Tests for self-preparation of students for classes and a module in the discipline of Neurology

If the abducens nerve is damaged, muscle paralysis occurs
top straight
+ outer straight
lower straight
lower oblique

Mydriasis occurs when
the upper portion of the large cell nucleus of the oculomotor nerve
the lower portion of the large cell nucleus of the oculomotor nerve
+ small cell accessory nucleus of the oculomotor nerve
middle unpaired kernel
nucleus of the medial longitudinal fascicle

If the upper limit of conduction disorders of pain sensitivity is determined at the level of the T10 dermatome, the lesion of the spinal cord is localized at the level of the segment
T6 or T7
+ T8 or T9
T9 or T10
T10 or T11

With central pyramidal palsy, no
muscle wasting
enhance tendon reflexes
dysfunction of the pelvic organs
+ disturbances of electrical excitability of nerves and muscles

Choreic hyperkinesis occurs when
paleostriatum
+ neostriatum
medial globus pallidus
lateral globus pallidus

Fibers for the lower extremities are located in a thin bundle of the posterior cords in relation to the midline
laterally
+ medially
ventrally
dorsally

Fibers for the trunk and upper extremities are located in the wedge-shaped bundle of the posterior cords in relation to the midline
+ laterally
medially
ventrally

dorsally

Fibers of pain and temperature sensitivity (lateral loop) are attached to fibers of deep and tactile sensitivity (medial loop)
in the medulla oblongata
+ in the bridge of the brain
in the legs of the brain
in the visual hillock

The inhibitory mediator is
acetylcholine
+ GABA
norepinephrine
adrenalin

The imbalance in the Romberg position on closing the eyes is greatly increased if ataxia occurs
cerebellar
+ sensitive
vestibular
cortical

The regulation of muscle tone by the cerebellum when changing the position of the body in space is carried out.
+ red core
lewis body
black matter
striatum

Binasal hemianopsia occurs when
central divisions of the optic nerve
+ external divisions of the optic nerve
visual radiance
visual tracts

Concentric narrowing of the visual fields leads to damage
the optic tract
+ optic chiasm
lateral geniculate body
visual radiance

With damage to the optic tract, hemianopsia occurs
binasal
+ homonymous
bitemporal
lower quadrant

Homonymous hemianopsia is not observed with lesion
the optic tract
+ optic chiasm

visual radiance
inner capsule

The path passes through the upper legs of the cerebellum
posterior spinal cord
+ anterior spinal cord
fronto-cerebellar
occipitotemporal-cerebellar

Olfactory hallucinations are observed with damage
olfactory tubercle
olfactory bulb
+ temporal lobe
parietal lobe

Bitemporal hemianopsia is observed with a lesion
+ central divisions of the optic nerve intersection
external divisions of the optic nerve
optic chiasm
visual radiance on both sides

True urinary incontinence occurs when
paracentral lobules of the anterior central gyrus
cervical spinal cord
lumbar spinal cord enlargement
+ cauda equina spinal cord

With paresis of gaze upward and violation of convergence, the focus is localized
in the upper parts of the pons of the brain
in the lower parts of the pons of the brain
+ in the dorsal part of the midbrain tectum
in the legs of the brain

Half lesion of the spinal cord diameter (Brown-Séquard syndrome is characterized by central paralysis on the side of the lesion in combination
with violation of all types of sensitivity - on the opposite
with impaired pain and temperature sensitivity on the side of the focus
+ with impaired deep sensitivity on the side of the focus and pain and temperature sensitivity - on the opposite
with violation of all types of sensitivity on the side of the focus

With damage to the cerebellar worm, ataxia is observed
dynamic
vestibular
+ static
sensitive

With peripheral paresis of the left facial nerve, converging strabismus due to the left eye, hyperesthesia in the middle Zelder zone on the left, pathological reflexes on the right, the focus is localized

in the left cerebellar pontine angle
in the right hemisphere m
+ in the pons of the brain on the left
in the region of the apex of the pyramid of the left temporal bone

Myelin in the central nervous system is produced
astrocytes
+ oligodendrogliocytes
microgliocytes
ependymocytes

The combination of pain and herpetic eruptions in the external auditory canal and auricle, impaired auditory and vestibular function is a sign of node involvement
vestibular
winged
+ crank
Gasserov

Myelination of the fibers of the pyramidal system begins
in the third month of intrauterine development
at the end of the first year of life
at the beginning of the second year of life
+ in the last month of intrauterine development

The cervical plexus is formed by the anterior branches of the spinal nerves and cervical segments
+ C1-C4
C2-C5
C3-C6
C4-C7
C5-C8

The brachial plexus forms the anterior branches of the spinal nerves
C5-C8
+ C5-C8, T1-T2
C6-C8
S8-T2

Nerve impulses are generated
cell nucleus
+ outer membrane
axon
neurofilaments

On a section of the lower part of the medulla oblongata, nuclei are not distinguished
delicate and wedge-shaped
spinal cord trigeminal nerve
hypoglossal nerves
+ facial, abducent nerves

Are not part of the midbrain
red kernels
nucleus of the block nerve
nucleus of the oculomotor nerve
+ nucleus of the abducent nerve

Hemianesthesia, hemiataxia, hemianopsia are characteristic of the lesion
pallidum
caudate nucleus
red kernel
+ thalamus

The defeat of the cauda equina of the spinal cord is accompanied by
+ flaccid paresis of the legs and impaired radicular sensitivity
spastic paresis of the legs and pelvic disorders
impaired deep sensitivity of the distal legs and urinary retention
spastic paraparesis of the legs without sensory disturbances and dysfunction of the pelvic organs

True astereognosis is due to defeat
frontal lobe
temporal lobe
+ parietal lobe
occipital lobe

The loss of the upper quadrants of the visual fields occurs when the
external divisions of the optic chiasm
+ lingual gyrus
deep parts of the parietal lobe
primary visual centers in the thalamus

Dendrites that perceive cold irritations contain receptors in the form
unencapsulated Ruffini sensitive endings
+ encapsulated Krause sensitive endings
Merkel's body
calf of Fater - Pacini

Closure of the reflex arc from the tendon of the biceps brachii occurs at the level of the following segments of the spinal cord
C3-C4
+ C5-C6
C7-C8
S8-T1
T1-T2

Unpaired posterior nucleus of the oculomotor nerve (Pearly nucleus provides pupil response
into the light
pain irritation
for convergence
+ for accommodation

Patient with visual agnosia
poorly sees surrounding objects, but recognizes them
sees objects well, but the shape seems distorted
does not see objects around the periphery of the visual fields
+ sees objects, but does not recognize them

Patient with motor aphasia
+ understands speech but cannot speak
does not understand the speech being addressed and cannot speak
can speak, but does not understand the speech being addressed
can speak, but the speech is chanted

Patient with sensory aphasia
cannot speak and does not understand the speech being addressed
understands speech but cannot speak
can speak, but forgets the names of objects
does not understand the speech addressed, but controls his own speech
+ does not understand the addressed speech and does not control his own

Amnestic aphasia is observed with a lesion
frontal lobe
parietal lobe
the junction of the frontal and parietal lobes
+ junction of the temporal and parietal lobes

The combination of impaired swallowing and phonation, dysarthria, paresis of the soft palate, lack of pharyngeal reflex and tetraparesis indicates a lesion
brainstem
bridges of the brain
+ medulla oblongata
midbrain tires

The combination of paresis of the left half of the soft palate, deviation of the uvula to the right, increased tendon reflexes and pathological reflexes on the right limbs indicates a lesion
+ medulla oblongata at the level of the motor nucleus of the IX and X nerves on the left
medulla oblongata at the level of the XII nerve on the left
knee of the inner capsule on the left
the posterior thigh of the inner capsule on the left

With the alternating Miyard-Gubler syndrome, the focus is
at the base of the brain stem
in the posterolateral part of the medulla oblongata
+ in the area of the red core
at the base of the lower part of the pons of the brain

With a combination of bilateral Horner's syndrome with a disorder of pain and temperature sensitivity in the hands, it is most likely that the patient has
spinal multiple sclerosis
+ cervical syringomyelia
extramedullary tumor at the cervicothoracic level

+ intramedullary tumor at the cervicothoracic level
true and
true and

For the defeat of the ventral half of the lumbar thickening, the presence of
inferior flaccid paraparesis
dissociated paraanesthesia
central dysfunction of the pelvic organs
+ sensitive ataxia of the lower extremities

The branch of the cervical plexus is
+ small occipital nerve
axillary nerve
radial nerve
median nerve

The branch of the brachial plexus is
phrenic nerve
+ axillary nerve
supraclavicular nerve
large ear nerve

The lumbar plexus includes
+ femoral nerve
+ femoral genital nerve
sciatic nerve

The small occipital nerve is formed by the fibers of the spinal nerves
C3-C4
+ C1-C3
C2-C4
C1-C4

Femoral nerve roots
L3
+ L2-L4
L1-L2
L1-L4

The sacral plexus forms the anterior branches of the spinal nerves
S1-S3
S1-S5
+ L4-S4
L3-S5

The sciatic nerve is made up of the fibers of the roots
S1-S2
+ L5-S3
S2-S3
L5-S5

The peroneal nerve is made up of the fibers of the roots
L1-L2
L2-L3
L1-S2
+ L4-S1

The supraclavicular nerve is formed by the fibers of the spinal nerves
C3-C4
+ C2-C4
C4-C6
C2-C6

The large ear nerve is formed by the fibers of the spinal nerves
C1-C2
C1-C4
+ C3
C5

The phrenic nerve is formed by the fibers of the spinal nerves
C1-C2
C2-C3
+ C3-C5
C1-C5

With damage to the phrenic nerve, it is noted
+ difficulty breathing
difficulty swallowing
+ hiccups
vomit

Axillary nerve innervates
biceps brachii
forearm extensors
+ deltoid muscle
all of the above

With damage to the musculocutaneous nerve,
decreased carporadial reflex
+ weakening of forearm flexion
+ decreased flexion-elbow reflex

The lumbar plexus forms the anterior branches of the spinal nerves
+ Th12-L4
L1-L5
Th11-L5
L1-L4

Root fibers enter the tibial nerve
L1-L2

L3-L4
+ L4-S3
L1-S3

Compression lesion of the obturator nerve is accompanied by
pain on the outer surface of the thigh, weakness of the abductor muscles of the thigh
pain on the front of the thigh, weakness of the abductor muscles of the thigh
pain along the back of the thigh radiating to the hip joint, weakness of the adductor muscles of the thigh
+ pain along the medial surface of the thigh radiating to the hip joint, weakness of the adductor muscles of the thigh

With Duchenne-Erb palsy, muscle function suffers
+ deltoid and triceps shoulder
+ biceps and inner shoulder
flexor muscles

Causalgic pain syndrome is most common when a nerve is damaged
+ median
ulnar
+ tibial
fibular

Paralysis of Dejerine-Klumpke is characterized by impaired sensitivity
on the outer surface of the shoulder
+ on the inner surface of the shoulder
on the outer surface of the forearm
+ on the inner surface of the forearm

Radial nerve damage in the upper third of the shoulder is not characterized by weakness
forearm extensors
extensors of the hand
abductor 1st toe
+ deltoid muscle

For damage to the radial nerve at the level of the middle third of the shoulder, the presence of
+ forearm extensor paralysis
loss of the triceps reflex
+ paralysis of the extensors of the hand

For the defeat of the ulnar nerve at the level of the wrist is not typical
weakness in extension and adduction of the fifth toe
violation of adduction of the first finger
+ presence of hypesthesia on the dorsum of the fifth toe
the presence of paresthesia along the inner surface of the hand

For the defeat of the femoral nerve above the pupar ligament, the presence of
hypoesthesia on the front of the thigh
hip flexor palsy
leg extensor palsy

+ all of the above

Oral automatism reflexes indicate tract damage
corticospinal
+ corticonuclear
fronto-cerebellar
rubrospinal

The grasp reflex (Yanishevsky) is noted with defeat
parietal lobe
temporal lobe
+ frontal lobe
occipital lobe

Auditory agnosia occurs with damage
parietal lobe
frontal lobe
occipital lobe
+ temporal lobe

Decerebral rigidity occurs when the brain stem is affected from the level
upper parts of the medulla oblongata
lower parts of the medulla oblongata
+ red kernels
bridges of the brain

For the lower syndrome of the red nucleus (Claude syndrome is characterized by the presence of
+ paralysis of the oculomotor nerve on the side of the focus
hemiparesis, hemihypesthesia on the opposite side
+ hemiataxia on the side opposite to the focus
hypotension of the muscles of the extremities on the side opposite to the focus
intentional tremor on the opposite side of the focus

Raymond-Sestan alternating syndrome is characterized by the presence of
+ paresis of gaze
palsy of the oculomotor nerve
abducens nerve palsy
spasm of facial muscles

Fauville's alternating syndrome is characterized by the simultaneous involvement of nerves in the pathological process
+ facial and abductor
facial and oculomotor
glossopharyngeal nerve and vagus
sublingual and additional

For lesions of the dorsolateral part of the medulla oblongata (alternating Wallenberg-Zakharchenko syndrome),
paralysis of the soft palate, vocal cord on the side of the focus

ataxia on the side of the lesion
segmental sensitivity disorders on the face on the side of the focus
violations of pain and temperature sensitivity on the side opposite to the focus
+ hemiparesis on the side opposite to the focus

Hemispheric paresis of the gaze (the patient looks at the lesion) is associated with a lesion of the lobe
+ frontal
temporal
parietal
occipital

Apraxia occurs when
frontal lobe of the dominant hemisphere
frontal lobe of the non-dominant hemisphere
+ parietal lobe of the dominant hemisphere
parietal lobe of the non-dominant hemisphere

A body schema disorder is noted with a lesion.
temporal lobe of the dominant hemisphere
temporal lobe of the non-dominant hemisphere
parietal lobe of the dominant hemisphere
+ parietal lobe of the non-dominant hemisphere

Sensory aphasia occurs when
+ superior temporal gyrus
middle temporal gyrus
upper parietal lobule
inferior parietal lobule

Motor apraxia in the left hand develops
with lesions of the knee of the corpus callosum
+ with damage to the trunk of the corpus callosum
with damage to the thickening of the corpus callosum
with all of the above

The segmental apparatus of the sympathetic part of the autonomic nervous system is represented by neurons of the lateral horns of the spinal cord at the level of the segments
C5-T10
T1-T12
+ C8-L3
T6-L4

The caudal part of the segmental apparatus of the parasympathetic part of the autonomic nervous system is represented by neurons of the lateral horns of the spinal cord at the level of the segments
L4-L5-S1
L5-S1-S2
S1-S3
+ S2-S4

S3-S5

The ciliospinal center is located in the lateral horns of the spinal cord at the level of the segments
C6-C7
C7-C8
+ C8-T1
T1-T2
T2-T3

Integral activity of both hemispheres of the brain is provided
projection fibers
associative fibers
+ commissural fibers
associative fields of the cortical parts of the analyzers

Associative fibers bind
symmetrical parts of both hemispheres
asymmetrical parts of both hemispheres
the cortex with the optic hillock and underlying divisions (centrifugal and centripetal paths)
+ different parts of the cortex of the same hemisphere

Astereognosis occurs when
lingual gyrus of the parietal lobe
superior temporal gyrus
inferior frontal gyrus
+ superior parietal lobule

Central paresis of the left hand occurs when the focus is localized
in the upper parts of the anterior central gyrus on the left
in the lower parts of the anterior central gyrus on the left
in the hind thigh of the inner capsule
in the knee of the inner capsule
+ in the middle section of the anterior central gyrus on the right

The seizure begins in the toes of the left foot if the lesion is located
in the front adversive field on the right
in the upper part of the posterior central gyrus on the right
in the lower part of the anterior central gyrus on the right
+ in the upper part of the anterior central gyrus on the right
in the lower part of the posterior central gyrus on the right

The most common cause of orthostatic hypotension is
+ overdose of antihypertensive drugs
diabetic polyneuropathy
idiopathic orthostatic hypotension
heart disease
blood diseases
none of the above

The defeat of autonomic fibers is characteristic of the following variant of peripheral neuropathy

myelinopathies
neuronopathies
+ axonopathies
Wallerian rebirth
any of the above

The phenomenon of denervation hypersensitivity is characteristic of the lesion

preganglionic sympathetic neurons
+ postganglionic sympathetic neurons
preganglionic parasympathetic neurons
+ postganglionic parasympathetic neurons

To detect the phenomenon of hypersensitivity with denervation of the pupil, it should be instilled into the eye

1% adrenaline solution
+ 0.1% adrenaline solution
12.5% pilocarpine solution
+ 1.25% pilocarpine solution

The phenomenon of orthostatic hypotension is characterized by a decrease in blood pressure in an upright position

systolic - by 20 mm Hg. Art. and more
+ systolic - by 30 mm Hg. Art. and more
+ diastolic - by 20 mm Hg. Art. and more
all of the above

For the treatment of orthostatic hypotension due to peripheral autonomic failure, the following agents are used

dexamethasone
+ fludrocortisone
+ sympathomimetics
b-blockers

The most common cause of vegetative crises is

+ anxiety neurotic disorders
traumatic brain injury
hypothalamic lesions
mitral valve prolapse
collagenoses
neuroinfection

