

**Federal State Budgetary Educational Institution of Higher Education  
"North- Ossetia State Medical Academy" of the Ministry of Healthcare of the  
Russian Federation**

**Department of Internal Diseases № 3**

APPROVED  
by the minutes of the meeting  
of the Central Coordinating Educational and  
Methodological Council  
"02" April 2024 № 8

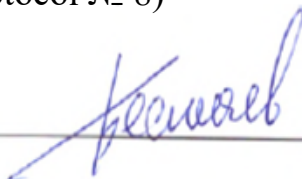
**THE EVALUATION MATERIALS**

**for Internal Diseases**

the main professional educational program of higher education is the specialty  
program in the specialty 31.05.03 Dentistry, approved on 17.04.2024  
**for students of the Faculty of Dentistry 2nd, 3rd year**  
**by specialty** 31.05.03 Dentistry

Reviewed and approved at the meeting of the department  
Dated March 29, 2024 (Protocol № 8)

Head of the Department, MD.



Bestaev D. V.

## **STRUCTURE OF THE EVALUATION MATERIALS**

1. Title page
2. The structure of the evaluation materials
3. Review of the evaluation materials
4. Passport of evaluation materials
5. Set of evaluation materials:
  - questions to the module
  - bank of situational tasks
  - standards of test tasks (with title page and table of contents),
  - examtickets

**ФЕДЕРАЛЬНОЕ ГОСУДАРСТВЕННОЕ БЮДЖЕТНОЕ ОБРАЗОВАТЕЛЬНОЕ  
УЧРЕЖДЕНИЕ ВЫСШЕГО ОБРАЗОВАНИЯ «СЕВЕРО-ОСЕТИНСКАЯ  
ГОСУДАРСТВЕННАЯ МЕДИЦИНСКАЯ АКАДЕМИЯ» МИНИСТЕРСТВА  
ЗДРАВООХРАНЕНИЯ РОССИЙСКОЙ ФЕДЕРАЦИИ**

**РЕЦЕНЗИЯ  
на оценочные материалы**

по дисциплине **«Внутренние болезни»**  
для лечебного факультета  
по специальности **31.05.03 Стоматология**

**2,3 курс**

Оценочные материалы составлены на кафедре **внутренних болезней № 3**

на основании рабочей программы дисциплины **«Внутренние болезни»**, образовательная программа частично реализуемая на английском языке, утвержденная 17.04.2024 г. и соответствуют требованиям ФГОС 3+ + «Стоматология»

Оценочные материалы включает в себя:

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

Банк тестовых заданий включает в себя следующие элементы: тестовые задания, варианты тестовых заданий, шаблоны ответов. Все задания соответствуют рабочей программе **«Внутренние болезни»**, образовательная программа частично реализуемая на английском языке, 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. Банк содержит ответы ко всем тестовым заданиям и задачам.

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

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

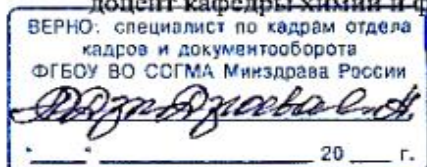
Замечаний к рецензируемым оценочным материалам нет.

В целом, оценочные материалы по дисциплине **«Внутренние болезни»**, образовательная программа частично реализуемая на английском языке, способствуют качественной оценке уровня владения обучающимися общекультурными и профессиональными компетенциями.

Рецензируемые оценочные материалы по дисциплине **«Внутренние болезни»**, образовательная программа частично реализуемая на английском языке, могут быть рекомендованы к использованию для текущей и промежуточной аттестации на стоматологическом факультете у обучающихся 2,3 курса.

Рецензент:

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



Н.И. Боциева

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Рецензент:

Главный врач ГБУЗ «Поликлиника №1»  
РСО-Алания



З.В. Мецаева

**Passport of the evaluation materials for  
Internal Diseases**

<b>Nºi/o</b>	<b>Name of the supervised section (topic) of the discipline/module</b>	<b>The code of the competence being formed (stage)</b>	<b>Name of the evaluation tool</b>
1	2	3	4
<b>Typeofcontrol</b>	<b>Current/Intermediate</b>		
<b>1.</b>	Module "Propaedeutics of internal diseases"	EPC -1 EPC -5 EPC -6	test control, module questions, situational task bank, exam tickets
<b>2.</b>	Module "internal diseases"	EPC -1 EPC -5 EPC -6	test control, module questions, situational task bank, exam tickets
<b>3.</b>	Module "internal diseases"	EPC -1 EPC -5 EPC -6	test control, module questions, situational task bank, exam tickets
<b>4.</b>	Diseases of the digestive system.	EPC -1 EPC -5 EPC -6	test control, module questions, situational task bank, exam tickets
<b>5.</b>	Respiratory diseases.	EPC -1 EPC -5 EPC -6	test control, module questions, situational task bank, exam tickets
<b>6.</b>	Kidney diseases.	EPC -1 EPC -5 EPC -6	test control, module questions, situational task bank, exam tickets
<b>7.</b>	Diseases of the endocrine system	EPC -1 EPC -5 EPC -6	test control, module questions, situational task bank, exam tickets
<b>8.</b>	Diseases of the circulatory system	EPC -1 EPC -5 EPC -6	test control, module questions, situational task bank, exam tickets

\*The name of the supervised section (topic) or topics (sections) of the discipline/ module is taken from the work program.

