She went to the clinic with complaints of paroxysmal cough, weakness, and weight loss.
Physically : in the interscapular region on the left, single small bubbling wet rales are heard. Heart sounds are muffled . The liver and spleen are not enlarged . On the ECG - moderate diffuse changes in the myocardium. BP 140/90 mm Hg .
Blood test: l - 9.5-10 ^{9} /l, ESR - 26 mm/hour. MBT were found in sputum .
X-ray: in the 6th segment of the left lung, a focus of 5 * 4 cm in diameter is determined without clear contours with a decay cavity in the center and an inflammatory "path" to the root of the lung.
Make a diagnosis. Dispensary group.

Head of Department
Candidate of Medical Sciences, Associate Professor _____O.Z.Basieva

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Department of Phthisiopulmonology
Faculty of Medicine (educational program, partially implemented in english) **Course** 6
The discipline of phthisiology

Case study No. 10

A 4-month-old child was not vaccinated at the maternity hospital due to prematurity . Currently, the weight corresponds to the age, healthy.
medical tactics.

Head of Department
Candidate of Medical Sciences, Associate Professor _____O.Z.Basieva

Case 1

An 18-year-old patient consulted an allergist with complaints of seasonal (April-May) itching of the eyelids, lacrimation, conjunctival hyperemia, sensation of a “foreign body in the eyes,” photophobia and swelling of the eyelids.

From the anamnesis: the above complaints have been bothering me seasonally for 5 years. The condition worsens in sunny, windy weather. Over the past two years, food allergies to peaches and apricots with clinical symptoms of oral syndrome. The disease is currently in remission.

Question:

1. Most likely diagnosis:

A. Seasonal allergic conjunctivitis. caused by an allergy to tree pollen B. Seasonal allergic conjunctivitis caused by an allergy to non-pathogenic
mold fungi

B. Contact allergic conjunctivitis

D. Vernal keratoconjunctivitis

D. Viral conjunctivitis

2. To confirm the diagnosis, it is necessary to conduct additional examinations: A. General clinical blood test

B. Skin tests with allergens

B. Provocative conjunctival test with allergens D. Determination of general and specific IgE

D. Biochemical blood test

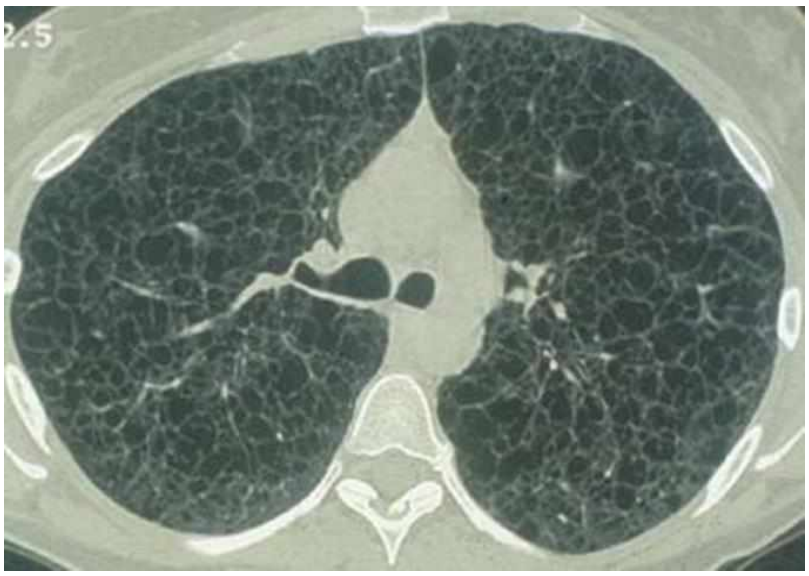
Case 2

A 9-year-old child, a secondary school student, was sent to the children's office of the regional clinical tuberculosis dispensary due to suspicion of tuberculosis after a tuberculin diagnosis. From the anamnesis - he does not note contact with patients with tuberculosis, suffered from chickenpox in childhood, and notes rare colds. He makes no complaints.

Objectively: the skin is clean. There are no features from the internal organs. Peripheral lymph nodes are not enlarged. Blood and urine tests are normal.

Chest X-ray is normal. Vaccinated in the maternity hospital (one post-vaccination scar).

Mantoux test with 2TE PPD-L: at the age of 1 year - papule 11, 2 years - 10 mm, 3 years - 5 mm, 4-8 years - 8 mm, 9 years - papule with a vesicle 15 mm.