Peripheral autonomic insufficiency is observed in the following variants of diabetic polyneuropathies

proximal symmetric polyneuropathy
proximal asymmetric polyneuropathy
+ distal polyneuropathy
multiple mononeuropathy
all of the above

none of the above

For the basic therapy of vegetative crises, the following drugs are used
b-blockers
bellataminal
+ clonazepam
+ tricyclic antidepressants
all listed

The most common cause of Horner's syndrome is
brain stem damage
spinal cord injury
+ defeat of the first thoracic root
lesion of the cervical sympathetic chain
lesion of the sympathetic plexus of the internal carotid artery
eyeball injury

Vegetative crises are often accompanied by the following psychopathological manifestations
anxious expectations
agoraphobia
restrictive behavior
+ all of the above manifestations

12 Vegetative crises have to be differentiated with the following conditions
+ temporal lobe epilepsy
+ pheochromocytoma
+ hypoglycemia
neurogenic hyperventilation
all of the above

For vegetative crises, in contrast to pheochromocytoma, less typical
+ significant increase in blood pressure
increased sweating
pronounced fear
heartbeat
all of the above
none of the above

14 Damage to the peripheral (segmental) autonomic nervous system is manifested by the following syndromes
+ peripheral autonomic insufficiency
+ angiotrophalgic syndromes
neurogenic tetany
cluster headache

15 Damage to the central (suprasegmental) autonomic nervous system is manifested by the following syndromes
reflex sympathetic dystrophy
+ neuroendocrine metabolic disorders
+ psychovegetative syndrome

asthenoneurotic syndrome

The presence of functional neurological (pseudo-neurological) symptoms is most typical
for hyperventilating attacks
for vegetative crises
for partial complex seizures
+ for demonstrative seizures
for hypoglycemic attacks
for pheochromocytoma

The effect of antidepressants in vegetative crises usually occurs
immediately
in 3 days
in 1-2 weeks
+ after 2-3 weeks
after 1 month

Reflex sympathetic dystrophy syndrome is characterized by
decreased activity of the sympathetic nervous system
decreased activity of the parasympathetic nervous system
diffuse increase in the activity of the sympathetic nervous system
+ regional increase in the activity of the sympathetic nervous system

For the expanded (dystrophic) stage of reflex sympathetic dystrophy,
blanching of the skin
lower extremity temperature
hyperhidrosis
limb swelling
+ all of the above

The most effective treatment for reflex sympathetic dystrophy is
the use of adrenergic blockers
corticosteroid therapy
+ blockade of regional sympathetic nodes
application of capsaicin
acupuncture
physiotherapy

Peripheral autonomic insufficiency syndrome is uncommon
for diabetic polyneuropathy
for alcoholic polyneuropathy
for acute intermittent porphyria
for amyloid polyneuropathy
+ for herpetic gangliopathy
for multiple systemic atrophy

Pelvic disorders are uncommon
for multiple sclerosis
for olivopontocerebellar atrophy
for Parkinson's disease

+ for amyotrophic lateral sclerosis
for multisystem atrophy
all of the above is incorrect

The predominant type of urinary disturbance in peripheral autonomic failure is
impaired urine storage
+ impaired emptying of the bladder
imperative urge
recurrent incontinence
all of the above
none of the above

In case of violation of the emptying of the bladder, use
reception Crede
intermittent catheterization
cholinomimetics b-blockers
a-blockers
+ all of the above

Reflex sympathetic dystrophy can be caused by
soft tissue injury
peripheral nerve injury
myocardial infarction
amyotrophic lateral sclerosis
+ all of the above

A variant of reflex sympathetic dystrophy is
Personage-Turner syndrome (neuralgic amyotrophy)
+ Steinbroker syndrome (shoulder - hand)
frozen shoulder syndrome
posterior cervical sympathetic syndrome
all of the above
none of the above

27 For neuropathic shooting pains, the most effective
antidepressants
+ anticonvulsants
non-steroidal anti-inflammatory drugs
sympatholytic
none of the above

28 For neuropathic pain of a burning character, the most effective
+ antidepressants
anticonvulsants
non-steroidal anti-inflammatory drugs
sympatholytic
none of the above

29 To reduce pain in reflex sympathetic dystrophy syndrome, use
antidepressants

anticonvulsants
calcium channel blockers
sympatholytic
+ all listed drugs

Signs of the syndrome of inappropriate (increased) secretion of ADH are
hypernatremia
+ hyponatremia
+ hypoosmolarity of blood
hyperosmolarity of blood

The most common cause of hypothalamic syndrome between the ages of 10 and 25 is
neuroses
trauma
+ tumors
meningitis
encephalitis
cerebral hemorrhage

The most common cause of hypothalamic syndrome between the ages of 25-50 is
cerebral hemorrhage
trauma
tumors
inflammatory diseases of the central nervous system
+ Gaia-Wernicke encephalopathy
none of the above

33 The criterion for the diagnosis of hypothalamic syndrome is the presence of
+ neuroendocrine disorders
+ neurometabolic disorders
neuromuscular disorders
+ motivational behavioral disorders
all of the above

The hallmarks of cerebral obesity from idiopathic (exogenous-constitutional) obesity are
android distribution of adipose tissue
gynoid distribution of adipose tissue
menstrual irregularities and hypogonadism
hyperphagic stress response
all listed
+ none of the above

The most common cause of unilateral Raynaud's phenomenon is
+ thoracic outlet syndrome
carpal tunnel syndrome
cervical radiculopathy
spondylogenic cervical myelopathy
subclavian steal syndrome

The pathognomonic sign of hypothalamic syndrome is

vegetative crises
thermoregulation disorders
motivational behavioral disorders
EEG activation disorders
polyglandular insufficiency
+ all of the above is incorrect

Ptosis in Horner's syndrome is reduced
with repeated eye movements
+ looking up
when instilled into the eye of atropine
when instilled in the eye of the mesaton
with all of the above

If urine accumulation is impaired, do not prescribe
anticholinergics
+ anticholinesterase agents
muscle relaxants (baclofen)
tricyclic antidepressants
tranquilizers
all of the above is incorrect

Hyperprolactinemia (persistent galactorrhea-amenorrhea) may be caused by
pituitary adenoma
craniopharyngioma
stroke
degeneration of the arcuate dopaminergic pathway
neuroleptic therapy
+ all of the above

When combining bilateral ptosis with a decrease in pain sensitivity and reflexes in the hands, first of all, it should be excluded
polyneuropathy
intracranial tumor
myasthenia gravis
+ intramedullary tumor of the cervical spine
amyotrophic lateral sclerosis

Argyll Robertson syndrome is observed
with multiple sclerosis
with Parino syndrome
with neurosyphilis
with diabetes mellitus
with alcoholism
+ with all of the above

In the early stages of Adie's syndrome, there is usually
+ unilateral pupil dilation
unilateral constriction of the pupil
unilateral ptosis

bilateral pupil dilation
bilateral pupil constriction
bilateral ptosis

The cause of Horner's syndrome with the phenomenon of denervation hypersensitivity can be all of the listed diseases, except
skull base tumors
+ Pancost syndrome
inflammation of the cavernous sinus
orbital tumors
diabetic distal polyneuropathy

The cause of Horner's syndrome without denervation hypersensitivity can be all of the listed diseases, with the exception of
apical lung carcinoma
cervical rib
thyroid cancer
+ inflammatory diseases of the orbit
metastases in the lymph nodes of the mediastinum

The most common cause of unilateral facial pain accompanied by severe autonomic symptoms is
nasal neuralgia
pterygopalatine neuralgia
neuralgia of the great stony nerve
+ beam (cluster headaches
trigeminal neuralgia
carotidinia

46 In botulism, the following vegetative symptoms are most common:
violation of the reaction of the pupils to light
+ violation of accommodation
hypersalivation
+ decrease in intestinal motility

A hyperventilation test to confirm the diagnosis of neurogenic tetany is usually performed within
30 sec
1 minute
2 minutes
+ 3 min
5 minutes

The criterion for a positive hyperventilation test is
the onset of light-headedness
trembling
the appearance of fear
+ reproduction of symptoms present in patients
the appearance of a positive symptom of Khvostek
a decrease in the concentration of carbon dioxide in the alveolar air

49 Hyperventilation syndrome is characterized by numbness and paresthesia
+ in the distal arms
+ in the distal legs
+ in the perioral area
cervico-occipital region
in all of these areas

What is the average daily dose of tricyclic antidepressants that has an effect on vegetative crises?
12.5-25 mg
25-50 mg
+ 50-100 mg
100-150 mg
150-300 mg

What is the average daily dose of clonazepam, which suppresses vegetative croses?
0.5 mg
1 mg
+ 2 mg
6 mg
8 mg

For peripheral autonomic insufficiency in diabetes mellitus, all manifestations are characteristic, except
orthostatic hypotension
arterial hypertension in the supine position
nighttime diarrhea
constipation
+ increased reaction to hypoglycemia
anhidrosis

In contrast to psychogenic impotence, neurogenic impotence in diabetes mellitus is characterized by
sharp start
decreased libido
+ lack of morning erections
premature ejaculation
all of the above

Neurogenic osteoarthropathy (Charcot's joint) in diabetes mellitus most often occurs
in the metatarsophalangeal joints
+ in the metatarsal joints
in the ankle joints
in knee joints
in the elbow joints

55 The segmental apparatus of the sympathetic division of the autonomic nervous system is represented by neurons of the lateral horns at the level of the segments
C5-C8

T1-T8
+ C8-L2
L2-S5

The spinal segmental apparatus of the parasympathetic division of the autonomic nervous system is represented by neurons of the lateral horns at the level of the segments
C2-C5
C6-T2
T5-T8
T10-L1
L2-L5
+ S2-S5

The ciliospinal center is located in the lateral horns of the spinal cord at the level of the segments
C6-C7
C7-C8
+ C8-T2
T3-T4

Normally, an increase in heart rate during the study of autonomic reflexes causes a test
Ashnera (heart reflex)
clinostatic
+ orthostatic
cervicocardial (carotid sinus reflex)

The leading vasomotor factor of the algic stage of a migraine attack is
spasm of the arteries of the vertebrobasilar system
spasm of arteries in the external carotid artery system
spasm of arteries in the internal carotid artery system
dilatation of branches of the internal carotid artery
+ dilatation of branches of the external carotid artery

An attack of associated migraine from other forms of migraine is distinguished by the presence
forerunners
bilateral localization of pain in the temporal region
vomiting at the height of the attack
+ transient focal neurological symptoms
profuse urination at the end of an attack

The duration of the attack is longer with the next form of migraine
classical (ophthalmic)
associated
+ simple
retinal
there is no difference in the duration of the attack

The aura of classical (ophthalmic) migraine is characterized by
exotropia

convergent squint
ptosis
+ "flickering" scotomas
nystagmus

Attacks associated with a monthly cycle "menstrual" migraine are more often
+ during the previous week of menstruation
in the first days of menstruation
in the last days of menstruation
right after the end of your period
in any of the specified periods

64 Bundle (cluster) headache
+ more common in men
more common in women
+ seizure usually at night
an attack usually in the afternoon

In the treatment of chronic paroxysmal hemicrania, the most effective
aspirin
+ indomethacin
ergotamine
anaprilin
reserpine

Acromegaly syndrome is the result of overproduction in the pituitary gland
adrenocorticotropic hormone
gonadotropic hormone
+ growth hormone
thyroid-stimulating hormone
prolactin

Treatment for diabetes insipidus includes
thyroid-stimulating hormones
+ adiurecrine
adrenal cortex hormones
insulin
all of the above

In neurogenic hyperventilation syndrome, a change in the breathing pattern is characterized by
increased breathing
+ deepening breathing
+ increase in the exhalation / inhalation ratio
decrease in the exhalation / inhalation ratio

In neurogenic hyperventilation syndrome, changes in the acid-base state are characterized by
an increase in the pressure of carbon dioxide in the alveolar air
+ lowering the pressure of carbon dioxide in the alveolar air
an increase in the tension of carbon dioxide in arterial blood

+ decrease in carbon dioxide voltage in arterial blood

Electrolyte imbalance in neurogenic hyperventilation syndrome manifests itself
hypokalemia
+ hypocalcemia
hyponatremia
hypochloremia
all of the above

71 Subjective symptoms of neurogenic hyperventilation syndrome are sensation
lack of air
"empty" (useless) inhalation
obstruction ("coma") in the throat
+ all of the above

The neurotransmitter in the terminals of sympathetic preganglionic neurons is
+ acetylcholine
adrenalin
norepinephrine
dopamine
serotonin

The neurotransmitter in the terminals of sympathetic postganglionic neurons is
adrenalin
+ norepinephrine
acetylcholine
dopamine
serotonin

Resting tachycardia (90-100 beats per minute) in patients with progressive autonomic failure is due to
increased sympathetic influences on the heart
weakening of sympathetic influences on the heart
increased parasympathetic influences on the heart
+ weakening of parasympathetic influences on the heart

Erythromelalgia is characterized by pain and swelling of the distal extremities, which is due to
peripheral arterial thrombosis
peripheral vein thrombosis
spasm of peripheral arteries
+ dilatation of peripheral arteries
distal lymphostasis

Stellate ganglion syndrome is characterized by
burning pains in the neck, arm and lower third of the face
heart rhythm disturbances
disorders of trophism of the skin of the neck, arms and face on the affected side
+ all of the above

The posterior cervical sympathetic syndrome is characterized by a combination

+ unilateral throbbing headache with cochleovestibular disorders
headache in the occipital region with radicular sensory disorders along the ulnar surface of the hand
burning pain in the supraclavicular region with bouts of muscle weakness in the arm
all of the above

A hemianoptic visual field defect in the aura of ophthalmic migraine occurs as a result of discirculation in the area
retina
the optic tract
radiant crown
+ occipital cortex
in any of the listed areas

Horner's congenital syndrome is characterized by
accelerated reaction of the pupil to light on the affected side
combination of ptosis, miosis, enophthalmos with anhidrosis on the affected side
+ iris heterochromia
all of the above

The phenomenon of denervation vascular hypersensitivity in patients with idiopathic orthostatic hypotension is due to
+ an increase in the number of peripheral vascular receptors without changing their affinity for the mediator
+ violation of the mediator reuptake process
violation of baroreflex

The classification of polyneuropathies is based on the following principle
+ etiology of the disease
feature of the course of the disease
feature of the clinical picture

The factor that determines nerve damage in diphtheria polyneuropathy is
infectious
+ toxic
vascular
metabolic

The syndrome of polyneuropathy is manifested
+ weakness of the proximal extremities
+ disorder of sensitivity in the distal extremities
vegetative disorders in the hands and feet

Alcoholic polyneuropathy is characterized by
+ predominant lesion of the lower extremities
predominant lesion of the upper limbs
+ pain in the legs and feet
pain in the forearms and hands

Medicinal polyneuropathies are more likely to cause
+ cytostatics

antihypertensive drugs
+ anti-tuberculosis drugs

For diphtheria polyneuropathy, the presence of
+ bulbar disorders
pelvic disorders
+ disorders of deep sensitivity
accommodation disorders
sensory ataxia

Diabetic polyneuropathy develops as a result
+ vascular lesions of peripheral nerves
+ disorders of glucose metabolism
toxic damage to myelin of peripheral nerves

Lead polyneuropathy is characterized by the presence of
predominant paresis of the lower extremities
+ predominant paresis of the upper limbs
+ limb pain
numbness in the limbs

Arsenic polyneuropathy is characterized by the presence of
+ preferential lesions of the nerves of the legs
purple-cyanotic stripes on the legs
+ white stripes on nails

A concomitant symptom of polyneuropathy in pernicious anemia is
decreased serum iron in the blood
+ funicular myelosis
hyperacid gastritis
all of the above

Polyneuropathies associated with vitamin B1 deficiency occur
+ with chronic alcoholism
with porphyria
with pellagra

Diabetic polyneuropathy is characterized by
+ damage to the cranial nerves
+ autonomic disorders
preferential damage to the nerves of the upper extremities
violation of vibration sensitivity

Polyneuropathies in leukemia result from
endolumbar administration of prednisone
+ taking cytostatics inside
+ compression of nerve trunks by specific infiltrates

Uremic polyneuropathy is characterized by
+ decrease in the speed of conduction of excitation along the nerves

cranial nerve damage
predominance of axonal degeneration

The hallmarks of acute intermittent porphyria are
severity of sensory ataxia
severity of pain syndrome
severity of flaccid paralysis of the limbs
black feces
+ red urine

Typical concomitant symptoms of myeloma-induced polyneuropathy are
+ persistent bone pain
cell-protein dissociation in cerebrospinal fluid
+ pathological bone fractures

Hereditary neuropathy can be caused by
+ amyloidosis
+ porphyria
hepatocerebral dystrophy

For compression neuropathy of the ulnar nerve (entrapment syndrome in the elbow joint is characterized by
weakness of II, III fingers
+ muscle atrophy of the little finger eminence
+ pain on the ulnar surface of the hand

Compression neuropathy of the median nerve (carpal tunnel syndrome is characterized by
weakness of IV, V fingers
+ atrophy of the muscles of the eminence of the thumb
+ increased pain in the hand when bending it

The syndrome of entrapment of the peroneal nerve in the popliteal fossa is characterized by
plantar flexor weakness
+ hypotrophy of the peroneal muscle group
+ hypalgesia of the outer surface of the lower leg

For the tibial nerve entrapment syndrome (tarsal canal syndrome is characterized by
+ pain in the sole area
swelling in the area of the outer ankle
+ paresis of the flexors of the toes

Neuralgic amyotrophy of Persona-Turner is characterized by
distal hand paresis
+ shoulder girdle pain
+ shoulder muscle atrophy
radicular hypesthesia in the C5-C6 zone

For the differential diagnosis of axonopathies and myelinopathies, the most informative study is
immunological blood test

+ electromyography
immunological study of cerebrospinal fluid
muscle biopsy

In the acute period of neuropathies, it is advisable to use
+ proserin electrophoresis
electrostimulation
+ microwaves

Acupuncture for Guillain-Barre polyneuropathy is prescribed during the period
increase in paresis
+ stabilization of paresis
+ regression of paresis

Infectious polyneuritis causes
diphtheria
botulism
+ leprosy

Guillain-Barré polyneuropathy is characterized by
+ damage to the cranial nerves
severe pelvic disorders
persistent bilateral pyramidal symptoms
all of the above

Guillain-Barré polyneuropathy is characterized by the appearance of protein-cell dissociation in the cerebrospinal fluid
from the 1st day of illness
from the 3rd day of illness
+ from the 2nd week of illness
from the 3rd week of illness

Fisher's atypical form of acute Guillain-Barré polyneuropathy is characterized by
lesion of the glossopharyngeal nerve
bilateral paresis of the facial nerve
damage to the caudal group of cranial nerves and respiratory failure
+ damage to the oculomotor nerves and ataxia

For polyneuropathies with periarteritis nodosa, it is characteristic
+ asymmetry of lesions of the nerve trunks
low severity of pain syndrome
cranial nerve damage

Changes in the nipple of the optic nerve in acute neuritis are characterized by
+ blurred boundaries
+ hyperemia
blanching

Demyelinating is polyneuropathy.