## Questions about the module

### Questions for module № 1 (IV semester)

1. General examination of the patient: general condition, position of the patient, state of consciousness (changes in consciousness), examination of the skin, lymph nodes, subcutaneous fat, joints, bones, muscles, detection of edema.
2. History of percussion development. The physical basics of percussion. Comparative percussion of the lungs, determination of the nature of percussion sound.
3. Topographic percussion of the lungs. Determination of the boundaries of the lungs, the height of the standing of the tops of the lungs, the width of the Krenig fields, the lower border of the lungs. Determination of the mobility of the pulmonary edges. Mastering the percussion method.
4. Methods and techniques of auscultation. The history of its development. Normal breathing noises. Bronchophonia. The mechanism of occurrence. Diagnostic value. Mastering the auscultation method. The concept of additional respiratory noises, the mechanism of their occurrence, diagnostic value.
5. Laboratory, instrumental, functional methods of examination of a patient with respiratory diseases. Mastering the methods of examination of a patient with respiratory diseases: radiography, tomography, bronchography, fluorography, bronchoscopy, bronchofibroscope, thoracoscopy, spirogram, study of the intensity of pulmonary ventilation, study of the mechanics of the respiratory act, pleural puncture, sputum examination.
6. Questioning of patients with circulatory diseases (main complaints, their pathogenesis), examination (patient's position, skin color, examination of the heart area and large vessels), palpation of the apical shock and the heart area. Percussion of the heart is normal: a technique for determining the boundaries of relative dullness, vascular bundle. Determination of the configuration of relative dullness of the heart. Percussion changes in the pathology of the cardiovascular system: diagnostic significance of changes in the boundaries of the heart. Percussion changes in the pathology of the cardiovascular system: diagnostic significance of changes in the boundaries of the heart.
7. Auscultation of the heart: technique, points of auscultation of the heart, differences of I and II heart tones. Listening places and the true projection of the valves on the chest. Characteristics of heart tones in a healthy person. The mechanism of the occurrence of tones. Causes of strengthening and weakening of heart tones. Classification of noise. Functional noises. Organic noises. Diagnostic value.
8. The method of palpation of the arterial pulse. Study of the properties of the peripheral pulse, pulse characteristics. Sphygmography. Determination of blood pressure, VD. Diagnostic value.
9. Electrocardiography (ECG) method. The main functions of the heart. The device of an electrocardiograph. Methods and techniques of ECG recording. The formation of ECG teeth is normal. Decoding of the ECG.
10. Questioning of patients with diseases of the digestive system (main complaints, their pathogenesis). Examination of the oral cavity, abdomen. Mastering the palpation technique (surface orientation and deep methodical sliding palpation of the intestine, stomach, pylorus, pancreas). Percussion of the abdomen in order to determine the lower border of the stomach, ascites. Percussion determination of liver boundaries. Palpation of the liver.
11. Interpretation of the analysis of gastric juice, feces. Endoscopic, X-ray, ultrasound and other methods of examination of patients with diseases of the digestive system and hepatobiliary system.
12. The main complaints of patients with diseases of the urinary system, their pathogenesis. Examination of the kidney area. Palpation of the kidneys. A symptom of pounding on the lumbar region.
13. Conducting a laboratory study of a general urine analysis (determination of specific gravity and proteinuria). Clinical interpretation of the general urinalysis, analysis according to Nechiporenko, according to Zimnitsky. Biochemical parameters of blood.
14. Clinical interpretation of functional methods of kidney examination. Evaluation of the results of X-ray, radiological and ultrasound examination of the kidneys.
15. Questioning, examination of patients with diseases of the organs of hematopoiesis. Diagnostic value of a clinical blood test study. Interpretation of the general blood test for the detection of anemia, leukemia, inflammatory process.
16. General idea of sternal puncture, trepanobiopsy: interpretation of the results. A general idea of the coagulogram. Interpretation of laboratory tests for the detection of hemorrhagic syndrome.

### Questions for module № 2 (IV semester)

1. Syndrome of compaction of lung tissue (lobular and focal), bronchial obstruction syndrome, syndrome of increased airiness of lung tissue.
2. Lung cavity syndrome, fluid accumulation syndrome in the pleural cavity, respiratory insufficiency syndrome.

3. Clinical symptomatology of heart defects (mitral, aortic).
4. Arterial hypertension syndrome, myocardial ischemia syndrome (angina pectoris), cardiac muscle necrosis syndrome (myocardial infarction), acute and chronic heart failure syndrome, acute vascular insufficiency syndrome.
5. Semiotics of diseases of the cardiovascular system and the main clinical syndromes. Arterial hypertension syndrome, myocardial ischemia syndrome (angina pectoris), cardiac muscle necrosis syndrome (myocardial infarction), acute and chronic heart failure syndrome, acute vascular insufficiency syndrome.
6. Semiotics of diseases of the cardiovascular system and the main clinical syndromes. Methods of functional diagnostics in cardiological practice (ECG, Echo-KG, etc).
7. Semiotics of diseases of the gastrointestinal tract and the main clinical syndromes of semiotics of liver diseases and hepatobiliary zone
8. Semiotics of diseases of the hematopoiesis system. The main clinical syndromes.