№ ЛД-16

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

Department of Phthisiopulmonology

Samples of test tasks

discipline _____ phthisiology_____

the main professional educational program of higher education - programs of a specialist in specialty 31.05.01 General Medicine , (educational program, partially implemented in english)
April 17, 2024

for students of the medical faculty of the 6th year_____

specialty 31.05.01 medical business _____

г. Владикавказ, 2024 год

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Entrance control of the level of training of students

1. The optimal temperature regime for the active reproduction of Mycobacterium tuberculosis:
1) 20-25 about C
2) 37-38 about C
3) 42-45 about C
4) 50-55 about C
2. The temperature regime at which the death of mycobacterium tuberculosis occurs with a 15-minute exposure:
1) (-140 ºC)
2) (0 ºC)
3) (+60 ºC)
4) (+100 ºC)
3. The type of radiant energy to which Mycobacterium tuberculosis is highly sensitive when exposed for an hour:
1) infrared solar radiation
2) ultraviolet solar radiation
3) constant and variable magnetic field
4) radiation
4. The optimal period for the growth of a culture of mycobacterium tuberculosis on a dense nutrient medium of Loewenstein- Jensen :
1) 2-3 days
2) 2 weeks
3) 1-1.5 months
4) 2.5-3 months
5. The most dangerous form of contact with a patient with an open form of tuberculosis, contributing to infection:
1) family
2) domestic
3) industrial
4) bed
6. The most qualitative and informative method for obtaining pathological material in patients with lung diseases for MBT and secondary flora:
1) with natural expectoration of sputum
2) with targeted bronchoscopy
3) with intratracheal flushing from the bronchi
4) with provocative inhalation
7. The method of public and urgent laboratory diagnosis of MBT, feasible in any medical institution:
1) bacterioscopy by flotation method
2) direct bacterioscopy
3) bacteriological examination
4) fluorescent bacterioscopy
8. The most effective method of laboratory diagnostics on MBT:
1) fluorescent bacterioscopy
2) direct bacterioscopy
3) bacteriological method with pathogen typing
4) bacterioscopy by flotation method
9. The most common method for detecting AFB is:

1) bacterioscopic
2) bacteriological
3) biological
4) PCR

10. The main route of infection for human tuberculosis is:

1) intrauterine
2) alimentary
3) inhalation (aerogenic)
4) contact

Section 2

11. What is tuberculin?

1) killed MBT with an integral morphological structure
2) autoclaved MBT culture filtrate with waste products
3) culture of pathogenic MBT
4) live but weakened MBT culture

12. The group of people with an increased development of tuberculosis in children for tuberculin diagnostics includes:

1) children from the focus of tuberculosis infection
2) all children of preschool institutions
3) HIV-infected children
4) children from single-parent families

13. Contraindications for staging a Mantoux test with 2 TE 1111D-L are:

1) epilepsy
2) pregnancy
3) History of BCG vaccination
4) parents with tuberculosis

14. What is the activity of tuberculin in a volume of 0.1 ml during the mass production of the Mantoux test in children and adolescents?

1) 1TE
2) 2TE
3) 5TE
4) 10TE

15. What method of tuberculin administration is currently generally accepted for mass tuberculin diagnostics ?

1) dermal
2) intradermal
3) subcutaneous
4) intravenous

16. From what papule size is the Mantoux test with 2TE PPD-L considered positive?

1) with 2 mm
2) with 5 mm
3) c12 mm
4) from 17 mm

17. From what size of papule is the Mantoux test with 2TE 1111D-L considered to be hyperergic in children and adolescents?

1) from 12 mm
2) from 17 mm

3) from 21 mm
4) from 25 mm

18. In what case does the “turn” of the Mantoux tuberculin test with 2TE 1111D-L take place?

1) papule 6 mm (a year ago - 10 mm after vaccination)
2) papule 10 mm (a year ago BCG revaccination was performed after a negative test)
3) papule 12 mm (a year ago - negative test, BCG vaccination in the maternity hospital 5 years ago)
4) papule 2 mm (BCG vaccination in the past)

19. In which age group is the risk of tuberculosis disease higher in the case of primary infection of the human body (the onset of a “turn”)?