+ Guillain - Barre
diabetic
porphyric
hypothyroid

Trigeminal neuropathy is characterized by
+ decreased corneal reflex
violation of taste in the back third of the tongue
hypalgesia in the inner zone of Zelder
hypertrophy of the masticatory muscles

For the defeat of the facial nerve in the region of the cerebellopontine angle ,
+ decreased corneal reflex
+ violation of taste in the front 2/3 of the tongue
hyperacusis, dryness of the conjunctiva
combined defeat of pairs V and VIII

Cochlear neuritis is characterized by
hyperacusis
isolated reduction in bone conduction
isolated air conduction reduction
+ combined reduction in bone and air conduction

When the glossopharyngeal nerve is damaged,
violation of taste in the front 2/3 of the tongue
laryngeal paresis
+ paresis of the soft palate

Damage to the vagus nerve is characterized by
+ dysphonia
+ abnormal heart rhythm
nystagmus
taste disturbance

Accessory nerve neuropathy is characterized by
+ descent of the scapula
+ slimming neck muscles
difficulty swallowing
speech impairment

The defeat of the nucleus of the hypoglossal nerve from the supranuclear lesion differs in the presence
dysarthria
limitation of tongue mobility
+ fibrillation
concomitant lesion of the vagus nerve
all of the above

Long thoracic nerve neuropathy is characterized by
deltoid paresis

paresis of the sternocleidomastoid muscle
+ paresis of the serratus anterior muscle

Axillary nerve neuropathy is characterized by
Difficulty bending the arm at the elbow
soreness of the hand when abducting it behind the back
+ weakness and atrophy of the deltoid muscle
weakness and atrophy of the trapezius muscle

Signs of neuropathy of the median nerve are
weakness of IV and V fingers
decreased sensitivity on the palmar surface of IV, V fingers
+ weakness of I, II fingers

Signs of damage to the radial nerve are
"claw brush"
+ inability to extend the hand
+ impossibility of abduction of the 1st finger

Ulnar nerve neuropathy is characterized by
hanging brush
violation of sensitivity in the area of I, II fingers of the hand
+ impossibility of bringing IV, V fingers
all of the above

Femoral nerve neuropathy is characterized by
Lasegue symptom
+ weakness of the quadriceps femoris
lack of Achilles reflex
all of the above

Clinical signs of neuropathy of the external cutaneous nerve of the thigh are
decreased knee reflex
+ hypesthesia on the outer front surface of the thigh
hypoesthesia on the outer back of the thigh

Sciatic nerve neuropathy is characterized by
Wasserman symptom
+ loss of the Achilles reflex
loss of knee reflex
all of the above

Clinical signs of damage to the peroneal nerve are
+ paresis of the extensors of the foot
hypoesthesia along the inner surface of the lower leg
loss of the Achilles reflex
all listed

Tibial neuropathy is characterized by
+ loss of the Achilles reflex

violation of sensitivity on the anterior surface of the lower leg
+ paresis of the flexors of the foot

Is not part of the cervical plexus
small occipital nerve
+ axillary nerve
phrenic nerve
supraclavicular nerve
large ear nerve

The brachial plexus does not include
+ supraclavicular nerve
subclavian nerve
axillary nerve
ulnar nerve

Is not part of the lumbar plexus
femoral nerve
obturator nerve
external cutaneous nerve of the thigh
+ sciatic nerve
femoral genital nerve

The sacral plexus includes
external cutaneous nerve of the thigh
obturator nerve
+ sciatic nerve
all of the above

With dysfunction of the temporomandibular joint, there is
swelling of the parotid region
tenderness to palpation of the temporal muscle
+ limited mobility of the lower jaw
all of the above

Pain myofascial dysfunction of the face is characterized by
+ soreness of the affected muscle when chewing and opening the mouth
hypesthesia in the area of the affected muscle
+ the presence of painful nodules in the thickness of the masticatory muscles

Trigeminal neuralgia is caused by
sinus diseases
compression of the nerve root with tortuous vessels at the base of the brain
compression of the branches of the nerve in the infraorbital and mandibular canals
+ all of the above

Classical trigeminal neuralgia is characterized by
permanent pain syndrome
hypalgesia on the face in the area of innervation of the II and III branches of the V nerve
+ trigger zones on the face

psychomotor agitation during an attack

Trigeminal neuritis is characterized by
no permanent pain syndrome
hyperesthesia on the face
+ trophic disorders on the face
+ weakness of the chewing muscles

Nasal nerve neuralgia is characterized by
+ paroxysmal pain in the eye and nose area
paroxysmal pain in the frontal-temporo-occipital region
+ rhinorrhea, lacrimation

Neuralgia of the auricular-temporal nerve is characterized by
the presence of trigger zones in the temple area
+ hyperemia and hyperhidrosis of the parotid region
+ parotid pain in the parotid region

Glossopharyngeal neuralgia is characterized by
bouts of shooting pains at the root of the tongue
bouts of shooting pains in the tonsils
the presence of trigger zones at the root of the tongue
+ all of the above

The neuralgia of the superior laryngeal nerve is characterized by
+ attacks of pain in the larynx
+ paroxysms of coughing during a painful attack
dysphonia

For ganglionitis of the geniculate ganglion of the XIII nerve is characterized by
+ pain in the ear area radiating to the back of the head
+ herpetic eruptions in the auricle
taste disturbances in the back 1/3 of the tongue

Occipital neuralgia is characterized by
parotid pain
+ pain in the back of the head with radiation to the shoulder girdle
tenderness on palpation of the spinous processes C3-C7
neck muscle tension

During the period of exacerbation of trigeminal neuralgia, they are used
+ diadynamic currents to the area of exit of the branches of the V nerve
mud applications on the collar area
+ electrophoresis of novocaine to the exit area of the branches of the V nerve

The most effective method of pathogenetic therapy of trigeminal neuralgia is the appointment
analgesics
antispasmodics
+ anticonvulsants
all of the above

none of the above

The syndrome of the lower oblique muscle of the head is characterized by
cochleovestibular and visual disorders
+ constant pain in the back of the head
+ hypalgesia in the area of innervation of the greater occipital nerve

Scalene syndrome is characterized by
increased pain in the forearm and II, III fingers of the hand when turning the head to the sore side
+ increased pain in the forearm and IV, V fingers of the hand when turning the head to the healthy side
+ asymmetry of arterial pressure and pulse on the radial artery
diffuse osteoporosis of the hand

Pectoralis minor syndrome is characterized by
+ pain along the antero-outer surface of the chest with irradiation into the arm
+ increased pain syndrome when placing the hand behind the back
lowering blood pressure on the brachial artery when turning the head to a healthy side and with a deep breath

Periarthrosis of the shoulder scapula is characterized by
osteoporosis of the head of the humerus, an increase in the size of the joint space of the shoulder joint
+ atrophy of soft tissues surrounding the shoulder joint
decreased reflexes with the biceps and triceps brachii
+ limitation of mobility of the shoulder joint

For periostitis of the outer epicondyle of the humerus (epicondylosis is characterized by
soreness of all movements in the shoulder joint
+ soreness during extension and rotation of the forearm in the elbow joint
narrowing of the joint space of the shoulder joint
all of the above

Shoulder-hand syndrome is characterized by
+ vegetative trophic disorders of the hand
asymmetry of blood pressure
hypotrophy of the sternocleidomastoid muscle

Posterior cervical sympathetic syndrome is characterized by
+ a combination of cochleovestibular, visual, vestibulocerebellar disorders with pulsating, burning one-sided headache
combination of bilateral occipital headache with radicular sensory disorders in the ulnar region
a combination of burning pains in the supraclavicular region with attacks of muscle weakness in the arm

Syncope vertebral (vertebral) syndrome (Unterharnscheidt is characterized by
a sudden fall of the patient with a sharp change in body position from horizontal to vertical with a drop in blood pressure
+ sudden loss of consciousness and muscle tone associated with head and neck movement

sudden onset of cochleovestibular, coordination and visual disturbances associated with turning the head and neck

Vertebrogenic vascular cervical myelopathy is characterized by
severe pelvic dysfunction
+ mixed superior paraparesis in combination with spastic inferior paresis
gross atrophy of the muscles of the lower extremities
dysarthria, dysphagia, dysphonia
all of the above

Compression of the C6 spine is characterized by
+ painful hypesthesia of the 1st finger of the hand
+ decreased reflex from the biceps brachii
decreased carporadial reflex
painful hypesthesia of the V finger of the hand

Compression of the C7 spine is characterized by
+ pain and paresthesia in the region of the third finger of the hand, loss of the reflex from the triceps muscle of the shoulder
pain and paresthesia in the area of the 1st finger of the hand, loss of the reflex from the biceps brachii
pain in the V finger of the hand, loss of the carporadial reflex
none of the above

Vascular epicone syndrome is characterized by
lack of Achilles reflex
lack of anal and cremasteric reflexes
inferior flaccid paraparesis
urinary retention
+ all of the above

Vascular cone syndrome is characterized by
+ urinary incontinence
+ anesthesia in the anogenital area
inferior flaccid paraparesis
lack of Achilles reflexes

Platibasia is a craniovertebral anomaly in which there is
+ flattening of the clivus of the occipital bone
funnel-shaped depression in the occipital foramen area
fusion of the 1st cervical vertebra with the occipital bone

Arnold-Chiari anomaly is a pathology in which there is
fusion of the cervical vertebrae
fusion of the 1st cervical vertebra with the occipital bone
+ downward displacement of the cerebellar tonsils
splitting of the arch of the 1st cervical vertebra

The most informative research methods for congenital anomalies of the Dandy-Walker brain are

+ ventriculography
+ computed tomography of the brain
myelography
radiography of the craniovertebral junction

Piriformis syndrome is characterized by
decreased anal and cremasteric reflex
+ increased pain in the lower leg and foot during adduction of the thigh
+ "intermittent claudication" of the lower limb
all of the above

The clinical picture of cauda equina root compression differs from the cone and epicone compression
+ asymmetry of the lesion
+ intense pain syndrome, aggravated in the supine position
lower flaccid paraparesis
all of the above

A contraindication for the use of traction for neurological manifestations of cervical osteochondrosis is
instability of the spinal segment
spinal circulation disorder
pronounced radicular pain syndrome
vertebrobasilar insufficiency
+ all of the above

The indication for manual therapy in neurological manifestations of osteochondrosis of the spine is the presence of
stage III spondylosis and spondylolisthesis
+ pain syndrome and vegetative-visceral disorders
osteoporosis of the vertebrae
all of the above
none of the above

L4 root compression syndrome is characterized by
+ pain in the knee joint, inner thigh
+ weakness of the quadriceps femoris
lack of knee reflex

L5 root compression syndrome manifests
pain along the inner surface of the lower leg and thigh
+ weakness of the extensors of the first toe
decreased Achilles reflex
all of the above

S1 root compression syndrome manifests
a decrease in the strength of the triceps muscle of the lower leg and flexors of the toes
decreased knee reflex
+ loss of the Achilles reflex
all of the above

The indication for surgical treatment of neurological manifestations of cervical osteochondrosis is
+ pronounced clinic of compression of the brachial plexus in scalene muscle syndrome
+ compression by osteophytes of the vertebral artery
severe spondylosis throughout the cervical spine

Tuberculous spondylitis is characterized by
spinal scoliosis
spinal kyphosis
wedge-shaped deformity of the vertebrae
destruction of vertebral bodies
+ all of the above

Sacroileitis is characterized by
Lasegue symptom
+ soreness when the wings of the ilium are compressed
+ fuzziness of the contours of the articular surfaces of the sacroiliac joint, revealed by X-ray examination

The clinical picture of metastatic lesions of the spine differs from osteochondrosis
persistent radicular pain syndrome
bilateral radicular syndrome
compression of the spinal cord and roots
+ all of the above

Osteochondrosis at a young age is characterized by
+ severe radicular pain syndrome
severe osteoporosis of the spine
pronounced manifestations of osteochondrosis and spondylosis on the X-ray of the spine
all of the above

In the acute period, vertebrogenic radicular syndromes are used
massage
mud therapy
+ acupuncture
paraffin applications

For spondyloarthritis (Bekhterev's diseases are characterized by
osteoporosis of the vertebrae
+ sacroiliitis
+ kyphosis of the thoracic spine
destruction of the lumbar vertebral bodies

With neural Charcot-Marie amyotrophy,
+ distal amyotrophy of the limbs
proximal limb amyotrophy
amyotrophy of the trunk
pseudohypertrophy of the calf muscles

Plays a role in the development of hormonal spondylopathy
+ lack of sex hormones
increased thyroid activity
+ decrease in the level of phosphorus and calcium in the blood
all of the above

For hormonal spondylopathy, the characteristic radiological signs are
foci of destruction in the vertebral bodies
+ diffuse osteoporosis of the vertebrae
+ wedge-shaped vertebral fractures
marginal growths of the end plates of the vertebrae
all listed

The site of possible compression of the median nerve is
+ "shoulder canal"
"spiral channel"
external intermuscular septum of the shoulder
Guyon's osteo-fibrous canal

Acute necrotizing encephalitis caused by viruses
Coxsackie
+ herpes simplex
measles
mumps

Treatment for mumps meningitis includes all of the above except
corticosteroids
+ deoxyribonuclease
trypsin
ascorbic acid
glycerin

The development of Waterhouse-Friederiksen syndrome (acute adrenal insufficiency) is characteristic of a severe course
staphylococcal meningitis
pneumococcal meningitis
meningitis caused by the Coxsackie virus
+ meningococcal meningitis
lymphocytic choriomeningitis

Economo's rare encephalitis syndromes include
oculomotor disorders
+ pathological foot marks
sleep disturbances
autonomic disorders

Acute tick-borne encephalitis is characterized by
disease in the autumn-winter period
meningoencephalitic syndrome
increased intracranial pressure

+ flaccid paresis and paralysis of the muscles of the shoulder girdle
fever at the onset of the disease

For viral two-wave meningoencephalitis, the presence of
fever
+ atrophic spinal paralysis
pleocytosis in cerebrospinal fluid
radiculoneuritis

General manifestations of AIDS include
prolonged fever and night sweats
diarrhea and weight loss
generalized lymphadenopathy
+ all of the above

With viral encephalitis, the cerebrospinal fluid is observed
+ lymphocytic pleocytosis
increased protein content
increased glucose

The characteristic electroencephalographic signs of focal necrotic lesions of the brain in herpetic encephalitis are
diffuse reduction in wave voltage
the appearance of d- and q-waves
+ the presence of peaks (spikes and sharp waves
the presence of asymmetric giant waves
the presence of sleepy spindles

Of the following antiviral drugs not used for the treatment of encephalitis
oxolin
idoxuridine
+ acyclovir
adenosine-arabinoside

Of decisive importance in the diagnosis of meningitis is
acute onset of the disease with fever
acute onset of the disease with meningeal syndrome
+ changes in cerebrospinal fluid
joining the syndrome of infectious-toxic shock
signs of congestion in the fundus