#### **Questions for module № 1 (V semester)**

1. Pneumonia. Etiology, pathogenesis, clinic, diagnosis, treatment
2. Chronic bronchitis. Etiology, pathogenesis, clinic. Diagnosis, treatment
3. Bronchial asthma: etiology, pathogenesis, clinic, diagnosis, treatment
4. HYPERTENSION. Classification. Course. Complications. Symptomatic arterial hypertension. Clinical manifestations. Treatment of arterial hypertension. Calcium antagonists: pharmacodynamics, indications for use. Blockers of B-adrenergic receptors: pharmacodynamics, indications for use. Angiotensin converting enzyme inhibitors: pharmacodynamics, indications for use.
5. Symptomatic arterial hypertension. Classification of clinical manifestations. Diagnostics
6. ATHEROSCLEROSIS. Etiology. Risk factors. Pathogenesis. The main localization of atherosclerosis: aorta, coronary arteries, cerebral vessels, arteries of the kidneys and lower extremities. Complications of atherosclerosis depending on the main localization. Treatment
7. CORONARY HEART DISEASE. Risk factors. Classification. Angina pectoris. Clinical manifestations. Functional classes. Differential diagnosis. Dosage forms. Treatment. Tactics of a dentist in the event of an angina attack in a patient in a dental chair. Nitrates: pharmacodynamics, indications for use
8. MYOCARDIAL INFARCTION. Pathogenesis. Functional and anatomical mechanisms of coronary circulation disorders. The relationship between coronary spasm and thrombosis of the coronary arteries. Clinical manifestations in the acute period. Determination of localization and prevalence of myocardial infarction. Electrocardiographic manifestations. Diagnosis and differential diagnosis. Complications. Outcomes. Treatment. Prevention. Cardiosclerosis (postinfarction, diffuse). Complications. Treatment.
9. ARRHYTHMIAS AND HEART BLOCKAGES. The main functions of the myocardium. The significance of functional (neuroregulatory) mechanisms and morphological changes of the conduction system and myocardium in the development of arrhythmias and blockades of Sinus arrhythmia. Extrasystole. Paroxysmal tachycardia. Clinical significance of certain types of arrhythmias. Recognition, treatment. Prevention. The use of an artificial pacemaker and defibrillator.
10. ARRHYTHMIAS AND HEART BLOCKAGES. Atrial fibrillation. Heart blockades. Clinical significance of certain types of arrhythmias. Recognition, treatment. Prevention. The use of an artificial pacemaker and defibrillator. Emergency care for cardiac arrhythmias.

#### **Questions for module № 2 (V semester)**

1. RHEUMATISM. (Acute rheumatic fever) The role of odontogenic infection. Classification of eases. Diagnostic criteria. Organ manifestations of rheumatism, rheumatic carditis, polyarthritis, polyserositis, nephritis, hepatitis, pneumonia, skin and central nervous system lesions.
2. RHEUMATISM. General, cardiac and articular manifestations of rheumatism. Diagnostics and differential diagnostics. Course. Complications. The importance of oral cavity sanitation in the prevention of rheumatism.
3. RHEUMATISM. (EAGLE) . Diagnostics and differential diagnostics. Course. Complications. The importance of oral cavity sanitation in the prevention of rheumatism. 4.
4. Rheumatic heart defects. (Mitral). Features of clinical manifestations .The mechanism of compensation of circulatory disorders in valvular heart defects. Differential diagnosis. Treatment. Indications for surgical treatment. Prevention.
5. Rheumatic heart defects - aortic, tricuspid, combined. Features of clinical manifestations in various malformations and their combinations. Differential diagnosis. Treatment. Indications for surgical treatment. Prevention
6. HEART FAILURE. Acute heart failure – cardiac asthma, pulmonary edema. Acute vascular insufficiency – shock, collapse. The main causes and pathogenesis of acute cardiac and vascular insufficiency. Clinical manifestations. Acute vascular insufficiency. Treatment
7. Chronic heart failure. Definition. Pathogenesis. The main reasons. Systolic and diastolic myocardial dysfunction. Clinical picture. Predominant insufficiency of the right and left ventricles. Classification. Cardiac glycosides. Pharmacodynamics, indications for use. Modern diuretics, indications for use. ACE inhibitors, pharmacodynamics, indications for use.
8. Tactics of a dentist in the event of acute cardiac or vascular insufficiency in a patient in a dental chair.

### Questions for module № 3 (V semester)

1. Chronic gastritis. Forms of gastritis depending on the secretory function. The role of odontogenic infection, disorders of chewing function and other factors in the occurrence and course of the disease. Clinical manifestations. Differential diagnosis. Laboratory and instrumental diagnostic methods. Course. Treatment. Prevention
2. Peptic ulcer of the stomach and duodenum. Pathogenesis. The significance of violations of chewing function. Clinical manifestations and features of the course depending on the location of the ulcer. Recognition and differential diagnostics. Laboratory and instrumental diagnostic methods. Complications: bleeding, penetration, perforation, stenosis, malignancy. Treatment and prevention.
3. Chronic hepatitis. Etiology, classification, clinical manifestations, features of the course of various forms. Changes in the oral cavity. Laboratory and instrumental research methods. Dif. diagnosis. Principles of treatment. Prevention.
4. Cirrhosis of the liver. Definition, etiology, pathogenesis, clinical and morphological forms. Changes from the oral cavity. Laboratory and instrumental diagnostic methods. Course, complications, principles of treatment, prevention.
5. Urgent conditions in gastroenterology. Emergency care in gastroenterologists

### Questions for module № 1 (VI semester)

1. Glomerulonephritis. Acute glomerulonephritis. Chronic glomerulonephritis. The role of odontogenic infection and other factors in the occurrence of the disease. Course. Complications. Treatment. Prevention.
2. Chronic pyelonephritis. Etiology. Pathogenesis. Clinical manifestations. Laboratory and instrumental diagnostic methods. Principles of treatment. prevention.
3. Chronic renal failure. Causes of occurrence. Clinical manifestations. Laboratory and instrumental diagnostic methods. Treatment.