1) 1-3 years
2) 4-11 years old
3) 12-17 years old
4) 18-25 years old

20. How long after the Mantoux test is performed, is its results evaluated?

1) after 12 hours
2) after 24 hours
3) after 48 hours
4) after 72 hours

Section 3

21. At what indicators of papules during the Mantoux test with 2TE 1111D-L, children and adolescents are subject to an urgent in-depth examination for tuberculosis?

1) 17 mm and above
2) 10 mm and above
3) 5 mm and above
4) "0" mm

22. What indicators of papules during the Mantoux test with 2TE 1P1D-L are children subject to selective BCG revaccination at the age of 7?

1) 17 mm and above
2) 12 mm and above
3) 5 mm and above
4) negative test

23. Contraindications for Mantoux test with 2TE 11D-L:

1) positive Mantoux test in history
2) past history of tuberculosis
3) skin and allergic diseases
4) acute and chronic infectious diseases in the period of exacerbation

24. Method of administering 50-100 TU of tuberculin in the diagnostic test of Koch:

1) dermal
2) intradermal
3) subcutaneous
4) intramuscular

25. The main method of X-ray diagnostics of diseases of the chest organs in the pulmonology clinic:

1) stationary medium format fluorography
2) survey radiography in 2 projections (direct and lateral)
3) fluoroscopy
4) tomography

26. Evaluation of the correctness of the technical execution of a survey radiograph of the lungs in direct projection according to the "rigidity" of X-ray beams:
1) no vertebra is identified
2) only three upper thoracic vertebrae are determined separately
3) six upper thoracic vertebrae are identified separately
4) all thoracic vertebrae are clearly defined
27. Projection of the sixth segment (C_6) of the right lung on the plain radiograph:
1) above the anterior segment 2 ribs
2) in the middle zone of the lung field laterally (subcortically)
3) in the middle zone of the lung field medially (closer to the root)
4) below the anterior segment 4 ribs (above the diaphragm)
28. Projection of the middle lobe (C_4 and C_5) in the right lung on the plain radiograph:
1) in the middle zone of the lung field laterally
2) in the middle zone of the lung field medially
3) in the lower zone of the lung field laterally
4) in the lower zone of the lung field medially
29. Projection of the upper lobe (C1-C5) in the left lung on the plain radiograph:
1) apex to 2 ribs
2) apex to 3rd rib
3) apex to 4 ribs
4) apex to diaphragm
30. What segments of the lungs are most often affected in secondary forms of tuberculosis?
1) $C_1 + C_2$
2) From 3
3) $C_4 + C_5$
4) From 8

Section 4

31. Designation in the clinical diagnosis of the localization of the tuberculous process in the lungs:
1) by shares and segments
2) by fields
3) along the ribs
4) along the intercostal spaces
32. How many segments does the upper lobe of the left lung include?
1) five
2) four
3) three
4) two
33. How many segments does the upper lobe of the right lung include?
1) two
2) three
3) four
4) five
34. X-ray parameters of focal shadows of large sizes:
1) up to 3 mm
2) from 3 to 6 mm
3) from 6 to 10-15 mm

4) from 15 to 20 mm

35. X-ray parameters of focal shadows of medium size:

1) 0.5 to 1.0 cm
2) 1 to 2 cm
3) 2 to 4 cm
4) 4 to 6 cm

36. The intensity of fresh, recently emerged, focal ten - formations in the lungs of tuberculous etiology:

1) high
2) small
3) various
4) average

37. The main purpose of tomography in a comprehensive X-ray examination of patients with pulmonary tuberculosis is:

1) determining the location of the lesion
2) determining the size of revealed shadows
3) identification of sites of destruction in the lungs
4) determination of the intensity of revealed shadows

38. X-ray characteristic of an active tuberculous process with a progressive course:

1) focus of shading of low intensity with annular enlightenment inside and a few foci around
2) a group of focal shadows in C_1 and C_2 on the right of a weak intensity of a homogeneous structure
3) medium intensity focus shading with areas of compaction
4) high intensity focus shading of large sizes with areas of calcification

39. Uncharacteristic radiological sign for tuberculous lema :

1) round shadow 4 cm in size with clear contours and eccentric enlightenment
2) round shadow 2 cm in size with clear contours
3) rounded focus of high-intensity shading 3 cm in diameter of a heterogeneous structure with the inclusion of areas of calcification
4) round isolated thin-walled cavity without infiltration and fibrosis in the surrounding lung tissue

40. What phase of the tuberculous process (besides others) is necessarily reflected in the final diagnosis during the healing of the cavity?