Serous meningitis can be caused by the following bacteria
Afanasyev-Pfeiffer hemophilic stick (influenza meningitis)
pneumococcus
+ mycobacterium tuberculosis

The most effective antibiotic in the treatment of purulent meningitis caused by Pseudomonas aeruginosa is
benzylpenicillin
clindamycin

erythromycin
+ gentamicin

The clinical picture of Armstrong's acute lymphocytic choriomeningitis is distinguished by a significant severity
high fever
meningeal syndrome
+ hypertensive syndrome
disturbances of consciousness
photophobia

Meningitis caused by Coxsackie and ECHO viruses is characterized by
acute onset with fever
+ polymyalgia
meningeal hypertensive syndrome
lymphocytic pleocytosis
severe course and gross residual symptoms

The morphological substrate for the restoration of the functions of neuronal systems and clinical remission in multiple sclerosis is
resorption of fibrous sclerotic plaque
restoration of the ability to synthesize neurotransmitters in affected neurons
restoration of the normal circulation of neurotransmitters in interneuronal synapses
+ periaxonal remyelination in affected neurons

With an unknown causative agent of bacterial purulent meningitis, it is advisable to use
cephalexin (chainorex)
clindamycin (dalacin)
erythromycin (erythran)
+ cefotaxime (claforan)

For the treatment of meningococcal meningitis, choose
clindamycin
tetracycline
erythromycin
kanamycin
+ chloramphenicol

Subarachnoid hemorrhage as a complication of the underlying disease occurs in meningitis caused by
pneumococcus
mumps virus
Klebsiella
Afanasyev-Pfeiffer stick
+ streptococcus

Brain abscesses as a complication of the underlying disease are more common in meningitis caused by
Afanasyev-Pfeiffer stick
+ staphylococcus
pneumococcus

leptospira

The rare causative agents of serous meningitis include
lymphocytic choreomeningitis virus
mycobacterium tuberculosis
+ parainfluenza virus
mumps virus

Purulent meningitis does not cause
staphylococcus
meningococci
pneumococci
vulgar proteus
+ leptospira

The characteristic disorders of the immune system in AIDS detected by the laboratory are
+ decrease in the number of T-helpers
+ decreased T-helper / T-suppressor ratio
cellular-protein dissociation in cerebrospinal fluid
decrease in the number of B-lymphocytes

Acute (primary) disseminated encephalomyelitis is rarely accompanied by the development
lower spastic paraplegia
bulbar disorders
+ extrapyramidal disorders
Brown-Séquard syndrome

The morphological substrate of pyramidal symptoms in acute disseminated encephalomyelitis is
proliferation of mesoglia in the white matter
+ death of axial cylinders
+ myelin breakdown

Brain abscess is a relatively rare complication of meningitis caused by
pneumococcus
staphylococcus
Afanasyev-Pfeiffer stick
+ meningococcus
streptococcus

High contagiousness is characteristic of meningitis caused by
Pseudomonas aeruginosa
staphylococci
herpes simplex virus
+ Coxsackie and ECHO viruses

Of decisive importance in the differential diagnosis of cerebral echinococcosis from other volumetric brain lesions belongs to
features of the clinical picture
computed tomography data

anamnestic data
+ features of serological reactions

Motor and sensory disturbances in acute disseminated encephalomyelitis are caused by
+ brain
+ spinal cord
roots and peripheral nerves
all of the above

Decreased visual acuity in acute disseminated encephalomyelitis is due to the lesion
retina
+ optic nerve
the primary visual center in the lateral geniculate body
the radiant crown of Graziole in the occipital lobe
cortical part of the visual analyzer in the occipital lobe

In the treatment of acute disseminated encephalomyelitis for the correction of autoimmune disorders used
non-steroidal anti-inflammatory drugs
anabolic steroid drugs
+ synthetic glucocorticoids
estrogenic steroid drugs

Movement disorders during the second attack of acute epidemic anterior poliomyelitis, arising after a "minor illness" and the subsequent latency period, are characterized by the presence
+ muscle cramps
+ fibrillar twitching
flaccid paralysis
all of the above

Features of dyscirculatory measles encephalopathy are due to
perivascular ischemic foci
+ perivascular hemorrhagic foci
+ thrombosis of cerebral veins and sinuses

In the cerebrospinal fluid in the second week of the paralytic stage of acute poliomyelitis (as opposed to the first week), they find
normal glucose levels
+ protein-cell dissociation
normal chloride levels
eosinophilic cytosis

Features of residual motor impairment after postponed poliomyelitis are determined
+ asymmetric lesions of the muscles of the limbs and trunk
+ growth retardation and impaired trophism of the limbs
impaired coordination and statics

Differential diagnosis of nonparalytic acute poliomyelitis should be done
with viral serous meningitis
with bacterial serous meningitis

with acute demyelinating polyradiculoneuropathy Guillain-Barre
with anterolary form of tick-borne encephalitis
+ with all of the above

A brain abscess is suspected if the disease is characterized by
increasing intracranial hypertension
focal cerebral lesion
cerebral symptoms
+ all of the above

When diagnosing a brain abscess from contrast methods, you can obtain a direct image of a pathological focus of a rounded shape using
pneumoencephalography
ventriculography
angiography
+ g-scintigraphy
all of the above

Subacute sclerosing panencephalitis is not considered a single disease.
+ Schilder's leukoencephalitis
subacute Van Bogart leukoencephalitis
Pette-Dering nodular panencephalitis
Dawson encephalitis

An effective method of treating a brain abscess is
massive administration of antibiotics and dehydrating agents
+ surgical removal of the abscess
washing the abscess cavity with dioxidine
flushing the abscess cavity with antibiotics
use of anti-inflammatory doses of radiation therapy

Differential diagnosis of subacute sclerosing panencephalitis is carried out
with Schilder's periaxial leukoencephalitis
with multiple sclerosis
with brain tumor
+ with all of the above

Gait disturbance in diphtheria polyneuropathy is due to
lower spastic paraparesis
cerebellar ataxia
extrapyramidal rigidity
+ sensitive ataxia

Amyotrophic lateral sclerosis with a predominant lesion of the cervical thickening of the spinal cord must be differentiated
with vertebral myelopathy
with anterior syringomyelia
with intramedullary tumor
+ with all of the above

Etiotropic pharmacotherapy of toxoplasmosis is not performed
+ chloridine
aminoquinol
sulfadimezin
erythromycin

Argyll Robertson syndrome is called
+ lack of reaction of pupils to light with a preserved reaction to convergence and accommodation
lack of a direct reaction to light with a preserved friendly reaction
lack of pupil response to convergence while maintaining a response to light
lack of response to accommodation in combination with mydriasis
lack of response to convergence and accommodation in combination with anisocoria

With a hereditary disease of the island of Guam, amyotrophic lateral sclerosis syndrome is combined
+ with parkinsonism
+ with dementia
with amaurosis
with all of the above

One of the first neurological symptoms of botulism is
+ paresis of accommodation
paresis of the oculomotor muscles
dysphonia, dysphagia, dysarthria
hypersalivation
myasthenic symptoms

The high risk of lethal outcome of polyneuropathy in diphtheria is determined by the lesion
bulbar cranial nerves
diaphragm
myocardium
+ all of the above

For the treatment of generalized painful muscle cramps and seizures in tetanus, the first choice is
chloral hydrate
thiopental
phenobarbital
+ seduxen
tubocurarine

Decreased vision in Schilder's periaxial encephalitis is due to
+ atrophy of the optic nerves
damage to the primary visual centers
+ damage to the visual pathways in the white matter of the occipital lobe
all of the above

Diagnostic signs of cerebral cysticercosis are
+ detection of cysts using computed tomography in the tissue and ventricles of the brain
sensitive ataxia and decreased tendon reflexes

optic atrophy and neurogenic deafness
+ aversion to fatty and sugary foods
all of the above

For cerebral cysticercosis, pleocytosis is characteristic
neutrophilic
neutrophilic-lymphocytic
lymphocytic-basophilic
lymphocytic
+ lymphocytic-monocytic

Clinical and morphological features of immune-dependent measles encephalitis are
+ onset of neurological symptoms 3-6 days after the onset of the rash
the onset of neurological symptoms 2-3 weeks after the onset of the rash
+ substrate-perivenous demyelination with fiber destruction
substrate-perivenous hemorrhage

The clinical picture of tabes dorsalis is characterized by the presence of
+ pain syndrome and sensitive ataxia
pathological foot marks and dysfunction of the pelvic organs
lower spastic paraparesis with decreased tendon reflexes
all of the above

Syphilitic lesions of the auditory nerves are characterized by
+ decrease in bone conduction while maintaining air
decrease in air conduction while maintaining bone
decreased bone and air conduction
preservation of bone and air conduction

The morphological substrate of early forms of neurosyphilis is
+ inflammatory changes in the membranes of the brain and spinal cord
+ inflammatory changes in the vessels of the central nervous system
degenerative changes in the parenchyma of the brain and spinal cord
foci of demyelination in the central nervous system
all listed

For damage to the optic nerves with syphilitic basal meningitis, it is characteristic
+ change in visual fields
+ violation of color perception
papillitis with hemorrhage

Late forms of neurosyphilis are found in the form
+ brain gums
+ dorsal tabes
+ meningovascular (or vascular) syphilis
asymptomatic lesions of the membranes
all of the above

The diagnosis of neurosyphilis is confirmed by the following methods of examining cerebrospinal fluid, with the exception of

Wasserman reaction with three dilutions of cerebrospinal fluid
colloidal lange reaction
+ colloidal reaction Takata - Ara
reactions of immobilization of pale treponema

Violation of statics and gait with dorsal tabes due to
flaccid paralysis of the legs
cerebellar ataxia
+ sensitive ataxia
decreased vision with tabetic atrophy of the optic nerves
tabetic arthropathy

The term "tabetic crises" in patients with tabes dorsalis means
paroxysms of tachycardia
fluctuations in blood pressure
+ paroxysms of tearing pains
episodes of profuse sweating and general weakness
all of the above

Primary tabetic atrophy of the optic nerves in tabes dorsalis is characterized by the following changes in the fundus
blanching of the temporal halves of the discs
+ gray discs
swelling of the discs
+ preservation of clear boundaries of disks

63 The clinical picture of subacute spongy encephalopathy of Creutzfeldt-Jakob is not characterized by the presence of
pyramidal syndrome
cerebellar ataxia
extrapyramidal syndrome
+ sensitive ataxia
epileptiform syndrome

Acute purulent epiduritis can be a complication of inflammatory processes such as
+ abscesses and phlegmon of organs and tissues
+ osteomyelitis
pansinusitis
all of the above

The pathogenesis of neurological symptoms of acute epiduritis is due to
+ inflammatory-toxic effect of the focus
+ compression of the spinal roots
circulatory disorders in the membranes

The neurological symptoms of acute spinal epiduritis are presented
+ radicular pain
+ spinal cord compression syndrome
loss of consciousness

Antirabic allergic post-vaccination encephalomyelopolyradiculoneuropathy, which occurs months after vaccination, is characterized by the following symptoms
+ onset without common infectious signs
+ moderately pronounced damage to the central and peripheral nervous system
protein-cell dissociation in cerebrospinal fluid
all of these

There are the following clinical forms of Schilder's encephalitis
psychoorganic (hallucinations, dementia)
paralytic (pyramidal paresis)
convulsive (epileptic syndrome)
occipito-parietal (decreased vision, visual field defects)
+ all listed forms are available

Early diagnosis of lesions of the nervous system in AIDS is facilitated by the detection in the cerebrospinal fluid
+ increase in HIV antibodies
high lymphocytic pleocytosis
+ increase in the content of immunoglobulin G

Mental disorders in AIDS are represented by the following symptoms
decreased memory and criticism
disorientation and hallucinations
progressive dementia
+ all of the above

Frequent causative agents of AIDS-associated infections of the nervous system are
mycobacterium tuberculosis
adenoviruses
candida
listeria
+ herpes simplex viruses

The defeat of the nervous system by HIV infection is manifested
encephalopathy
acute recurrent meningitis
myelopathy
+ all of the above

The defeat of the nervous system, caused by antibodies to nervous tissue produced during AIDS, manifests itself in the form
meningitis
meningoencephalitis
encephalomyelitis
+ polyneuropathy
all of the above

The main pathogenetic link in diphtheria polyneuropathy is blockade with diphtheria toxin
retrograde axonal transport
synaptic transmission

+ protein synthesis at the level of the Schwann cell nucleus
"potassium-sodium pump" on the surface of the Schwann cell membrane

Morphological changes in diphtheria polyneuropathy are due to
lymphoid infiltration of peripheral nerves
axonal degeneration
+ segmental demyelination
proliferation of Schwann cells

To correct pathological muscle spasticity in multiple sclerosis, it is advisable to prescribe
aminalon
phenibut
pantogam
+ tinazidine

A sign of a deficiency of cellular immunity during exacerbation of multiple sclerosis is
+ T-lymphopenia
+ B-lymphocytosis
increase in the number of T-killers
all of the above

The phenomenon of "clinical dissociation" in multiple sclerosis is characterized by the presence
horizontal nystagmus in combination with the absence of abdominal reflexes
central paresis in the limbs and lack of sensitivity disorders
sensitivity disorders of the segmental or conductive type against the background of mild central paresis of the extremities
+ central paresis in the limbs in combination with muscle hypotonia

Pussep's liquorodynamic test is called
compression of the cervical veins
pressure on the anterior abdominal wall
+ tilting the head forward
extension of the leg, previously bent at the knee and hip joints

Typical for patients with trigeminal neuralgia are complaints
to constant aching pains that seize half of the face
+ for short paroxysms of intense pain provoked by a light touch on the face
for attacks of increasing intensity of pain in the area of the eye, jaw, teeth, accompanied by increased tear and salivation
for prolonged pain in the orbit, corner of the eye, accompanied by impaired visual acuity

In the absence of a block of the subarachnoid space during the Queckenstedt test, the pressure of cerebrospinal fluid increases
10 times
6 times
4 times
+ 2 times

The content of chlorides in the cerebrospinal fluid normally ranges from
80-110 mmol / l

40-60 mmol / l
200-260 mmol / l
+ 120-130 mmol / l

Uncomplicated stagnant optic nerve head is characterized by
+ hyperemia, abrasion of the disc borders
early decline in visual function
narrowing the boundaries of the field of view

Epidemiological history is important if
+ for meningococcal meningitis
for herpetic meningoencephalitis
for fungal meningitis
for meningitis caused by Pseudomonas aeruginosa

Cheddock reflex (pathological foot extensor reflex causes
compression of the gastrocnemius muscle
compression of the Achilles tendon
streak irritation of the sole
+ streaked skin irritation of the outer ankle

Unilateral pulsating exophthalmos is a sign
retrobulbar tumor of the orbit
orbital artery thrombosis
+ carotid-cavernous fistula
suprasellar pituitary tumor
arachnoid endothelioma of the wing of the main bone

To study the patency of the subarachnoid space using the Queckenstedt test, one should
tilt the patient's head forward
+ compress the jugular veins
press on the anterior abdominal wall
tilt the patient's head back
any maneuver satisfies the conditions of this test

To identify amnestic aphasia, you should
check oral account
+ invite the patient to name the surrounding objects
invite the patient to read the text
make sure that the patient understands the addressed speech

To identify constructive apraxia, the patient should be offered
raise a hand
touch your left ear with your right hand
+ fold a given shape from matches
perform various imitation movements

To identify asynergy using Babinsky's test, the patient should be offered
touch the tip of the nose with your finger
carry out rapid pronation-supination of outstretched arms

+ sit down from a supine position with arms crossed on your chest
standing, lean back

Bilateral exophthalmos is a sign
+ hyperproduction of thyroid-stimulating hormone
optic chiasm tumors
growth of the craniopharyngioma forward and upward (towards the anterior wedge-shaped processes of the Turkish saddle
all of the above

Unpaired posterior nucleus of the oculomotor nerve (Pearly nucleus provides pupil response
into the light
pain irritation
+ convergence
for accommodation

Conducting an otoneurological caloric test is contraindicated.
in acute cerebrovascular accident
with intracranial hypertension
in a coma
+ with perforation of the tympanic membrane
with all of the above

A gait with a swinging of the trunk from side to side is characteristic of the patient.
with funicular myelosis
with distal motor diabetic polyneuropathy
with neural amyotrophy Charcot-Marie
+ with progressive muscular dystrophy
with Hunt's cerebellar myoclonic dyssynergia

Intentional tremors and misses when performing a finger-nose test are characteristic
for static-locomotor ataxia
+ for dynamic ataxia
for frontal ataxia
for sensitive ataxia

To identify sensitive dynamic ataxia, the patient should be asked
flank
+ become in the Romberg pose with closed eyes
standing, lean back
pass with closed eyes

The loss of the upper (or lower) halves of the visual fields of both eyes is characteristic of the lesion
retrobulbar segments of both optic nerves
optic chiasm
+ grooves of both occipital lobes

Attacks of blanching of the skin of the fingertips followed by cyanosis are characteristic
for Guillain-Barre polyneuropathy