### Questions for module № 2 (VI semester)

1. ANEMIA. Definition of the concept. Classification. Iron deficiency anemia. Clinical manifestations. Changes in the oral mucosa. Treatment. Prevention.
2. B-12-deficiency anemia. Etiology. Pathogenesis. Type of hematopoiesis. Changes in the oral mucosa and tongue. Treatment. Prevention
3. Aplastic anemia. Hemolytic anemia. Pathogenesis. Clinical manifestations. Laboratory diagnostic methods. Treatment. Prevention.
4. ACUTE LEUKEMIA. Definition of the concept. Classification. Clinical manifestations. Changes in the oral mucosa. Laboratory and instrumental diagnostic methods. Course. Principles of treatment. Tactics of providing dental care in different periods of the disease.
5. CHRONIC LEUKEMIA. Definition of the concept. Classification. Laboratory and instrumental diagnostic methods. Chronic myeloid leukemia.
6. Chronic lymphocytic leukemia. Clinical manifestations. Changes in the oral mucosa. Differential diagnosis. Course. Treatment. Tactics of dental care. Prevention.
7. HEMORRHAGIC DIATHESIS. Definition of the concept. Classification. The mechanism of bleeding in various hemorrhagic diathesis. Hemorrhagic vasculitis (Schenlein-Henoch disease)
8. HEMORRHAGIC DIATHESIS. Thrombocytopenic purpura (Werlhof's disease), hemophilia, Randu-Asler's disease. Differential diagnosis. Treatment. Tactics of dental care in various forms of hemorrhagic diathesis. Prevention.
9. ACUTE RADIATION SICKNESS. Definition of the concept. Clinic of acute radiation sickness. Complications and consequences. Differential diagnosis. Principles of treatment of acute radiation sickness from external irradiation. Prevention.
10. Diabetes mellitus. Changes in the oral cavity in patients with DM
11. Diabetes mellitus. Complications

### The list of questions for the preparation of students of the Faculty of Dentistry for the exam in the discipline "Internal diseases"

1. Hemolytic anemia. Pathogenesis. Clinical manifestations. Laboratory diagnostic methods. Treatment. Prevention.
2. Pneumonia. Types of pneumonia. Definition of the disease and characteristics by etiology, pathogenesis, clinic, course. Diagnosis and differential diagnosis of pneumonia.
3. B-12 deficiency anemia. Etiology. Pathogenesis. Changes in the oral mucosa and tongue. Treatment. Prevention.
4. Rheumatic heart defects: Aortic defects. Features of clinical manifestations. The mechanism of compensation of circulatory disorders. Differential diagnosis. Treatment. Indications for surgical treatment.
5. Thrombocytopenic purpura (Werlhof's disease). Diagnosis. Treatment. Tactics of dental care.
6. Arrhythmias and heart blockages. The main functions of the myocardium. The importance of neuroregulatory mechanisms and morphological changes in the conduction system and myocardium in the development of arrhythmias and blockades. Classification.



7. Acute leukemia. Definition of the concept. Classification. Clinical manifestations. Changes in the oral mucosa. Diagnostic methods. Principles of treatment. Tactics of dental care in various periods of illness.
8. Rheumatic heart defects: Mitral defects. Features of clinical manifestations. Mechanisms of compensation of circulatory disorders. Differential diagnosis. Treatment. Indications for surgical treatment.
9. Cirrhosis of the liver – principles of treatment. Prevention.
10. Chronic pyelonephritis. Etiology, pathogenesis, classification. Clinical manifestations. Laboratory diagnostics.
11. Acute rheumatic fever – classification, etiology. Pathogenesis, clinical manifestations, diagnostics (laboratory, instrumental).
12. Rhythm disturbances: atrial fibrillation. Diagnostics. Clinical significance.
13. Acute diffuse glomerulonephritis. The role of odontogenic infection and other factors in the occurrence of the disease. Clinical manifestations. Course. Complications.
14. Myocardial infarction – principles of treatment, prevention. Tactics of providing pre-hospital care in a dental chair.
15. Chronic renal failure. Causes of occurrence. Clinical manifestations. Changes in the oral mucosa. Laboratory and instrumental diagnostic methods. Treatment. The concept of hemodialysis.
16. Rhythm disturbances – paroxysmal tachycardia. Clinical significance. Recognition. Treatment. Prevention.
17. Tactics of a dentist in the event of acute heart failure in a patient in a dental chair
18. Peptic ulcer of the stomach and duodenum 12. Etiology, pathogenesis. Clinical manifestations of the peculiarities of the course depending on the location of the ulcer. Recognition and differential diagnosis. Laboratory and instrumental diagnostic methods.
19. Chronic heart failure. Etiology. Pathogenesis. Systolic and diastolic myocardial dysfunction. Clinical picture. Predominant insufficiency of the right and left ventricles. Classification
20. Bronchial asthma. Treatment during the attack and inter-attack period. Tactics of a dentist in case of an attack of bronchial asthma in a dental chair
21. Acute radiation sickness. Definition of the concept. Clinic of acute radiation sickness. Complications and consequences. Differential diagnosis.
22. CHD – Treatment of angina pectoris. Tactics of a dentist in the event of an angina attack in a patient in a dental chair.
23. Coronary heart disease. Risk factors. Classification
24. Hemophilia. Clinic, diagnostics. Tactics of dental care.
25. Chronic leukemia. Definition. Classification. Laboratory and instrumental diagnostic methods. Chronic myeloid leukemia. Clinical manifestations. Changes in the oral mucosa. Differential diagnosis. Treatment. Tactics of dental care.
26. Treatment and prevention of chronic gastritis
27. IBS. Angina pectoris. Clinical manifestations. Functional classes. Differential diagnosis. Treatment. Tactics of a dentist in the event of an angina attack in a dental chair.
28. Anemia. Definition of the concept. Classification. The main clinical syndromes.
29. Treatment and prevention of acute glomerulonephritis.
30. Septic endocarditis. Etiology. The role of odontogenic infection. Pathogenesis. The main clinical manifestations. Diagnosis. Differential diagnosis. Treatment. Complications.
31. Gastric ulcer and duodenal ulcer: complications (bleeding, penetration, perforation, pyloric stenosis, malignancy)
32. Rheumatism (Acute rheumatic fever). The role of odontogenic infection. Classification. Phases of the flow. The main clinical manifestations. Diagnostics. Course. Complications. The importance of oral sanitation in the prevention of rheumatism.
33. Tactics of dental care for hemorrhagic diathesis
34. Chronic enteritis and colitis. Pathogenesis. Classification. Clinical manifestations depending on the localization and phase of the disease. Treatment and prevention.
35. Atherosclerosis. Etiology. Pathogenesis. The main localizations. Complications of atherosclerosis depending on the localization. Treatment. Prevention.
36. Chronic gastritis. Forms of gastritis depending on the secretory function. The role of infection, disorders of chewing function and other factors in the occurrence and course of the disease. Clinical manifestations. Diagnostics – laboratory and instrumental.
37. Tactics of a dentist in the event of acute vascular insufficiency (fainting, collapse) at the patient in the dental chair
38. Acute heart failure – cardiac asthma, pulmonary edema. The main causes and pathogenesis. Clinical manifestations. Treatment.
39. Principles of treatment of acute radiation sickness from external irradiation. Prevention.
40. Chronic glomerulonephritis. Etiology. Pathogenesis. Clinical manifestations. Laboratory and instrumental diagnostic methods
41. Tactics of a dentist in the event of a hypertensive crisis in a patient in a dental chair.
42. Hypertension. Classification. Clinical manifestations. Course. Complications
43. Chronic hepatitis – principles of treatment and prevention.
44. Hemorrhagic diathesis. Definition of the concept. Mechanisms of bleeding.
45. Treatment of arterial hypertension. The main groups of drugs (calcium antagonists, beta-blockers, ACE inhibitors, etc.) are indications for use.
46. Chronic gastritis. Etiology, pathogenesis, classification, clinical manifestations. Laboratory and instrumental diagnostic methods.
47. Hemorrhagic diathesis – hemorrhagic vasculitis (Schenlein –Henoch disease) – clinic, diagnosis, treatment.
48. Chronic hepatitis. Etiology. Classification. Clinical manifestations. Features of the flow of various forms. Changes in the oral cavity. Laboratory and instrumental research methods. Differential diagnosis
49. Treatment of chronic heart failure.
50. Acute vascular insufficiency – shock and collapse. The main causes and pathogenesis. Clinical manifestations. Treatment.