1) resorption
2) seals
3) scarring
4) calcification

Section 5

41. The most common clinical form of pulmonary tuberculosis among newly diagnosed patients is:

1) focal
2) disseminated
3) infiltrative
4) tuberculoma

42. What form of pulmonary tuberculosis occupies an intermediate position between fresh and advanced chronic forms ?

1) cavernous
2) disseminated
3) infiltrative

4) fibrous-cavernous

43. In what form of pulmonary tuberculosis are extrapulmonary localizations of tuberculosis more often observed?

1) focal
2) disseminated
3) tuberculoma
4) cavernous

44. What is the BCG vaccine?

1) culture of pathogenic MBT
2) killed by MBT
3) live but weakened MBT culture
4) waste products of the office

45. What method of BCG vaccine administration is currently generally accepted for vaccination and revaccination of children and adolescents?

1) oral
2) dermal
3) intradermal
4) subcutaneous

46. How is the BCG-M vaccine different from the BCG-1 vaccine?

1) even more attenuated BCG vaccine strain
2) vaccination dose increased by 2 times
3) vaccination dose reduced by 2 times
4) nothing different, except for the brand name

47. Features of anti-tuberculosis vaccination in the maternity hospital for premature babies weighing from 2000 to 2500 g:

1) do not vaccinate
2) vaccinated with BCG-1 vaccine
3) vaccinated with BCG-M vaccine
4) delaying vaccination until normal weight is achieved

48. Local complications of BCG vaccination include:

1) cold abscess
2) erythema nodosum
3) keloid scar
4) furunculosis

49. Normal timing of the appearance of a vaccination infiltrate in newborns after the introduction of the BCG-1 vaccine:

1) after 72 hours
2) a week later
3) after 4-6 weeks
4) by the end of 2 months

50. Terms of formation of artificial anti-tuberculosis immunity during vaccination of a newborn:

1) in 1-2 weeks
2) 2 months later
3) after 4 months
4) in 6 months

Section 6

51. Contraindications for BCG revaccination are:

1) past tuberculosis
2) acute and exacerbations of chronic diseases
3) preliminary negative Mantoux test with 2TE PPD-L
4) preliminary positive Mantoux test with 2TE PPD-L

52. Terms of BCG revaccination in the Republic of Belarus for TB- negative children from risk groups:

1) aged 3 years
2) at the age of 5
3) at the age of 7
4) At the age of 10

53. What anti-tuberculosis drug is usually used for drug prophylaxis in order to prevent tuberculosis?

1) pyrazinamide
2) isoniazid or ftivazid (drugs of the GINK group)
3) rifampicin
4) ethambutol

54. Who needs mandatory drug prophylaxis with isoniazid ?

1) persons with small residual tuberculous changes
2) adults who are in contact with a patient with a closed form of tuberculosis
3) children exposed to bacteria
4) children with a positive Mantoux test within 3 years

55. Specify contraindications to chemoprophylaxis with drugs of the GINK group in children from foci of tuberculosis infection:

1) arterial hypertension
2) peptic ulcer of the stomach and 12 duodenal ulcer
3) epilepsy
4) diabetes

56. The most important criterion that determines the degree of epidemiological danger of a focus of tuberculosis infection is:

1) living conditions of this family
2) financial security of the family
3) sanitary and cultural level of the family
4) massive bacterial excretion in a patient with tuberculosis

57. The most important source of tuberculosis infection is:

1) patient's sputum
2) milk from sick animals
3) patient's leftovers
4) utensils used by the patient

58. The most important factor that reduces the body's resistance to tuberculosis infection:

1) smoking
2) malnutrition
3) alcohol consumption
4) colds

59. With what measure is it advisable to start the implementation of the complex of the following emergency anti-epidemic measures to improve the focus of tuberculosis infection?