+ for illness (Raynaud's syndrome
for Tolosa-Hunt syndrome
for Wegener's granulomatosis

To induce the lower meningeal symptom of Brudzinsky
bend the patient's head forward
press on the pubic articulation area
+ straighten the patient's leg bent at a right angle in the knee and hip joints
squeeze the quadriceps muscle of the thigh

Features of the topography of the violation of the pilomotor reflex are of topical-diagnostic significance in case of damage.
quadruple
medulla oblongata
hypothalamus
+ spinal cord

Normally, an increase in heart rate during the study of autonomic reflexes causes a test
Ashnera (heart reflex)
clinostatic
+ orthostatic
cervicocardial (carotid sinus reflex)

To detect a violation of discriminatory sensitivity, it should be checked whether the patient is able to determine
the place of touch when applying irritation to various parts of the body
numbers, letters, simple shapes drawn on the skin
+ two simultaneously applied irritations on closely spaced areas of the body surface
familiar objects

Pyramidal spasticity is characterized by a predominant increase in muscle tone.
+ flexors and pronators of the arms and extensors of the legs
flexors of the legs and extensors of the arms
flexors and extensors of arms and legs evenly
an increase in tone in agonists is combined with a decrease in tone in antagonists

The duration of caloric nystagmus with an experimental otoneurological test is normal
30 sec
+ 60 s
120 s
140 s

The duration of post-rotational nystagmus in the experimental test in the Barani chair is normal
+ 30 s
60 s
5 sec
120 s

In case of damage to the outer sections of the optic nerve intersection, the perimetry reveals
unilateral homonymous hemianopsia
lower quadrant hemianopsia
bitemporal hemianopsia
+ binasal hemianopsia
upper quadrant hemianopsia

Normally, the hematocrit level in women is
+ 0.36-0.42 / l (36-42%)
0.12-0.26 / L (12-26%)
0.56-0.68 / L (56-68%)
0.78-0.96 / l (78-96%)

The main pathological reflex of the flexion type is the reflex
Babinsky
Oppenheim
+ Rossolimo
Gordon
Chaddock

Contrast enhancement with computed tomography of the brain is used in cases where necessary
identify cerebral edema associated with stroke
to establish hemorrhagic impregnation of the brain contusion focus
identify hemorrhagic cerebral infarction
+ assess the state of the blood-brain barrier, regardless of the nature of the cerebral process

The diagnostic capabilities of computed tomography of the head are determined by the fact that with this method of X-ray examination
the differences between the bone tissue of the skull and the brain are clearly identified
the vessels of the brain and membranes are visualized
+ you can compare the absorption of X-rays by different structures of the brain
easily identified petrification in brain tissue

Computed tomography of the brain is contraindicated if
a patient with a stroke is diagnosed with myocardial infarction
a patient with a craniocerebral injury showed signs of a trunk lesion
a patient with a tumor of the posterior cranial fossa has Hertwig-Magendie syndrome
all of the above is true
+ none of the above

To identify pathological processes in the posterior cranial fossa, it is advisable to apply
computed tomography
contrast-enhanced computed tomography
+ magnetic resonance imaging
positron emission tomography
all methods are equally informative

The resolving power of computed tomography of the brain has limitations and does not allow determining CT-contrast pathological foci in the brain with a diameter less than

+ 1.5 + 1.5 mm
2.5 + 2.5mm
3.5 + 3.5 mm
4.5 + 4.5 mm

For changes in cerebrospinal fluid in viral encephalitis, the presence of
lymphocytic pleocytosis
increased protein content
+ increase in glucose and chloride content

A characteristic electroencephalographic sign of focal necrotic brain damage in herpetic encephalitis is
diffuse reduction in wave voltage
the appearance of d- and q-waves
+ the presence of peaks (spikes and sharp waves
the presence of asymmetric giant waves
the presence of sleepy spindles

With a complete blockade of the subarachnoid space at the thoracic level, an increase in cerebrospinal fluid pressure is noted during the test
Kweckenstedt
+ Stukeya
Pussep

A significant decrease in the level of sugar in the cerebrospinal fluid (up to 0.1 g / L) is characteristic of meningitis caused by
influenza viruses
pneumococcus
mumps virus
+ tubercle bacillus

Of decisive importance in the diagnosis of meningitis is
acute onset of the disease with fever
acute onset of the disease with meningeal syndrome
+ changes in cerebrospinal fluid
toxic shock syndrome

In case of damage to the inner sections of the optic nerve intersection, the perimetry reveals
unilateral homonymous hemianopsia
lower quadrant hemianopsia
+ bitemporal hemianopsia
binasal hemianopsia
upper quadrant hemianopsia

The liquorological signs that distinguish cerebral cysticercosis from echinococcosis are
increased pressure of cerebrospinal fluid
+ lymphocytic-monocytic pleocytosis
the presence of eosinophils in the cerebrospinal fluid
the presence of basophils in the cerebrospinal fluid

A breakthrough of an abscess into the cerebrospinal fluid can be diagnosed based on the appearance in the patient

high temperature
meningeal syndrome
+ cloudy cerebrospinal fluid during puncture
all of the above

To confirm the spread of the inflammatory process to the spinal cord with purulent epiduritis of the thoracic region, the following research methods are used, with the exception of

revision of the subarachnoid space
+ lumbar puncture
descending myelography
computed tomography
magnetic resonance imaging

Computed tomography reveals a zone of hypodensitivity in the focus of ischemic stroke through

1 hour from the onset of the disease
2 hours from the onset of the disease
4 hours from the onset of the disease
+ 6 hours or more from the onset of the disease

Computed tomography makes it possible to diagnose hyperdense areas of hemorrhagic extravasates with subarachnoid cerebral hemorrhage later

+1 h from the onset of hemorrhage
3 hours from the onset of hemorrhage
6 hours from the onset of hemorrhage
12 hours from the onset of hemorrhage
24 hours from the onset of hemorrhage

Of the listed examination methods, a decisive role in the diagnosis of brain death is assigned to

electroencephalography
computed tomography
+ angiography
echoencephalography

For the correct conduct of the test with hyperventilation when recording the EEG, the patient must take deep breaths in a minute.

10-15
+ 16-20
20-24
25-30

A test with hyperventilation during EEG registration is carried out with the aim of causing

hypoxia and hypocapnia
+ hyperoxia and hypocapnia
hypoxia and hypercapnia
hyperoxia and hypercapnia

Contraindication for magnetic resonance imaging is
iodine allergy
open head injury
severe intracranial hypertension
+ presence of foreign metal bodies
hemorrhage in a brain tumor

A blood test for hepatocerebral dystrophy reveals
neutrophilic leukocytosis
lymphocytosis
acceleration of ESR
decrease in hemoglobin
+ thrombocytopenia

A blood test for erythremia reveals
+ deceleration of ESR up to 1-2 mm / h
thrombocytopenia
decreased blood viscosity
all of the above

Normally, during the Stukey test, the cerebrospinal fluid pressure rises
+ 1.5 times
3 times
6 times
8.5 times

With Itsenko-Cushing's syndrome, an increased content of
prolactin
+ corticotropin
somatostatin
thyrotropin

The pathological rhythm of the EEG is considered
a-rhythm with amplitude up to 100 μV
b-rhythm with amplitude up to 15 μV
+ q-rhythm with amplitude over 40 μV
m-rhythm with amplitude up to 50 μV

Normally, the pressure of the cerebrospinal fluid in the sitting position is
110-180 mm water column
280-310 mm water column
+ 220-260 mm water column
160-220 mm water column

When performing numerical subtraction angiography, as opposed to classical angiography
no contrast agent is used
+ contrast agent is injected into a vein
use less x-ray film

When settling the cerebrospinal fluid of a patient with tuberculous meningitis in 12-24 hours, it can be detected
opalescence
+ fibrin film
xanthochromia

The glucose content in the cerebrospinal fluid of a healthy person fluctuates between
1.2-2.2 mmol / l
+ 2.5-4.4 mmol / L
3.6-5.2 mmol / l
2.6-5.2 mmol / l
0.8-5.2 mmol / l

It is not typical for a coma
decreased tendon reflexes
bilateral Babinsky symptom
suppression of abdominal reflexes
suppression of pupillary reactions
+ targeted defense reactions

Normal hearing is the perception of a whisper from a distance.
2-3 meters
3-4 meters
+ 6-7 meters
10 meters or more

When examining the blood of patients with funicular myelosis, it is noted
hypochromia
+ hyperchromia
microcytosis

Electronystagmography can be done
clear conscious
when stunned
at stupor
with a coma
+ at any level of consciousness

The electrical activity of individual muscle fibers during electromyography can be recorded using
surface electrodes
+ needle electrodes
multipolar electrodes
all of the above

CSFD includes the following diagnostic tests, except
Kweckenstedt
Pussep
Stukeya
+ McClure - Aldrich

The thromboelastography method determines
+ blood viscosity
hematocrit
blood clotting rate
fibrinogen content
all of the above

The earliest method for diagnosing ischemic stroke is
classical electroencephalography
rheoencephalography
CT scan
Magnetic resonance imaging
+ positron emission tomography

The main tasks of medical genetics are to study
laws of heredity and variability of the human body
population statistics of hereditary diseases
molecular and biochemical aspects of heredity
changes in heredity under the influence of environmental factors
+ all of the above

The dominant trait according to Mendel's law appears when crossing in the second generation with a frequency
1: 1
2: 1
+3: 1
4: 1
5: 1

A dominant gene is a gene that acts
detected in a heterozygous state
detected in homozygous state
+ is detected in hetero- and homozygous state
all of the above is incorrect

The genotype of an organism is a system of gene interaction in which hereditary traits are determined through the participation
one gene in the definition of one trait
one gene in the definition of many traits
many genes in the definition of one trait
+ all of the above is true

Proband is called
a healthy carrier of the mutant gene
+ sick carrier of the mutant gene
a healthy parent of a patient with signs of a hereditary disease
a child with a hereditary disease

Sibs is called
a healthy parent of a patient with a hereditary disease
a child with a hereditary disease
+ a sibling (but not twins) of a patient with a hereditary disease

A phenotype is a set of signs and properties of an organism, the manifestation of which is due to
dominant gene action
by the action of a recessive gene
+ interaction of genotype with environmental factors

A karyotype is a set of features of the chromosome set (complex) of a cell, which is determined
the number of sex chromosomes
shape of chromosomes
chromosome structure
+ all of the above

Autosomal dominant inheritance is different
predominant lesion of males
prevalence of sick family members in the generation
+ manifestation of a pathological inherited trait in all generations without a pass

An autosomal recessive type of inheritance differs in that
the ratio of healthy and sick family members is 1: 1
the disease is not related to consanguinity
+ parents of the first identified patient are clinically healthy

The recessive type of inheritance associated with the X chromosome (sex-linked) differs in that
the ratio of sick men in each generation is 2: 1
+ only men get sick
only women get sick
signs of the disease are necessarily found in the mother of the proband
all of the above is incorrect

Chromosomal diseases can be caused by
+ changes in the number of chromosomes
+ changes in the size of chromosomes
+ violations of the structure of chromosomes
the influence of environmental factors
all of the above

Phenotypic features of chromosomal diseases are
mental disorders
developmental disorders
multiple malformations
+ all of the above

Induced mutagenesis is caused by the following factors
ultra-violet rays
penetrating radiation

chemical substances
viruses
+ all of the above

The classification of hereditary diseases, taking into account their genetic nature, is based on the features
gene mutations
chromosomal mutations
quantitative changes in chromosomes
+ all of the above

The main biochemical sign of phenylketonuria is an increase in the content
vanilyl mandelic acid
dioxyphenylacetic acid
dihydroxyphenylethanol
+ phenylpyruvic acid
all of the above

The clinical manifestations of glycogen myopathy (McArdl's disease) are characterized by the presence of
+ painful muscle paroxysms
+ pathological muscle fatigue
pseudohypertrophy of the leg muscles
all of the above

With the late form of amaurotic idiopathy of Kufs, adults are observed
deafness
epileptic seizures
extrapyramidal disorders
cerebellar disorders
+ all of the above

Down's disease is characterized by a combination of the following symptoms
+ rounded skull, gothic palate, syndactyly, muscle hypotonia
dolichocephaly, cleft palate, arachnodactyly, muscle hypertonicity
craniostenotic skull, cleft lip, 6th toe, choreoathetosis
there is a combination of any of the listed signs

Damage to the nervous system in leukodystrophy occurs as a result
excessive accumulation of lipids in nerve cells
loss of lipids by nerve cells
+ decay of myelin lipids and accumulation of decay products in the central nervous system
all of the above

Porphyria is characterized by the presence of
abdominal pain
polyneuropathy syndrome
porphobilinogen in urine
+ all of the above

Progressive muscular dystrophies are caused by damage
cerebrospinal pyramidal tract
motoneurons of the anterior horns of the spinal cord
peripheral motor neuron
all of the above
+ none of the above

Spinal amyotrophy of Werdnig - Hoffmann is inherited
+ autosomal dominant type
autosomal recessive
by the recessive type associated with sex (X chromosome)
by the dominant type associated with gender

The change in the contour of the legs like an "overturned bottle" is due to a change in muscle mass
+ with amyotrophy Charcot - Marie - Tooth
with hypertrophic neuropathy Dejerine - Sott
with Erb muscular dystrophy
with Becker-Kinnear muscular dystrophy
with Kugelberg-Welander amyotrophy

Charcot-Marie-Tooth amyotrophy due to primary lesion
anterior horns of the spinal cord
+ peripheral motor nerves
muscles of the distal extremities

The type of inheritance in Charcot-Marie-Tooth amyotrophy is characterized as
autosomal dominant
autosomal recessive
sex-linked (via the X chromosome)
+ all of the above is true

Progressive muscular dystrophy of the Landouzi form - Dejerine is inherited
+ autosomal dominant type
autosomal recessive
by the recessive type, linked to the sex (through the X chromosome)
all of the above

Pseudohypertrophy is observed in the following forms of progressive muscular dystrophy
+ Duchenne type
+ Becker - Kinnear type
Landusi type - Dejerine
all of the above

The type of inheritance in Thomsen's myopathy is characterized as
+ autosomal dominant
autosomal recessive
sex-linked (via the X chromosome)
none of the above

With atrophic myotonia, muscle weakness predominates
+ head and neck
proximal extremities
+ distal extremities

The type of inheritance in Steinert-Batten atrophic myotonia is characterized as
+ autosomal dominant
autosomal recessive
sex-linked (via the X chromosome)
none of the above

The type of inheritance in hyperkalemic periodic paralysis is characterized as
+ autosomal dominant
autosomal recessive
sex-linked (via the X chromosome)
all of the above

The type of inheritance in hypokalemic periodic paralysis is characterized as
+ autosomal dominant
autosomal recessive
sex-linked (via the X chromosome)
all of the above

Disorders of copper-protein metabolism in Wilson-Konovalov hepatocerebral dystrophy are caused by a defect in the gene of the next chromosome
NS
IX
+ XIII
II
Vii

Sjogren-Larssen syndrome is characterized by
+ lack of tear and salivation
+ ichthyosis with a predominant lesion of the flexor surfaces
mental disorders
spastic tetraparesis
all of the above

With tremor and tremor-rigid form of Wilson-Konovalov hepatocerebral dystrophy, tremor prevails
apocalypse in brushes
intentional in hand
+ clapping in hands
+ static-dynamic in the trunk

37 The type of inheritance in hepatocerebral dystrophy is characterized as
autosomal dominant
+ autosomal recessive
recessive, sex-linked (via the X chromosome)
all of the above

An attack of paroxysmal myoplegia in the hypokalemic form of Westphal-Shakhnovich disease usually occurs
during heavy physical activity
+ immediately after heavy physical activity
in a state of complete rest during the day
during night sleep
in all listed states

An attack of myoplegia in hyperkalemic (Garmstorp disease) and normokalemic form (Poscanzer and Kerr disease) occurs
during heavy physical activity
+ during rest after physical activity
+ at rest during the day
during night sleep

The type of inheritance in Huntington's chorea is characterized as
+ autosomal dominant
autosomal recessive
recessive, sex-linked (via the X chromosome)
all of the above

The clinical picture of typical Huntington's chorea, in addition to choreic hyperkinesis, includes
plastic extrapyramidal rigidity
cogwheel symptom
akinesia
hypomimia
+ dementia

Neurochemical changes in the subcortical nuclei in Parkinson's disease are characterized by the following changes in brain monoamines
decrease in dopamine
an increase in the content of acetylcholine
a decrease in the content of norepinephrine
+ all of the above

Parkinson's disease can manifest itself in the following syndromes
choreoathetoid
+ akinetic-rigid
vestibulocerebellar
dentorubal
hyperexlexion

The type of inheritance in Sjogren-Larssen syndrome is characterized as
autosomal dominant
+ autosomal recessive
recessive, sex-linked (via the X chromosome)
all of the above

With hereditary essential tremors, the tremor usually has the following character
resting tremor
intentional
+ static-dynamic