51. Anemia. Definition. Classification. Iron deficiency anemia. Clinic. Changes in the oral cavity. Treatment. Prevention.
52. Hypertension. Classification. Clinical manifestations. Course. Complications.
53. Treatment and prevention of peptic ulcer disease.
54. IBS. Myocardial infarction. Pathogenesis. Clinical manifestations in the acute period. Determination of localization and prevalence of MI. Instrumental and laboratory diagnostics.
55. Treatment and prevention of chronic obstructive bronchitis.
56. Chronic bronchitis. The main forms according to the features of functional characteristics (obstructive, non-obstructive), according to the level of bronchial lesion (proximal, distal). Etiology. Pathogenesis. Clinic. Signs of bronchial obstruction. Laboratory and instrumental research methods. Formulation of the clinical diagnosis.
57. Treatment and prevention of chronic pyelonephritis
58. Bronchial asthma. Etiology. Pathogenesis. Predisposing factors. Occupational hazards. The clinical picture during the attack and in the intercrime period. Diagnostics. Differential diagnosis.
59. Treatment and prevention of chronic glomerulonephritis
60. Cirrhosis of the liver. Etiology. Pathogenesis. Clinical and morphological forms. Changes from the oral mucosa. Laboratory and instrumental diagnostic methods. Differential diagnosis.
61. Chronic lymphocytic leukemia. Clinical manifestations. Changes in the oral mucosa. Differential diagnosis. Course. Treatment. Tactics of dental care.
62. Chronic non-calculous cholecystitis - etiology, pathogenesis, clinic, diagnosis, treatment
63. Pneumonia – principles of treatment, prevention
64. Aplastic anemia - pathogenesis, clinical manifestations. Laboratory diagnostic methods, principles of treatment.

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**Department of Internal Diseases № 3  
Faculty of Dentistry  
Discipline Internal diseases**

**Course 3**

**Situational task № 1**

A 32-year-old patient was admitted with complaints of cough with rust-colored sputum, pain in the right side when breathing, chills, increased tdo 390C, shortness of breath. He became acutely ill the day before, after cooling down. Upon admission, the condition is severe, BPD 40 per minute, with percussion on the right front below the IV rib and behind from the middle of the shoulder blade, dulling of percussion sound, bronchial breathing, increased bronchophony. Pulse 96 beats/min, blood pressure 90/60 mmHg,t38,80C.

What is the process in the lungs?  
Preliminary diagnosis  
What studies are needed to confirm the diagnosis?  
Treatment tactics.

**Head of the department, dms**                      **Bestaev D.V.**

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**Situational task № 2**

The patient is 30 years old, suffered from acute respiratory viral infections, cough worsened a week later, t37,50C, unwell. He was treated independently with sulfonamides. I went to the doctor a week later. Objectively: the condition is satisfactory. In the lungs in the S10 area on the right, hard breathing, increased vocal trembling, single wet wheezing.

R-logically: focal dimming is detected in S10 on the right,  
ESR – 20 mm/hour L– 6.0.

1. Your diagnosis?
2. Treatment.

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**Situational task № 3**

The man is 40 years old. Delivered by an ambulance team to the hospital with a first-time heart attack that lasts about 40 minutes. According to the patient, the pulse was "not calculated".