1) isolation of the bacteria excretor and termination of contact with healthy individuals until the patient is abacillated
2) regular screening of contact persons for tuberculosis
3) chemoprophylaxis for all healthy family members

4) current and final disinfection

60. Who performs routine disinfection in foci of tuberculosis infection?

1) local doctor-therapist with a nurse
2) local phthisiatrician with a nurse
3) disinfection department of the Center for Hygiene and Epidemiology
4) family members and the TB patient himself

Section 7

61. Who performs the final disinfection in the centers of tuberculosis infection?

1) local doctor-therapist with a nurse
2) local phthisiatrician with a nurse
3) disinfection department of the Center for Hygiene and Epidemiology
4) family members and the TB patient himself

62. The most reliable method for diagnosing pulmonary tuberculosis :

1) radiography of the respiratory organs:
2) bacterioscopy of sputum to detect AFB
3) tuberculin test
4) general analysis of peripheral blood

63. How many minimally microscopic examinations of sputum for MBT should, as a rule, be performed in the diagnosis of pulmonary tuberculosis if the pathogen is not detected?

1) one study
2) two studies
3) three studies
4) four studies or more

64. The main mass method for detecting pulmonary tuberculosis among the adult population of the Republic of Belarus at present:

1) tuberculin diagnostics according to the Mantoux test with 2TE Sh1D-L
2) fluorography (stationary and mobile)
3) radiography in various projections of the chest organs
4) sputum examination for MBT

65. The most effective options for organizing X- ray fluorographic examination of the population for tuberculosis:

1) group (selective) fluorographic examinations
2) continuous (mass) fluorographic examinations
3) maximum coverage of X-ray fluorographic examinations of the population when applying to healthcare facilities
4) rational use of all the above options

66. The frequency of preventive fluorographic examination of the majority of the population in a favorable epidemiological situation for tuberculosis:

1) at least 2 times a year
2) at least once a year
3) at least once every two years
4) at least once every three years

67. The frequency of preventive fluorographic examination of the majority of the population in an unfavorable epidemiological situation for tuberculosis:

1) at least 2 times a year
2) at least once a year
3) at least once every two years

4) at least once every three years

68. The frequency of preventive fluorographic examination of the majority of the population in a tense epidemiological situation for tuberculosis:

1) at least 2 times a year
2) at least once a year
3) at least once every two years
4) at least once every three years

69. What is the frequency of prophylactic X-ray examinations for the main part of the adult population of the Republic of Belarus (except for mandatory contingents and people with an increased risk of tuberculosis) at present?

1) at least once every 6 months
2) annually
3) at least 1 time in 2 years
4) at least once every 3 years

70. The frequency of fluorographic examination of persons with an increased risk of tuberculosis:

1) at least 2 times a year
2) at least once a year
3) at least once every two years
4) at least once every three years

Section 8

71. Frequency of fluorographic examination of "mandatory" contingents:

1) at least 2 times a year
2) at least once a year
3) at least once every two years
4) at least once every three years

72. Which disease patients are not included in the high risk group for tuberculosis?

1) hypertonic disease
2) stomach ulcer
3) silicosis of the lungs
4) chronic obstructive pulmonary disease

73. What contingents among the population of the Republic of Belarus are not subject to mandatory annual X-ray examinations at the present time?

1) employees of preschool institutions
2) employees of medical institutions
3) high school students
4) workers of dairy and livestock farms

74. Which of the indicated categories of the population is not included in the mandatory contingents?

1) employees of children's institutions
2) ray positive persons
3) food business workers
4) people living in hostels

75. X-ray fluorographic examinations of the population be stored in the health facility at the place of residence ?

1) at least a year
2) at least 2 years
3) at least 3 years
4) at least 5 years

Section 9

76. In which dispensary registration group (GDU) should newly diagnosed patients with destructive changes in the lungs and bacterial excretion with preserved drug sensitivity be observed ?

1) 1-A GDU
2) 1-B GDU
3) 2 GDU
4) 3 GDU

77. In which dispensary registration group (GDU) should patients who are clinically cured of respiratory tuberculosis with drug-susceptible forms of MBT be observed?

1) 1-A GDU
2) 2-B GDU
3) 3-A GDU
4) 4-A GDU

78. The dispensary registration group (GDU) of children and adolescents who have "Virage":

1) 1-A GDU
2) 3-B GDU
3) 4-A GDU
4) 6-A GDU

79. A dispensary registration group (GDU) of children and adolescents who fell ill with a primary tuberculosis complex without bacterioexcretion :

1) 1-A GDU
2) 2-V GDU
3) 3-A GDU
4) 5-A GDU

80. A dispensary registration group (GDU) of patients who underwent at least two courses of anti-tuberculosis treatment that ended in failure:

1) 1-A GDU
2) 2-V GDU
3) 2-A GDU
4) *2-B GDU*
5)

Section 10

81. Dispensary registration group (GDU) for newly diagnosed persons with MDR:

1) 1-A GDU
2) 2-V GDU
3) 2-A GDU
4) 2-B GDU

82. A dispensary registration group (GDU) of healthy individuals in contact with a patient with a bacterial excretion :

1) 1 A GDU
2) 2 A GDU
3) s A GDU
4) 4 A GDU

83. How to call an outbreak of the tuberculous process in a patient with pulmonary tuberculosis, which is in the 1-B group of dispensary registration?