Sufficient clinical signs in the diagnosis of syringomyelia are
+ segmental dissociated sensory disturbances
+ the presence of dysraphic features of the structure of the musculoskeletal system
progressive muscle atrophy in areas corresponding to segmental sensory disturbances
d) lower spastic paraparesis
e) all of the above

When treating Parkinson's disease with dopa-containing agents, neurological side symptoms appear
convulsive syndrome
vestibular disorders
+ choreoathetoid hyperkinesis
horizontal nystagmus
hyperexlexion

When treating Parkinson's disease with anticholinergics (cyclodol, norakin), side symptoms appear
+ blurred vision
double vision
drooling
+ dry mouth

For the anterior form of syringomyelia,
impaired proprioceptive sensitivity
spastic paresis
dissociated type of sensitivity disorders
sensitive ataxia
+ none of the above

Treatment with anticholinergics for Parkinson's disease is contraindicated in the disease
thyroid gland
thymus
pancreas
+ prostate
for all of these diseases

Klippel-Feil syndrome is characterized by signs on the radiograph
craniostenosis
platybasia
osteoporosis of the sella turcica
protrusion of the tooth of the second cervical vertebra in the projection area of the posterior cranial fossa
+ fusion of several cervical vertebrae

Arnold-Chiari anomaly is a pathology in which there is

fusion of the cervical vertebrae
fusion of the 1st cervical vertebra with the occipital bone
+ downward displacement of the cerebellar tonsils
splitting of the arch of the 1st cervical vertebra
all of the above

The most informative research methods for congenital anomalies of the Dandy-Walker brain are
+ ventriculography
+ computed tomography of the brain
myelography
radiography of the cranio-vertebral junction
all listed

The clinical picture of congenital juvenile torsion dystonia (Segawa form) is characterized by the presence
vestibulocerebellar syndrome
+ akinetic-rigid syndrome
sensitive ataxia syndrome
pyramidal cerebellar syndrome
all of the above

The clinical picture of the juvenile form and form of Westphal with Huntington's chorea, in addition to choreic hyperkinesis, includes
+ extrapyramidal rigidity
+ akinesia
resting tremor

When treating the typical form of Huntington's chorea, it is usually used
pre-containing drugs
+ antipsychotics
dopamine agonists
anticholinergic drugs

Hunt's cerebellar dyssynergia from Unferricht-Lundborg myoclonus epilepsy is distinguished by
presence of cerebellar symptoms
absence of pyramidal symptoms
+ absence of extrapyramidal symptoms
lack of deep sensitivity disorders
all of the above

The clinical picture of Unferricht-Lundborg myoclonus epilepsy, in addition to characteristic myoclonus and seizures, includes
pyramidal spasticity
+ extrapyramidal rigidity
+ decreased intelligence

Myoclonic hyperkinesis in Unferricht-Lundborg myoclonus epilepsy increases
with emotional stress

with sudden sensory irritations
when closing eyes
nothing is wrong
+ with all of the above

With Friedreich's disease,
+ recessive inheritance type
dominant inheritance
sex-linked (via the X chromosome)
all of the above

Among spinocerebellar ataxias, Friedreich's disease is characterized by the presence
deformity of the foot
dysraphic status
heart muscle damage
decrease or loss of reflexes
nothing is wrong
+ all of the above

Pierre-Marie's cerebellar ataxia differs from Friedreich's ataxia
+ the presence of pyramidal pathological symptoms
+ presence of oculomotor disorders
gait disorder

Familial spastic paraplegia (Strumpel's disease) is characterized by a predominant lesion of the following spinal anatomical structures
+ pyramidal paths
cerebellar tract
anterior horn cells
posterior cords of the spinal cord

A characteristic feature of the lower paraparesis in Strumpel's disease is
predominance of weakness over spasticity
+ predominance of spasticity over weakness
predominance of cerebellar symptoms over pyramidal
combination of pyramidal symptoms with muscle fibrillation
combination of pyramidal symptoms with sensitive ataxia

The type of heredity in spastic familial paraplegia (Strumpel's disease) is characterized as
+ autosomal dominant
+ autosomal recessive
recessive, sex-linked (via the X chromosome)
all of the above

Neurofibromas in Recklinghausen's disease can be localized
along the peripheral nerves
in the spinal canal along the roots
intracranial along the cranial nerves
+ in any of the indicated areas

The type of inheritance of neurofibromatosis (Recklinghausen disease) is characterized as
+ autosomal dominant
autosomal recessive
recessive, sex-linked (via the X chromosome)
all of the above is incorrect

Intracranial angiomatosis in Sturge-Weber syndrome affects
brain matter
hard shell
+ soft shell
equally often all of the listed structures

To confirm intracranial lesions in encephalotrigeminal angiomatosis, it is sufficient to produce
electroencephalography
pneumoencephalography
rheoencephalography
+ X-ray craniography
transcranial doppler

The type of inheritance of ataxia-telangiectasia (Louis-Bar syndrome) is characterized as
autosomal dominant
+ autosomal recessive
recessive, sex-linked (via the X chromosome)
all of the above

Computed tomography of the brain is not indicated if a patient with brain damage
diagnosed with myocardial infarction
there are signs of damage to the trunk
unconsciousness
+ radiation sickness
all of the above

The symptom of "wedging" during lumbar puncture in a patient with a volumetric spinal process is characterized by
increased radicular pain with compression of the cervical veins
an increase in neurological symptoms with pressure on the anterior abdominal wall
increased radicular pain when bending the head to the chest
+ an increase in neurological symptoms after puncture

Of decisive importance in the diagnosis of meningitis is
acute onset of the disease with fever
acute onset of the disease with meningeal syndrome
+ changes in cerebrospinal fluid
attachment of infectious toxic shock

Loss of consciousness in syncope usually lasts no more than
10 sec
+1 min
3 min

5 minutes

Computed tomography reveals a zone of hypodensitivity in the focus of ischemic stroke from the onset of the disease through
1 h
2 h
4 h
+ 6 hours or more

It is not typical for a coma
decreased tendon reflexes
bilateral Babinsky symptom
suppression of abdominal reflexes
suppression of pupillary reactions
+ targeted defense reactions

To monitor the dynamics of angiospasm in a patient with spontaneous subarachnoid hemorrhage, it is most advisable to use
angiography
rheoencephalography
computed tomography
+ transcranial dopplerography

The main cause of cerebral ischemia in acute myocardial infarction with arrhythmias (cardiocerebral syndrome) is
increased blood viscosity
increased activity of the coagulation system
deterioration of the rheological properties of blood
+ decrease in systemic perfusion pressure
increased aggregation of blood corpuscles

A decisive influence on the prognosis of patients with transient cerebrovascular accident has
adequate blood pressure
state of viscosity and fluidity of blood
the state of the blood coagulation system
+ intact patency of the adducting arteries
duration of episodes of transient ischemia

Does not lead to the development of cerebral artery thrombosis
lowering blood pressure and slowing down blood flow
increased viscosity and aggregation
increased blood coagulation activity
+ increased fibrinolytic activity of the blood

To stop muscle manifestations of neurogenic hyperventilation syndrome, appoint
proserin
+ gluconate or calcium chloride
sodium chloride
potassium chloride
all of the above

Muscular-tonic paroxysms accompany the following forms of vegetative crises
sympathoadrenal
vagoinsular
mixed (vagosympathetic)
+ crisis with hyperventilation syndrome
neurogenic syncope

Intracerebral stealing of the focus of ischemic stroke occurs as a result
disorders of autoregulation of blood circulation in the focus
vasospasm of the affected area of the brain
vasospasm of intact parts of the brain
+ expansion of "healthy" blood vessels of undamaged parts of the brain
opening of arteriovenous anastomoses

Stage I of the syndrome of disseminated intravascular coagulation is not characterized by the presence of
+ hypocoagulation
hypercoagulability
intravascular aggregation of shaped elements
microcirculation blockade

Thrombosis of cerebral vessels is most typical
history of transient ischemic attacks
the presence of precursor symptoms
+ gradual formation of focal symptoms
low severity of cerebral symptoms
no M-echo offset

No drugs are used to relieve migraine status
anticonvulsant and antiemetic
dehydrating and glucocorticoids
+ anticholinergic and anticholinesterase
tranquilizers and antidepressants
antihistamines and analgesics

For a stroke that develops by the mechanism of cerebrovascular insufficiency, the presence of
+ high blood pressure
low blood pressure
history of orthostatic episodes
acute heart failure

Drugs are most effective for stopping a migraine attack
+ ergotamine
analgesics
antihistamines
antiserotonin
anticonvulsants

The indication for hypervolemic hemodilution in ischemic stroke is the presence of

anuria
heart failure
blood pressure below 120/60 mm Hg. Art.
blood pressure above 200/100 mm Hg. Art.
+ hematocrit 42%

Fibrinolytic therapy for blockage of cerebral vessels is advisable in case
young patient
+ blockage duration less than 6 hours
lack of anuria
hemorrhagic syndrome
blood pressure below 200/100 mm Hg. Art.

Anticoagulants for ischemic stroke are not contraindicated if
+ rheumatism
blood pressure above 200/100 mm Hg. Art.
liver disease
stomach ulcer
thrombocytopathy

Migraine status is not typical
a series of severe, sequential seizures
repeated repeated vomiting
+ tonic-clonic seizures
increased intracranial pressure
signs of irritation of the lining of the brain

The most effective treatment for disseminated intravascular coagulation is
calcium chloride and vicasol
epsilonaminocaproic acid
+ heparin with antithrombin
+ frozen plasma heparin

In hypertensive cerebral hemorrhage, the use of antifibrinolytics (epsilonaminocaproic acid, etc.) is not indicated, since
high risk of high blood pressure
possibly a significant increase in intracranial pressure
+ hemorrhage has already ended
possibly increased meningeal syndrome
possible strengthening of cephalgic syndrome

Hypertensive cerebral hemorrhage is not characterized by the presence of
compression and destruction of the brain substance by flowing blood
vasoparesis in the area of hemorrhage
displacement of the brainstem
+ blockages of the arteries of the base of the brain
edema of the brain

With parenchymal-subarachnoid hemorrhage, it is mandatory
loss of consciousness

+ bloody CSF
mid-echo offset
contralateral hemiparesis
all of the above

In case of hemorrhage in the brainstem, it is not necessary
cranial nerve damage
+ meningeal syndrome
pupillary disorders
bilateral pyramidal symptoms

With hemorrhage in the cerebellum, the presence of
loss of consciousness, hemiparesis
+ dynamic ataxia
+ oculomotor disorders

Disseminated intravascular coagulation syndrome is characteristic
for thrombotic infarction
for non-thrombotic infarction
for hemorrhagic infarction
for cerebral hemorrhage
+ for none of the above

Hormetonia is a condition in which there is
generalized muscle hypotension in combination with a disturbance in the rhythm of breathing
increased muscle tone in the flexors of the upper extremities and extensors of the lower extremities
increased muscle tone in the extensors of the upper extremities and flexors of the lower extremities
+ repetitive paroxysms of increased muscle tone in the extensors of the limbs

For hypertensive subarachnoid hemorrhage, a mandatory sign is
loss of consciousness
pupillary disorders
nystagmus
+ meningeal syndrome
bilateral pyramidal pathological signs

For dehydrating therapy of hypertensive cerebral hemorrhage at an arterial pressure of 230/130 mm Hg. Art. and blood osmolarity above 300 mosm / l should be selected
urea
steroids
mannitol
+ lasix

Papaverine in the acute stage of hypertensive cerebral hemorrhage should not be prescribed
with loss of consciousness and meningeal syndrome
+ with congestion in the fundus and rheographic signs of cerebral vascular hypotension
with blood pressure above 200/100 mm Hg. Art.

In case of hypertensive subarachnoid hemorrhage, do not use
analgesics
+ antifibrinolytics
dehydrating drugs
antispasmodics
antihypertensive drugs

To stop psychomotor agitation in severe traumatic brain injury, prescribe
seduxen
chlorpromazine
hexenal
haloperidol
+ any of the listed drugs

A contraindication to transportation to a neurological hospital is
loss of consciousness
vomit
psychomotor agitation
myocardial infarction
+ pulmonary edema

With conservative treatment of subarachnoid hemorrhage from an aneurysm, it is prescribed from the first day
+ calcium chloride and vicasol
fibrinolysin and heparin
+ epsilonaminocaproic acid

For rupture of the aneurysm of the convexital arteries of the brain, all of the listed symptoms are required, except
+ loss of consciousness
headache
focal neurological symptoms
meningeal syndrome

With a rupture of a supratentorial arteriovenous aneurysm, more often than with a rupture of an arterial aneurysm,
bleeding into the cisterns of the base of the brain
development of meningeal syndrome
development of asymmetric hydrocephalus
+ development of intracerebral hematoma
loss of vision and oculomotor disorders

For instrumental diagnosis of spontaneous subarachnoid hemorrhage, data are absolutely necessary
angiography
rheoencephalography
ultrasound doppler
+ computed tomography
radioisotope scintigraphy

For the clinical manifestations of superficial cerebral vein thrombosis, the most characteristic is

the presence of cerebral symptoms
swelling of the optic discs
+ variability of focal hemispheric symptoms
meningeal syndrome
subfebrile condition

Deep cerebral vein thrombosis differs from superficial cerebral vein thrombosis by the presence

cerebral symptoms
signs of stagnation in the fundus
+ signs of brain stem damage
meningeal syndrome

If the course of hemorrhagic stroke is complicated by disseminated intravascular coagulation, it is additionally prescribed

a-tocopherol and rutin
fibrinolysin and kallikrein-depot
epsilonaminocaproic acid
+ heparin and frozen plasma
all of the above

Vitamin E in acute cerebrovascular accident is prescribed for the purpose of

correction of lactic acidosis
correction of hypercoagulation
correction of hyperaggregation
+ inhibition of lipid peroxidation activation
inhibition of activation of the antifibrinolytic system

For the treatment of disorders of the venous circulation of the brain at a normal level of systemic blood pressure should not be used

b-adrenergic blockers
anticoagulants
antiplatelet agents
+ xanthine preparations

Ischemia in the upper vascular basin of the spinal cord is characterized by

intracranial hypertension syndrome
+ flaccid paresis of the arms and spastic paresis of the legs
paralytic sciatica syndrome
urinary and fecal incontinence

The development of Waterhouse-Friederiksen syndrome (acute adrenal insufficiency) is characteristic of a severe course

staphylococcal meningitis
pneumococcal meningitis
meningitis caused by the Coxsackie virus
+ meningococcal meningitis
lymphocytic choriomeningitis

Of the following antiviral drugs not used to treat encephalitis
+ oxolin
idoxuridine
metisazon
acyclovir
adenosine-arabinoside

For tentorial (tentorium cerebellum) Burdenko-Kramer syndrome is characterized by
+ pain in the eyeballs
+ photophobia
cochleovestibular disorders

The most effective treatment for purulent meningitis caused by Pseudomonas aeruginosa is
a) benzylpenicillin
b) clindamycin
c) erythromycin
d) + gentamicin

The clinical picture of Armstrong's acute lymphocytic choriomeningitis is distinguished by a significant severity
fever
meningeal syndrome
+ hypertensive syndrome
disturbances of consciousness
photophobia

With an unknown causative agent of bacterial purulent meningitis, it is advisable to use
cephalexin (chainorex)
clindamycin (dalacin)
erythromycin (erythran)
+ cefotaxime (claforan)

For the treatment of meningococcal meningitis, choose
clindamycin
tetracycline
erythromycin
kanamycin
+ chloramphenicol

Subarachnoid hemorrhage as a complication of the underlying disease occurs in meningitis caused by
pneumococcus
mumps virus
Klebsiella
Afanasyev-Pfeiffer stick
+ streptococcus

Brain abscesses as a complication of the underlying disease are more common in meningitis caused by

Afanasyev-Pfeiffer stick
+ staphylococcus
pneumococcus
leptospira

An unconditional clinical sign of a skull base fracture is
ear bleeding
+ liquorrhea from the ear
bloody liquor
all of the above

The increase in mydriasis on the side of the epidural hematoma and hemiparesis on the other side is due to
asymmetric hydrocephalus
compression of the motor area of the cortex
pinching the trunk in the occipital foramen
+ pressing the brain stem to the cerebellar outline

For acute focal transverse myelitis at the lower thoracic level, the presence of
lower paraplegia
conductive type of sensitivity disorder
dysfunctions of the pelvic organs
+ blockade of the subarachnoid space

In the treatment of acute disseminated encephalomyelitis for the correction of autoimmune disorders used
non-steroidal anti-inflammatory drugs
anabolic steroid drugs
+ synthetic glucocorticoids
estrogenic steroid drugs
estrogenic non-steroidal drugs

Movement disorders during the second attack of acute epidemic anterior poliomyelitis, arising after a "minor illness" and the subsequent latency period, are characterized by the presence
+ muscle cramps
+ fibrillar twitching
flaccid paralysis
all of the above

Cholinergic crisis is not characterized by the presence of
+ mydriasis
hypersalivation
strengthening of intestinal motility
myofibrillation
all of the above

Suspicion of a volumetric process of the brain arises if the disease is characterized by signs
increasing intracranial hypertension
focal cerebral lesion
cerebral symptoms