Objectively: the condition is relatively satisfactory. Blood pressure = 130/80 mm Hg. Skin of ordinary color. The heart tones are sonorous, the rhythm is correct.

Heart rate by pulse and heart tones 200 per minute.. There are no signs of circulatory insufficiency. On the removed ECG: the ventricular rhythm is correct 200 beats / min, the QRS complex is sharply widened (0.20), deformed in all 12 leads.. The attack is delayed in time, there is a tendency to decrease blood pressure.

1. What kind of rhythm disturbances can have the specified ECG picture?
2. Tactics of therapeutic measures (what is the drug of choice)

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**Faculty of Dentistry**

**Course 3**

**Discipline Internal diseases**

**Situational task № 4**

Patient K., 58 years old, the chief engineer of the plant, came to see a doctor with complaints of severe headaches in the occipital region of a pulsating nature, accompanied by nausea, single vomiting, dizziness, the appearance of a "grid" in front of his eyes. Headaches have happened before, more often in the morning or after psychoemotional pain occurred suddenly against the background of satisfactory well-being. Before that, I was on a business trip, I worked hard. Objectively: the condition of moderate severity. The patient is somewhat excited, frightened. The skin is clean, high humidity, there is hyperemia of the face and neck. There is vesicular breathing in the lungs, no wheezing. Pulse - symmetrical, tense, frequent - 92 in 1 min. Blood pressure - on the right hand - 195/100 mm Hg, on the left - 200/100 mm Hg. The boundaries of the heart - left - 1.5 cm outward from the left mid-clavicular line. The heart tones are sonorous, rhythmic, the accent is on the aorta. Heart rate - 92 in 1 min . The belly is soft, painless. The liver is not enlarged. Pasternatsky's symptom is negative. There is no swelling.

Results of additional examination :

ECG – sinus rhythm, 89 in 1 min., hypertrophy of the left ventricle.

Oculist's examination : Fundus - narrowing of arteries and veins, convolution of vessels Salus - P.

Urine analysis - specific gravity - 1018, no protein, no sugar, 1 - 1-3 in n/a.4..

General blood test: Hb - 132 g / l, er. - 4.5h1012/l, l - 6.0 x 10<sup>9</sup>/l, c.p. - 0.9 ; e - 1, p - 4, s - 66, L - 24, m - 5, ESR - 6 mm/hour.

1. Establish a preliminary diagnosis.
2. Determine the tactics of treatment.

**Head of the department, dms**

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**Department of Internal Diseases № 3**

**Situational task № 5**

A 50-year-old patient, a flour factory worker, complains of a paroxysmal, nagging, painful cough with difficult-to-separate, viscous, mucous sputum (up to 30 ml per day), which increases in the morning, when inhaling sharp odors, when leaving a warm room in the cold, as well as in wet weather; expiratory shortness of breath with moderate physical activity; increase in body temperature to subfebrile figures, weakness, malaise. From anamnesis: smokes for 25 years. About 10 years old, I began to notice a cough with sputum separation in the morning. Cases of "colds" have become more frequent, accompanied by a prolonged cough. He suffered acute pneumonia several times.

Objectively: body temperature 37.3 ° C, skin with high humidity, mild diffuse cyanosis. The antero-posterior size of the chest is increased, the smoothness of the supra- and subclavian pits. The chest is rigid. The voice tremor is weakened. The lower edges of the lungs are lowered. The excursion of the lungs is reduced, the box sound alternates with areas of dulling of the percussion sound. BDD - 20. Auscultation: breathing in the upper parts of the lungs is stiff, over the rest of the departments - weakened, dry whistling scattered wheezes are heard, constant crackling wheezes at the bottom on both sides. The heart tones are muted, the rhythm is correct, the heart rate is 90 per minute. The blood pressure on both hands is 120/80 mm Hg. The abdomen is soft, painless throughout. Abdominal organs without features.

Results of additional examination :1. GUA: er. -  $5,0 \times 10^{12}/l$ , Nv - 150 g/l, cp - 1.0; platelets -  $240 \times 10^9/l$ , leukocytes -  $10,0 \times 10^9/l$ , pal. - 7%, segm. - 53%, lymph. - 32%, mon. - 8%, ESR - 10 mm/hour.

2. Sputum analysis is general: light, viscous, odorless, flat epithelium - 4-6 in n / a, leukocytes - 15-20 in n / a, atypical cells and CD were not detected, Gr. + coccal flora.

3. Bacteriological analysis of sputum - pneumococcal flora sensitive to benzylpenicillin, cephalosporins, erythromycin, lincomycin was sown.

4. Examination of the function of external respiration: signs of respiratory failure of the obstructive type.

1. Make a preliminary diagnosis.

2. Outline a plan for further examination of the patient.

3. Determine the treatment tactics.

**Head of the department, dms**

**Bestaev D.V.**

**Department of Internal Diseases № 3**

Standards of test tasks  
in the discipline Internal diseases

the main professional educational program of higher education is the specialty program in the specialty 31.05.03 Dentistry,  
approved on 24.05.2023.

for students of the Faculty of Dentistry 2,3 course  
in the specialty 31.05.03 Dentistry

Reviewed and approved at the meeting of the Department  
dated February 03, 2021. (Protocol № 3)

Head of the Department, MD.  Bestaev D. V.

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<b>1</b>	<b>2</b>		<b>3</b>	<b>4</b>
<b>Type of control</b>		<b>Current /Intermediate</b>		
1.	Entrance control of the level of training of students III semester	EPC -1 EPC -5 EPC -6	<b>27</b>	<b>46-49</b>
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6.	Kidney diseases. IV semester	EPC -1 EPC -5 EPC -6	<b>30</b>	<b>87-92</b>
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\*The name of the supervised section (topic) or topics (sections) of the discipline/ module is taken from the work program.