1) new disease
2) exacerbation
3) early relapse

4) late relapse

84. How to call the outbreaks of the tuberculous process in persons cured of tuberculosis who are registered in the 3rd group of dispensary registration?

1) new disease
2) exacerbation
3) relapse
4) disease progression

85. Which specialty physicians should actively identify patients with suspected TB?

1) therapists
2) pediatricians
3) phthisiatricians
4) any medical specialty

Section 11

86. The maximum duration of the issuance of a sick leave for temporary disability to an inpatient patient with tuberculosis, as agreed with the VKK, but without the decision of the MEDK:

1) up to 2 months
2) up to 4 months
3) up to 6 months
4) up to 10 months

87. Indications for referral of patients with tuberculosis to MREC in order to establish a disability group:

1) the need to continue treatment for more than 6 months with positive dynamics of the tuberculosis process
2) preservation of the cavity in the lung after 4 months of treatment
3) after effective surgical treatment without respiratory dysfunction
4) when a patient with an advanced form of tuberculosis is identified and treatment is ineffective within 3-4 months

88. The most common reason for the establishment of the 2nd group of disability in a patient with pulmonary tuberculosis with insufficient effectiveness of the main course of chemotherapy:

1) unstable sputum abacillation
2) preservation of the cavity without respiratory failure
3) the presence of a cavity and fibrosis with symptoms of pulmonary heart failure of the 2nd degree
4) intermittent short haemoptysis without symptoms of respiratory failure

89. What are the two most effective anti-tuberculosis drugs preferred at all stages of treatment of patients with tuberculosis (according to the WHO methodology)?

1) levofloxacin + ethambutol
2) isoniazid + rifampicin
3) PASK + tibon
4) pyrazinamide + ethionamide

Section 11

90. The most correct tactic of a doctor in identifying a high degree of MBT drug resistance to isoniazid :

1) replace with ftivazid
2) give isoniazid intravenously
3) stop isoniazid and replace it with 2 drugs from the reserve group
4) increase the daily dose of isoniazid

91. In what situation should MBT resistance to two drugs be regarded as multidrug resistance?

1) isoniazid + rifampicin
2) isoniazid + levofloxacin
3) rifampicin + ethambutol
4) rifampicin + ethionamide

92. What anti-tuberculosis drug can lead to the development of retrobulbar neuritis?
1) isoniazid
2) rifampicin
3) ethambutol
4) pyrazinamide

93. Which two anti-tuberculosis drugs should not be used simultaneously in the treatment of a patient?
1) isoniazid + ftivazid
2) rifampicin + isoniazid
3) ethambutol + pyrazinamide
4) levofloxacin + rifampicin

94. Name the most effective drug in the treatment of patients with tuberculosis:
1) isoniazid
2) levofloxacin
3) rifampicin
4) ethionamide

95. What are the absolute contraindications for the prescription of isoniazid :
1) heart failure
2) respiratory failure
3) hearing loss
4) epilepsy

Explanation:

Section 12

96. Name vital anti-tuberculosis drugs :
1) isoniazid
2) PASK
3) levofloxacin
4) pyrazinamide

97. Which combination of anti-tuberculosis drugs is unacceptable?
1) ethionamide + protionamide
2) isoniazid+PASK
3) isoniazid + levofloxacin
4) isoniazid + kanamycin

98. Name the main side effect of isoniazid :
1) ototoxicity
2) neurotoxicity
3) dysbacteriosis
4) nephrotoxicity

99. The duration of the intensive phase of chemotherapy in patients of the 1st clinical category according to WHO recommendations:
1) 4 months
2) 6 months
3) 8 months
4) 2 months

100. How many chemotherapy drugs should be administered in the first two months of treatment to patients with a limited (small) form of tuberculosis without destruction in the lungs and without bacterial excretion ?

1) two drugs
2) three drugs
3) four drugs