+ all of the above

The vegetative symptoms of the cholinergic crisis are relieved by the introduction
ganglion blockers
muscle relaxants
+ atropine
adrenaline
norepinephrine

An effective method of treating a brain abscess is
massive administration of antibiotics and dehydrating drugs
+ surgical removal of the abscess
washing the abscess cavity with dioxidine
flushing the abscess cavity with antibiotics
use of anti-inflammatory doses of radiation therapy

The term "tabetic crises" in patients with tabes dorsalis means
paroxysms of tachycardia
fluctuations in blood pressure
+ paroxysms of tearing pains
episodes of profuse sweating and general weakness
all of the above

The neurological symptoms of acute spinal epiduritis are presented
+ radicular pain
+ spinal cord compression syndrome
loss of consciousness

Differential diagnosis of acute purulent epiduritis is carried out
with extramedullary tumor
with meningomyelitis
with blocked purulent meningitis
with rupture of spinal arteriovenous malformation
+ with all of the above

Acute necrotizing herpetic encephalitis is characterized by a predominant lesion of the following formations of the brain
+ temporal lobes, limbic region
frontal lobes
parietal and occipital lobes
cerebellum
pons of the brain, medulla oblongata

Coma with meningoencephalitis is characterized by the following symptoms, except
the presence of general infectious symptoms
meningeal syndrome
focal neurological symptoms
+ decrease in the level of protein in the cerebrospinal fluid
lowering the level of glucose in the cerebrospinal fluid

For the breakthrough of the brain abscess into the cerebrospinal fluid pathways are required
loss of consciousness
focal neurological symptoms
brainstem symptoms
neutrophilic composition of blood
+ pleocytosis in cerebrospinal fluid

For purulent epiduritis at the thoracic level, the following triad of symptoms is most characteristic
a) headache, dysfunction of the pelvic organs, pain between the shoulder blades
b) subfebrile condition, ataxia, lower spastic paraparesis
c) + the presence of a purulent focus in the body, radicular syndrome, spinal cord compression syndrome
d) pleocytosis in the cerebrospinal fluid, Kernig's symptom, Brudzinsky's symptom

Thrombosis of the transverse and sigmoid sinus differs from thrombosis of the cavernous sinus
disorder of consciousness
meningeal syndrome
+ damage to the VII-XII cranial nerves
signs of congestion in the fundus

In case of chlorpromazine poisoning,
decreased visual acuity
diplopia
upward gaze paresis
mydriasis
+ miosis

In case of poisoning with organophosphate compounds, a decrease in blood pressure, bradycardia, and pupillary constriction are caused by
increased activity of the sympathetic system
decreased activity of the sympathetic system
+ increased activity of the parasympathetic system
decreased activity of the parasympathetic system

Botulinum toxin damage is not typical
gastroenteritis
damage to the vagus, phrenic, oculomotor nerves
dry mouth
dissociation between tachycardia and cold temperature
+ hypersalivation

Increased hematocrit is most common in hyperglycemic coma.
ketoacidotic
+ hyperosmolar
lactacidotic
all of these

For acute polyradiculoneuritis of Guillain-Barré, in comparison with other forms of polyradiculoneuritis,
flaccid paralysis of the distal extremities
impaired sensitivity in the distal extremities
breathing disorder
+ protein-cell dissociation in cerebrospinal fluid
meningeal syndrome

Acute disseminated encephalomyelitis is not characterized by the development
pyramidal violations
deep sensitivity disorders
vestibulocerebellar disorders
+ extrapyramidal disorders
dysfunction of the pelvic organs

Stupor, in contrast to coma, is characterized by
a) the safety of verbal contact
b) + preservation of purposeful protective motor reactions
c) lack of targeted protective motor reactions
d) lack of reactions to external stimuli

When myoplegic status is prescribed
+ anticholinesterase agents
anticholinergics
muscle relaxants
benzodiazepines

With tetanic status, you should not enter
tranquilizers
antipsychotics
anticonvulsants
+ anticholinesterase agents

For the treatment of cholinergic crisis, do not prescribe
+ anticholinesterase agents
sedatives
cardiotonic
antispasmodics
peripheral anticholinergics

Myasthenic crisis is not accompanied
paroxysmal increase in muscle weakness
inhibition of swallowing
+ hypersalivation, bradycardia
violation of vital functions
all of the above

The cholinergic crisis is accompanied by all of the above, except
constriction of the pupils, drooling, nausea, diarrhea, abdominal pain
paroxysmal muscle weakness, hypotension

trembling and fascicular twitching, sweating
headache
+ tachycardia

The amount of care at the prehospital stage in the event of an emergency is limited to the appointment of the funds necessary
for the relief of cardiac disorders
for relief of breathing disorders
+ to ensure safe transport to hospital
to relieve pain
to stop vomiting

To diagnose spinal cord injury in spinal cord injury, it is necessary to perform
a) + X-ray
b) computed tomography
c) + magnetic resonance imaging
d) lumbar puncture
e) all of the above

The need for mechanical ventilation may occur in all of the listed neurological diseases, except
+ paroxysmal myoplegia
Guillain-Barre polyneuropathy
amyotrophic lateral sclerosis
myasthenia gravis
infarction of the caudal medulla oblongata

The indication for the implementation of artificial ventilation in the mode of moderate hyperventilation is the following acid-base state
+ metabolic acidosis
respiratory alkalosis
arterial hypocapnia
+ arterial hypercapnia

Intravenous drip should be given to correct metabolic acidosis
reopolyglyukina
hemodesis
+ sodium bicarbonate
albumin
isotonic sodium chloride

The content of intensive care is all of the above, except
+ restoration of lost vital functions
correction of cardiac disorders
correction of breathing disorders
restoration of the normal acid-base state
all of the above

Administration of drugs plays a decisive role in the effectiveness of intensive care
in a manner appropriate to the characteristics of pharmacokinetics

necessarily in the bloodstream
+ meeting the required characteristics of pharmacodynamics
circulating in the blood for a long time
rapidly excreted from the body

With a thyrotoxic crisis is not observed
temperature rise
increased blood pressure, tachycardia
thirst
delirium
+ convulsive twitching

Nervous system damage in acute intermittent porphyria is not typical
a) bulbar syndrome
b) a change in the psyche
c) polyneuropathy
d) pyramidal hemiparesis
e) + epileptiform seizures

Acute polyradiculoneuritis of the Landry type differs from other acute polyradiculoneuritis
flaccid paralysis of the distal extremities
tendinous areflexia
breathing disorder
impaired sensitivity in the distal extremities
+ ascending sequence of neurological symptoms

When cataplexy is not observed
loss of muscle tone in all limbs
+ loss of consciousness
loss of tendon reflexes
loss of skin reflexes
the onset of paroxysm after an emotional reaction

With sympathoadrenal paroxysm, usually no
arterial hypertension
tachycardias
headache
+ hypoglycemia

For sympathoadrenal paroxysm, all of the above is characteristic, except
tachycardias
chills
+ oliguria
mydriasis
fear, anxiety

For vagoinsular paroxysm, all of the above is characteristic, except
gastrointestinal dyskinesia
dizziness
hypotension

+ polyuria
difficulty breathing

Intensive therapy to correct acid base balance is required if the pH is
7.6
7.14
+ 6.87
7.35

In acute pancreatitis and pancreatic necrosis, the most common syndrome is
a) neurotic
b) + encephalomyelopathy
c) polyneuropathy
d) + meningeal

Acute adrenal insufficiency is characterized by clinical manifestations in the form
+ drop in blood pressure
rise in blood pressure
+ adynamia, progressive loss of consciousness
acute psychotic syndrome

Emergency therapy for acute adrenal insufficiency includes the introduction
+ glucocoricoids
ACTH
+ cardiotonic drugs
dehydrating agents

During an attack of generalized epilepsy, changes in the pupils are characterized by
anisocoria
constriction
+ expansion
none of the above

Non-convulsive forms of status epilepticus include all of the following paroxysmal manifestations, with the exception of epileptic
+ psychomotor agitation
"peak-wave stupor"
confusional states
twilight state

The first measure of care at the site of an attack for a patient with status epilepticus is
gentle immobilization of the head
limb immobilization
+ introduction of the duct into the oropharynx
giving inhalation anesthesia with nitrous oxide

The following symptoms: psychomotor agitation, mydriasis, accommodation paralysis, tachycardia, decreased secretion of the salivary glands, dry skin are a manifestation of an overdose
+ atropine

proserin
acetylcholine
pilocarpine
galantamine

Changes in the nipple of the optic nerve in acute neuritis are characterized by
+ blurred boundaries
+ hyperemia
blanching

An attack of paroxysmal myoplegia in the hypokalemic form of Westphal-Shakhnovich disease usually occurs
during heavy physical activity
immediately after heavy physical exertion
in a state of complete rest during the day
+ during night sleep
in all listed states

An attack of myoplegia in hyperkalemic (Garmthorp disease) and normokalemic form (Poscanzer and Kerr disease) occurs
during heavy physical activity
+ during rest after physical activity
+ at rest during the day
during night sleep

Positive diagnostic signs of subarachnoid hemorrhage can be obtained
+ with lumbar puncture
with angiography
+ with computed tomography
with all the above methods

EEG signs of a superficially located supratentorial tumor are registration
δ-waves in a lead from a limited area
δ-waves in all hemispheric leads
δ-waves in symmetric regions of both hemispheres
nothing is wrong
+ there are no reliable signs

Tumors of the premotor region of the frontal lobe are characterized by
hemiparesis with predominance in the leg
motor aphasia
+ adversive epileptic seizures
optic atrophy on the side of the tumor
all of the above

The remitting course of primary tumors of the spinal cord is determined most often when they are localized
+ in the lumbar region
in the cervical spine
in the cauda equina
in the breast hotel

The remitting course of spinal tumors is most often observed
with agioreticulomas
+ with gliomas
with meningiomas
with neuromas
with ependymomas

For tentorial (tentorium cerebellum) Burdenko-Kramer syndrome is characterized by
+ pain in the eyeballs
+ photophobia
cochleovestibular disorders
all of the above

Among the primary tumors of the spinal cord, the most rare
gliomas
+ hemangiomas
neuromas
meningiomas

For a spinal tumor of epidural localization, the most characteristic
+ radicular syndrome
symptom of a cerebrospinal fluid
wedging symptom
+ spinous process symptom

For an intramedullary spinal tumor, the presence of
+ segmental dissociated sensory disorder
radicular position pain
early blockade of the subarachnoid space
X-ray symptom Elsberg - Dyck

Spondylography is the least informative if the spinal cord tumor is localized
+ intramedullary
subdural
epidurally
epidural-extravertebral

Extramedullary tumors of the spinal cord are most often located on the spinal cord.
anterolateral surface
back surface
+ posterior and posterolateral surfaces
front surface

The most significant increase in protein in the cerebrospinal fluid is observed
with intramedullary tumors of the cervical thickening
with extramedullary subdural tumors of the thoracic level
with intramedullary tumors at the level of the lumbar thickening
+ with tumors of the cauda equina
with extramedullary subdural tumors at the level of the lumbar thickening

The most common epileptic seizures occur
with meningiomas
+ with astrocytomas
with multiforme glioblastomas
nothing to do with the above

Tumors of the anterior lateral ventricles are most often
meningioma
choroid papilloma
+ ependymoma
astrocytoma

The most common neuromas of the nerve
visual
trigeminal
+ auditory
sublingual
additional

Generalized epileptiform seizures are more common when the tumor is located in the next lobe of the brain
frontal
+ temporal
parietal
occipital
equally often in any of the above

Adverse convulsive seizures with a violent turn of the head to the healthy side more often occur when the tumor is localized in the next lobe of the brain
+ frontal
parietal
temporal
occipital
equally often in any of the above

The symptom of radicular position pain is most typical
for epidural neuromas
+ for subdural neuromas
for epidural meningiomas
for subdural meningiomas

Arcuate destruction of the temporal bone pyramid and accompanying dashed arcuate petrification are a characteristic X-ray sign
acoustic neuroma
+ cholesteatetoma of the cerebellar pontine angle
trigeminal neuromas
all the listed neoplasms

Radioisotope g-scintigraphy of the head is not very informative

with arachnoid endotheliomas
with meningosarcomas
+ for benign gliomas
with metastatic tumors

Echo-encephaloscopy is the most informative for tumor localization
+ in the temporal lobe
in the posterior fossa
in the brain stem
in the occipital lobe

In the absence of signs of intracranial hypertension, lumbar puncture is not contraindicated if a tumor is suspected
posterior cranial fossa
temporal lobe
+ VIII nerve
all of the above

The highest level of accumulation of a radiopharmaceutical during g-scintigraphy is characteristic
+ for meningiomas
for craniopharyngiomas
for pituitary adenomas
for neurinomas
for astrocytomas

Spinal cord tumors are most often localized
intramedullary
epidurally
+ intramedullary, subdural
equally often for all of the listed localizations

VIII neuroma differs from other tumors of the posterior fossa
early development of hypertensive-hydrocephalic syndrome
early visual impairment
blanching of the optic discs
+ pronounced protein-cell dissociation
increased symptoms when changing head position

With a tumor of the temporal lobe, it is possible to determine the side of the lesion.
large seizures
absences
visual hallucinations
+ upper quadrant hemianopsia

Hemianopsia with an intracerebral tumor of the temporal lobe occurs as a result of a lesion
optic chiasm
+ optic tract
primary visual centers
+ paths in a radiant crown

A tumor of the temporal lobe of the dominant hemisphere is characterized by
motor, sensory aphasia
+ sensory, amnestic aphasia
motor, semantic aphasia
sensory aphasia, autotopognosy
motor aphasia, autotopognosy

The differential sign of a tumor of the superior parietal lobe is
pyramidal hemiparesis with predominance in the hand
contralateral hemihypalgesia
+ contralateral painful hemiparesthesia
contralateral homonymous hemianopsia

Early symptoms of a tumor of the frontal-corpus callosum are
bilateral pyramidal paresis in the legs
lack of coordination
astasia-abasia
+ behavior disorders
bitemporal visual field defects

A hallmark of a tumor of the superior parietal lobule is
+ predominance of paresis in the hand
sluggish nature of paresis
disorders of sensitivity according to hemitype
pain in the area of sensitivity disorders

Among aphatic disorders with a tumor of the inferior parietal lobule,
motor aphasia
sensory aphasia
+ semantic aphasia
amnestic aphasia

Extrasellar growth and signs of decreased pituitary function are characteristic of pituitary adenomas of the following histological type
eosinophilic
basophilic
+ chromophobic
for all listed types to the same extent

For the olphthalmic stage of suprasellar growth, pituitary adenomas are characterized by
homonymous hemianopsia
binasal hemianopsia
+ bitemporal hemianopsia
all of the above

Pituitary adenomas lead to the development of acromegaly
+ eosinophilic
basophilic
chromophobic
any histological type of the listed

Signs of acromegaly with pituitary adenoma can be reduced
sodium bromide
+ bromocriptine
bromocamphor
any of the listed drugs
none of the listed drugs

Among tumors of the Turkish saddle area, calcification is more often observed
in pituitary adenoma
+ in craniopharyngioma
in arachnoid endothelioma of the sella tubercle
in optic nerve glioma

Violent aseptic meningitis occurs with the breakthrough and emptying of the cyst
eosinophilic adenoma
basophilic adenoma
chromophobic adenoma
+ craniopharyngiomas

Burdenko-Kramer syndrome (pain in the frontal-orbital region, photophobia and lacrimation) with tumors of the posterior cranial fossa is due to
compression of the structures of the anterior cranial fossa with anteroposterior displacement of the brain
violation of cerebrospinal fluid when the tumor is close to the midline
+ common innervation of the structures of the anterior and posterior cranial fossa
all of the above factors

Bitemporal hemianopsia in tumors of the posterior cranial fossa is due to
compression of the chiasm with anteroposterior dislocation of the brain
+ hydrocephalus of the third ventricle
circulatory disorders in the chiasm
all of the above factors

Forced position of the head with subtentorial tumors is less often observed with a tumor
+ cerebellar pontine angle
IV ventricle
cerebellar worm
cerebellar hemispheres
equally often for any of the indicated localizations

Hertwig-Magendie syndrome with subtentorial tumors is less common with a tumor
cerebellar worm
cerebellar hemispheres
+ cerebellar pontine angle
Varoliev's bridge
equally often for any of the indicated localizations

Hertwig-Magendie syndrome with supratentorial tumors occurs more often with a tumor
pituitary gland

+ pineal gland (pineal gland)
temporal lobe
occipital lobe
equally often for any of the indicated localizations

Isotope g-scintigraphy is most informative for tumor localization
+ in the cerebral hemispheres
in the posterior fossa
in the basal region of the brain
in the area of the craniovertebral junction

With a tumor of the lower parts of the cerebellar worm (flocculo-nodular syndrome), a characteristic symptom is
violation of statics and gait
lack of coordination in the limbs
+ trunk ataxia without limb discoordination
lower pyramidal paraparesis
vertical nystagmus

Tumors of the central nervous system of the meningeal-vascular series include
astrocytomas
oligodendrogliomas
multiforme spongioblastomas
+ arachnoid endothelioma
all listed