## Entrance control of the level of training of students III semester

1. The normal heart rate in an adult at rest is:
  - 1) 90 – 100 per minute;
  - 2) 60 – 80 per minute;
  - 3) 40 – 50 per minute;
  - 4) 100 – 120 per minute
  
2. The flap valves separate:
  - 1) ventricles from the main arteries;
  - 2) atria from ventricles;
  - 3) hollow veins from the right atrium;
  - 4) pulmonary veins from the left atrium.
  
3. Name the function of the ventricles:
  - 1) expulsion of blood into the circulatory circles;
  - 2) suction of blood to the ventricles;
  - 3) hydrodynamic shock for atria;
  - 4) one-way movement of blood through the heart.
  
4. Veins are vessels that:
  - 1) carry blood from the heart;
  - 2) carry blood to the heart;
  - 3) carry blood from the ventricles to the arterioles;
  - 4) carry blood from the capillaries to the atria.
  
5. Decompensation of the heart is a violation:
  - 1) excitability;
  - 2) automatism;
  - 3) conductivity;
  - 4) contractility.
  
6. The amount of blood pressure depends on:
  - 1) strength, heart rate;
  - 2) peripheral resistance;
  - 3) BCC and viscosity of circulating blood;
  - 4) all of the above
  
7. The respiratory rate of an adult at rest is equal to:
  - 1) 5-10 /min.;
  - 2) 15-18 / min.;
  - 3) 25-30 /min.;
  - 4) 30-40 /min.
  
8. Inhale is:
  - 1) active process of air intake into the lungs;
  - 2) the active process of carbon dioxide entering the lungs;
  - 3) the passive process of air entering the lungs;
  - 4) active process of removing carbon dioxide from the lungs.
  
9. Alveoli in healthy people do not stick together when falling off, because:
  - 1) they have an aqueous film;
  - 2) there are elastic fibers in the wall of the alveoli;
  - 3) there is a surfactant in the alveoli that reduces surface tension;
  - 4) pleural leaflets have the ability to suck
  
10. Insufficient supply of oxygen to tissues is called:
  - 1) hypoxia;
  - 2) hypoxemia
  - 3) hyperbaria;
  - 4) caisson disease.

## Entrance control of the level of training of students V semester

### 1. WHEN STARTING THE EXAMINATION OF THE PATIENT, THE STUDENT MUST:

- a. introduce himself, before the examination, obtain the patient's oral consent to conduct it
- b. immediately proceed to the examination, without expressing any emotions
- c. hide the status of the student to avoid distrust, conduct an examination
- d. introduce himself, force the patient to undress completely at once
- e. ask the patient go out into the corridor for inspection

### 2. EPICRISIS IS:

- a. referral to the MSEC for disability registration
- b. part of the medical history before describing the objective status of the patient
- c. passport data
- d. the conclusion at the end of the medical history, which contains the clinical diagnosis, the features of the course of the disease, the results of the treatment
- e. the final diagnosis

### 3. SEMIOLOGY IS:

- a. synonym of propaedeutics
- b. science that studies symptoms, mechanisms of their development and diagnostic significance.
- c. teaching about the rules of diagnosis formulation
- d. introduction to therapy
- e. teaching about nosological units

### 4. THE NOSOLOGICAL UNIT IS:

- a. the elementary sign of the disease
- b. the syndrome
- c. a specific disease with its own etiology, pathogenesis, clinical and anatomical picture, standard response to therapy
- d. component of the symptom
- e. detailed diagnosis, including the main and concomitant diseases of the patient

### 5. PHYSICAL METHODS OF RESEARCH CANNOT INCLUDE:

- a. anamnesis collection
- b. examination of the patient
- c. palpation
- d. percussion
- e. auscultation

### 6. The MAIN COMPLAINTS INCLUDE?

- a. all complaints that the patient actually has, including unnamed ones
- b. 1-2 complaints that have the greatest diagnostic value
- c. complaints named by the patient and having the greatest subjective significance for him
- d. complaints typical of respiratory and cardiovascular system damage
- e. complaints identified by additional questioning

### 7. EPIDEMIOLOGICAL ANAMNESIS IS INCLUDED IN:

- a. additional questioning
- b. history of the present disease
- c. life history of the patient
- d. general information about the patient (passport data)
- e. general examination

### 8. CLINICAL HOSPITAL CAN BE CALLED:

- a. any hospital can be called clinical
- b. regional hospital
- c. a hospital that has in its arsenal modern equipment for laboratory and instrumental diagnostics and highly qualified personnel with a scientific degree
- d. a hospital on the basis of which clinical departments are located
- e. a hospital with a hospital for round-the-clock stay

### 9. WHEN THE EMPLOYER HAS THE RIGHT TO RECEIVE INFORMATION ABOUT THE ILLNESS OF HIS EMPLOYEE:

- a. in any case, to resolve the issue of paying for sick leave
- b. in case of a threat of the spread of infectious diseases, mass poisoning and lesions
- c. under no circumstances, because this information is a medical secret
- d. if the employee is infected with HIV
- e. if the disease has an extremely unfavorable prognosis

### 10. WHO IS CRIMINALLY RESPONSIBLE FOR VIOLATING ARTICLE No. 45 OF THE "FUNDAMENTALS OF



THE LEGISLATION OF THE RUSSIAN FEDERATION ON THE PROTECTION OF CITIZENS' HEALTH" ON THE PROHIBITION OF EUTHANASIA:

- a. a patient who expressed a desire to hasten his death, and a doctor
- b. only a doctor in any situation
- c. a relative of the patient who persuaded the doctor to do euthanasia, and a doctor and a nurse who performed the injection, innocent
- d. a relative who deliberately encouraged the patient to euthanasia, and medical workers performing euthanasia

**Propaedeutics of internal diseases**

1. THE MAIN METHODS OF EXAMINATION OF THE PATIENT INCLUDE

- 1) inspection, questioning
- 2) inspection, percussion, auscultation
- 3) examination, questioning, palpation, percussion, auscultation
- 4) examination, questioning, palpation, percussion, auscultation, laboratory tests
- 5) percussion, inspection.

2. VESICULAR RESPIRATION IS FORMED

- 1) in the bronchi
- 2) in the alveoli
- 3) in the trachea
- 4) in the pulmonary cavities
- 5) in the pleural cavity.

3. BRONCHITIS IS DETERMINED BY

- 1) vesicular respiration
- 2) bronchial respiration
- 3) amphoric breathing
- 4) weakened vesicular respiration
- 5) hard breathing.

4. WHEEZING IS FORMED

- 1) in the alveoli
- 2) in the bronchi
- 3) in the pleural cavity
- 4) in the bronchi, trachea, alveoli
- 5) in the alveoli, bronchi.

5. WITH BRONCHITIS, IT IS LISTENED TO

- 1) crepitation
- 2) wheezing
- 3) pleural friction noise
- 4) crepitation and snoring
- 5) crepitation and pleural friction noise.

6. WET WHEEZES ARE FORMED

- 1) in the presence of a viscous secretion in the bronchi
- 2) in the presence of liquid secretions in the bronchi
- 3) if there is a secret in the alveoli
- 4) in the presence of fluid in the pleural cavity
- 5) in the presence of air in the pleural cavity.

7. IF THERE IS A CAVITY IN THE LUNG COMMUNICATING WITH THE BRONCHUS, IT IS LISTENED

TO

- 1) hard breathing
- 2) weakened vesicular respiration
- 3) amphoric breathing
- 4) enhanced vesicular respiration
- 5) metallic breathing.

8. PLEURAL FRICTION NOISE IS HEARD

- 1) on the inhale
- 2) at the height of inspiration
- 3) on exhalation
- 4) on inhalation and exhalation
- 5) at the end of exhalation.

9. WHEEZING IS LISTENED TO

- 1) on the inhale
- 2) at the height of inspiration
- 3) on exhalation
- 4) on the inhale and exhale
- 5) at the end of exhalation

10. FOR WHEEZING IS CHARACTERISTIC

- 1) are preserved when imitating breathing
- 2) change after coughing
- 3) they become stronger when the stethoscope is pressed more tightly to the chest
- 4) do not change when coughing
- 5) are listened to at the height of inspiration.

**CIRCULATORY ORGANS**

1. ABSOLUTE HEART STUPIDITY IS FORMED

- 1) the left atrium
- 2) left ventricle
- 3) right ventricle
- 4) right atrium
- 5) left atrium and right ventricle.

2. THE UPPER LIMIT OF THE RELATIVE DULLNESS OF THE HEART IS DETERMINED BY

- 1) along the anterior median line
- 2) on the left sternal line
- 3) 1 cm outwards from the left sternal line
- 4) on the left parasternal line
- 5) along the left mid-clavicular line.

3. THE LEFT BORDER OF RELATIVE CARDIAC DULLNESS IS FORMED

- 1) aortic arch
- 2) the left atrium
- 3) left ventricle
- 4) right atrium
- 5) the right ventricle.

4. PULSATION OF THE CAROTID ARTERIES ("CAROTID DANCE") SAYS ABOUT

- 1) insufficiency of aortic valves
- 2) aortic stenosis
- 3) myocarditis
- 4) mitral stenosis
- 5) insufficiency of the mitral orifice.

5. THE MOST COMMON CAUSE OF ATRIAL FIBRILLATION ARE

- 1) atherosclerosis, hypertension, bronchial asthma
- 2) mitral stenosis, aortic stenosis, mitral insufficiency
- 3) aortic insufficiency, myocardial infarction, hypertension
- 4) pulmonary heart, diabetes mellitus, hypertension
- 5) thyrotoxicosis, mitral stenosis, cardiosclerosis.

6. THE RIGHT BORDER OF ABSOLUTE CARDIAC STUPIDITY IS NORMAL

- 1) the left edge of the sternum in III m/r
- 2) mid-key line in V m/r
- 3) IV rib to the right of the sternum
- 4) the left edge of the sternum in IV m/ r
- 5) 1 cm inside from the left border of relative cardiac dullness in V m/r.

7. NORMALLY, THE WIDTH OF THE VASCULAR BUNDLE IS

- 1) 3-4 cm
- 2) 5-6 cm
- 3) 6-8 cm
- 4) 1-2 cm
- 5) 8-10 cm.

8. NORMALLY , THE APICAL THRUST IS DETERMINED BY

- 1) along the mid-clavicular line in V m/r
- 2) 1-1.5 cm inside from the left midclavicular line in V m/r

- 3) 1 cm outwards from the left midclavicular line in V m/r
- 4) 2 cm outwards from the mid-clavicular line in Vm/p
- 5) in VIm / r along the anterior axillary line.

9. THE WIDTH OF THE VASCULAR BUNDLE IS DETERMINED BY

- 1) in II m/r
- 2) in III m/r
- 3) in IV m/r
- 4) in Vm/r
- 5) in IVm/r.

10. NAME THE COMPONENTS OF THE I TONE

- 1) muscular, valvular, vascular
- 2) muscular, valvular, vascular, atrial
- 3) muscular, valvular, aortic, atrial
- 4) muscular, valvular
- 5) valvular, vascular.