Early symptoms of arachnoid endothelioma of the sella tubercle include
decreased sense of smell
headache
+ decreased vision
Weber's alternating syndrome
all listed

For visual disturbances in arachnoid endothelioma of the tubercle of the sella turcica are characterized by
central and paracentral scotoma
homonymous hemianopsia
+ bitemporal hemianopsia
binasal hemianopsia

Percussion of the head increases the headache with a brain tumor, as it increases
violations of cerebrospinal fluid
intracranial circulation disorders
+ tension and dislocation of the membranes and cranial nerves
obstruction of venous outflow
all the factors listed

With convexital localization of the temporal lobe tumor, hallucinations are more common
visual
+ auditory

olfactory
flavoring

With the basal localization of the temporal lobe tumor, hallucinations are more common
visual
auditory
+ olfactory
all listed

Otoneurological examination does not help the diagnosis of a tumor
Varoliev's bridge
medulla oblongata
cerebellar angle
VIII cranial nerve
+ pituitary gland

Computed tomography is the most informative for tumor localization
+ in the cerebral hemispheres
in the basal area of the brain
in the posterior fossa
in the craniovertebral region

Destruction of the apex of the temporal bone pyramid with clear edges of the defect ("chopped off pyramid") is a characteristic radiological sign
+ neuromas of the auditory nerve
trigeminal neuromas
cholesteatoma of the cerebellopontine angle
all the listed neoplasms

The primary source of metastatic tumors of the central nervous system is often cancer
+ lungs
stomach
breast
uterus
prostate

Vomiting with supratentorial tumors is considered a general cerebral symptom, since it occurs
out of touch with food
regardless of the change in body position
after a brief feeling of nausea
+ with increased intracranial pressure
all of the above

A distinctive feature of optic neuritis from nerve lesions in brain tumors
blurred vision complaints
concentric narrowing of visual fields
+ rapid decrease in visual acuity
picture of primary optic nerve atrophy
all of the above

Foster-Kennedy syndrome is characterized by
atrophy and stagnation of the disc on the side of the tumor
atrophy and stagnation of the disc on both sides
+ disc atrophy on the side of the tumor
disc stagnation on the side of the tumor and atrophy on the opposite side

As a result of the Chernobyl accident, the following contingents were exposed to radioactive iodine
all liquidators of the accident
+ liquidators and the population who were in the zone of radioactive contamination in the first two months after the accident
liquidators 1987-1990
children born in the zone of radioactive contamination after 1987

In 1986, the highest thyroid doses were most often found in the following contingents
+ preschoolers
schoolchildren
adolescents
adult population
liquidators

In acute radiation sickness, clinical changes necessarily take place
in the central nervous system
in the cardiovascular system
+ in the hematopoietic system
in the digestive system
in the immune system

The earliest clinical symptom in acute radiation sickness is
+ nausea and vomiting
leukopenia
erythema of the skin
hair loss
loose stools

The threshold dose of radiation for the development of acute radiation sickness is
0.5 Gy
+ 1 Gy
2 Gy
3 Gy
4 Gy

The earliest change in the clinical blood test in acute radiation sickness is a decrease in the content
erythrocytes
leukocytes
neutrophils
+ lymphocytes
platelets

The minimum dose of radiation causing the development of chronic radiation sickness is
+1.5 Gy
1 Gy
0.5 Gy
0.1 Gy
any

The minimum dose of radiation that causes hair loss in humans is
0.25 Gy
0.5 Gy
1 Gy
+1.5 Gy
2 Gy

Activity unit
X-ray
Gray
+ Becquerel
Glad
Sievert

Prescription of medications that accelerate the elimination of radionuclides from the body is shown
persons living in areas with a cesium contamination level of more than 40 Ku / km2
+ to persons who have an activity in the body that is greater than the permissible one according to the radiation safety standards
children living in contaminated areas
pregnant women living in contaminated areas

Currently, the highest content of cesium in the body is found in the following contingents
children
+ teenagers
adults
pensioners
pregnant women

Of the listed radionuclides, at present, the body of people living in the zone of radioactive contamination does not occur.
iodine
+ cesium
strontium
plutonium
radium

Doses are called "small"
not causing radiation sickness
not causing chromosomal damage
non-gene-damaging
+ not causing specific changes in an individual organism, but causing statistically revealed changes in the health status of a group of people
less than the permissible radiation doses

After irradiation of the male gonads, the most characteristic changes are
violation of sexual potency
+ hypospermia
dropsy testicle
hereditary diseases in children
decrease in blood testosterone

Absorbed dose units
Gray
+ Sievert
X-ray
Curie
Baer

Lymphopenia detected in a patient during the first days after irradiation is due to
local external radiation of the limb
intake of radionuclides inside
external irradiation of the body at a dose of less than 0.5 Gy
+ irradiation in a dose exceeding the permissible level according to the radiation safety standards

Measures to be taken to prevent medical exposure of the fetus in the early stages of pregnancy
+ perform X-ray examinations in the first 10 days of the menstrual cycle
make x-rays in the second half of the menstrual cycle
do not use fluorography in women of childbearing age
before an X-ray examination, send a woman for examination to a gynecologist

Termination of pregnancy for medical reasons can be recommended for a woman exposed to radiation in the following case:
at an absorbed dose per fetus of more than 0.1 Gy
+ when the absorbed dose per fetus is more than 0.5 Gy
at an absorbed dose per fetus of more than 1 Gy
when irradiated at a dose exceeding the permissible level according to the Radiation Safety Standards

The number of cases of acute radiation sickness currently worldwide is
A few dozens
+ several hundred
several thousand
several million

Danger that a patient may pose after external g-irradiation to medical personnel
g-radiation emanates from the patient's body
the patient excretes radionuclides in the urine
+ not dangerous

Event for the provision of primary care to a radiation victim in serious condition
skin decontamination
reception of a radioprotector
+ resuscitation measures

hemosorption
stopping vomiting

The severity of radiation injury is determined
the content of radionuclides at the irradiation site
the number of "hot" particles in the lungs
the amount of radionuclides in the body
+ degree of inhibition of hematopoiesis

Infectious complications in patients with acute radiation sickness are likely at the next level of neutrophils in the blood
less than 3000 in μl
less than 1000 in μl
less than normal
+ less than 500 in μl
less than 100 in μl

Bleeding occurs when there are platelets in the blood
less than 150 thousand per μl
less than 100 thousand per μl
less than 50 thousand per μl
+ less than 40 thousand per μl
less than 10 thousand per μl

The number of cases of chronic radiation sickness among workers at nuclear industry and energy enterprises is
up to 10 cases per year
+10 cases per year
less than 100 cases per year
less than 1000 cases per year
20-30 cases per year

Uranium miners receive the highest radiation dose
bone marrow
on the liver
+ on the lungs
on the stomach
on the thyroid gland

The preferred bone marrow donor for the treatment of a patient with acute radiation sickness is
patient's parents
+ siblings
sick children
other family members

The first place among the causes of death of liquidators of the Chernobyl accident is
cardiovascular diseases
oncological diseases
+ injuries and poisoning

The first place among the causes of death among the population living in the contaminated area is

+ cardiovascular disease
oncological diseases
injury and poisoning

Malignant neoplasms most likely for persons exposed to radiation as a result of the Chernobyl accident

stomach cancer
lung cancer
leukemia
+ thyroid cancer
mammary cancer

The reason for the greatest risk (probability) of the development of malignant neoplasms in the population living in contaminated areas is

agricultural work without personal protective equipment
alcohol consumption
+ smoking
eating locally produced foods
stay in the forests in the radiation control zone

Drug treatment for acute radiation sickness is not indicated

at radiation doses less than 3 Gy
patients who did not have a primary reaction
+ patients with mild illness
patients who have received lethal doses of radiation

The main principle of choosing a sanatorium for the treatment of liquidators and the population living in the accident zones is

referral to sanatoriums specializing in the treatment of radiation pathology
+ referral for treatment in connection with existing general somatic diseases
do not send to a sanatorium in the summer
do not send to a sanatorium if the dose received exceeds acceptable levels

Features of the clinical treatment of general somatic diseases in a person previously exposed to low-dose irradiation

+ no
a large percentage of disability due to a general disease
transition of acute forms to chronic
resistance to conventional therapy

To reduce the processes of free radical oxidation in the early period of traumatic brain injury, it is used

+ a-tocopherol acetate
vitamin C
dexamethasone
phenobarbital
all of the above

Due to the lesser effect on electrolyte balance, for the treatment of cerebral edema in severe traumatic brain injury should be used

hydrocortisone
prednisone
+ dexamethasone
cortisone

To correct a drop in cardiac activity in acute severe traumatic brain injury, it is advisable to prescribe

adrenaline
norepinephrine
mezatona
+ dopamine

The most effective correctors of hypermetabolism in severe traumatic brain injury are

MAO inhibitors
tricyclic antidepressants
antipsychotics
+ barbiturates
all listed drugs

To stop psychomotor agitation in severe traumatic brain injury, use

diazepam
chlorpromazine
propazine
hexenal
+ any of the listed drugs

Hyperactivation of the sympathoadrenal system in the acute period of severe traumatic brain injury is suppressed

+ antipsychotics
antidepressants
barbiturates
all listed drugs

Of the listed antibiotics, the greatest ability to penetrate the BBB is possessed by

cephalexin
clindamycin
rifampicin
+ ceftriaxone

For the treatment of hyperosmolar syndrome in severe traumatic brain injury should not be used

mannitol
rheopolyglucin
polyglukin
albumen
+ 5% glucose solution

In severe traumatic brain injury, the predominant dehydrating effect on areas of the brain with edema is
mannitol
glycerol
lasix
+ albumin

To correct the deficiency of dopaminergic activity upon exit from the acute period of severe traumatic brain injury (apalic or akineto-rigid syndrome), it is prescribed
cyclodol
piracetam
encephabol
haloperidol
+ nakom

Daytime tranquilizers include
midazolam (flormidal)
nitrazepam (eunoktin)
diazepam (relanium)
+ tofizepam (grandaxin)

Nootropics for traumatic brain injury can be used
3 days after injury
a week after injury
in the residual period
+ at any time

To suppress hyperactivity of vestibulo-vegetative reflexes in the acute period of traumatic brain injury, it is prescribed
anaprilin
+ bellataminal
+ metaclopramide
all of the above is true

If you are allergic to penicillin, do not use
gentamicin
+ ampiox
biomycin
chloramphenicol
morphocyclin

A prerequisite for starting treatment of a patient with severe traumatic brain injury is
injection of cardiotonic drugs into a vein
the introduction of antihypertensive drugs into a vein
+ freeing the respiratory tract from foreign bodies

In the treatment of severe traumatic brain injury in the acute period, intravenous infusion is indicated to correct metabolic acidosis
5% glucose solution
+ 4% sodium bicarbonate solution

polarizing mixture solution

In case of combined traumatic brain injury for the treatment of arterial hypotension as a result of blood loss, preference is given to the appointment
cardiotonic drugs
sympathomimetics
+ low molecular weight dextrans
osmotic diuretics

For the treatment of post-traumatic headache due to a decrease in intracranial pressure, infusion is prescribed
5% glucose solution
0.9% sodium chloride solution
distilled water
+ any of the drugs

For the treatment of post-traumatic headache caused by intracranial hypertension, it is prescribed
central antihypertensive agents
+ osmotic diuretics
+ loop diuretics

A contraindication for physiotherapy exercises in patients with stroke is
violation of all types of sensitivity on the side of hemiplegia
sharp soreness of the joints
dysfunction of the pelvic organs
+ heart failure II-III stage.
lack of coordination

Drug-induced polyneuropathy can be caused by
cytostatics
tuberculostatic drugs
nitrofurans (furazolidone, furadonin)
antimalarial drugs
+ drugs of all listed groups

Drug myopathic syndrome does not cause
corticosteroids
chloroquine
aminoglycosides
+ anticholinesterase drugs
all listed drugs

Psychopathological side effects can cause
corticosteroids
anticonvulsants
antiparkinsonian drugs
central antihypertensive drugs
+ all listed drugs

MAO inhibitors
reduce the accumulation of norepinephrine
+ increase the accumulation of norepinephrine
reduce the accumulation of dopamine
+ increase the accumulation of dopamine

MAO inhibitors include
+ yumex, deprenyl
chlorpromazine, tizercin
seduxen, radedorm
amitriptyline, tryptisol
L-dopa, nakom

Antipsychotics of the butyrophenone series include
chlorpromazine, tizercin
triftazine, frenolone
melleril, sonopax
+ haloperidol, droperidol

The neuroleptic effect of chlorpromazine is due to blockade of receptors
adrenaline
norepinephrine
+ dopamine
acetylcholine
serotonin

Antipsychotics can cause the following extrapyramidal disorders
akinesia and rigidity
chorea and athetosis
oromandibular dyskinesia
generalized tic
+ all of the above are correct

When treated with antipsychotics with a strong antipsychotic effect, often develop
cerebellar disorders
+ extrapyramidal disorders
vestibular disorders
coordination disorders
auditory and visual hallucinations

Thioridazine (Melleril, Sonopax) is not prescribed
for behavioral disturbances
with tic hyperkinesis
in case of depression
+ with arterial hypotension

Sedative antidepressants include
melipramine

pyrazidol
indopan
+ amitriptyline
all listed drugs

The cholinergic crisis is relieved by the introduction
ganglion blocking agents
muscle relaxants
+ atropine
adrenaline
norepinephrine

The following symptoms: psychomotor agitation, mydriasis, accommodation paralysis, tachycardia, decreased secretion of the salivary glands, dry skin are a manifestation of an overdose
+ atropine
proserin
acetylcholine
pilocarpine
galantamine

Cholinergic crisis in case of proserin overdose is accompanied by
mydriasis
+ miosis
+ increased peristalsis
+ myofibrillation, tremor
dry mouth

Muscle relaxants are used
with the introduction of a nasogastric tube
with bladder catheterization
+ with tracheal intubation
with spasm of the pylorus
with bronchospasm

A-blockers include
anaprilin
obzidan
inderal
trasicor
+ sermion

Biotransformation of diphenin is accelerated by combined administration
+ with carbamazepine
with chloramphenicol
with acetylsalicylic acid
with neodycoumarin
with isoniazid

Treatment of hepatocerebral dystrophy with penicillamine begins with the appointment

+ small doses with a gradual increase
large doses with a gradual decrease
long-term use of medium doses
large doses every other day

Reduces the depth of sleep, and therefore is used in the treatment of enuresis
amitriptyline
+ sydnocarb
pipolfen
piracetam
aminalon

Sleep-reducing drugs should be given for enuresis
during the whole day
morning and afternoon
+ at night
in the morning and in the evening
in the afternoon

Electroaerosols of positive polarity are effective
with respiratory acidosis
with respiratory alkalosis
+ with metabolic acidosis
with metabolic alkalosis

Sanatorium treatment of a patient with neuritis of the facial nerve begins
from the first days of the disease
+ after 1-2 months from the onset of the disease
after 6 months from the onset of the disease
1 year after the onset of the disease
at any time, regardless of the duration of the disease

The toxic effect of HBO on the nervous system is manifested
impaired consciousness
+ development of epileptiform seizures
development of hyperkinesis
the development of akinesia and rigidity
vegetative-vascular crises

The bioavailability of levodopa in combination with a peripheral dopadecarboxylase inhibitor is increased
2 times
3 times
4 times
+ 5 times
6 times

In the acute period of neuropathies, it is inappropriate to use
electrophoresis of novocaine
+ electrostimulation

microwave
diadynamic currents
all of the above

The most effective method of pathogenetic therapy of trigeminal neuralgia is the appointment
analgesics
antispasmodics
+ anticonvulsants
all of the above
none of the above

The indication for surgical treatment of neurological manifestations of cervical osteochondrosis is compression
+ brachial plexus with scalene syndrome
+ osteophytes of the vertebral artery with vertebrobasilar insufficiency syndrome
a large occipital nerve with shooting pain syndrome and paresthesias

Acupuncture for Guillain-Barre polyneuropathy is prescribed during the period
increase in paresis
+ stabilization of paresis
+ regress to a pair

In the acute period of vertebrogenic radicular syndromes, it is used
massage
spinal traction
+ acupuncture
paraffin application
mud therapy

With menopausal osteoporosis, appoint
corticosteroids
calcitrin
+ sex hormones
somatotropin

A contraindication for the use of traction for neurological manifestations of cervical osteochondrosis is
instability of the spinal segment
spinal circulation disorder
pronounced radicular pain syndrome
vertebrobasilar insufficiency
+ all of the above

The indication for manual therapy of neurological manifestations of osteochondrosis of the spine is the presence of
stage III spondylosis and spondylolisthesis
+ pain syndrome and vegetative-visceral disorders
osteoporosis of the vertebrae
none of the above

Drugs digitalis and strophanthus for decompensation of discirculatory encephalopathy are prescribed
to normalize heart rate
+ to increase cardiac output
to improve coronary circulation
+ to improve systemic hemodynamics

Anticoagulants for decompensation of discirculatory encephalopathy are prescribed if the patient has
+ repeated ischemic crises
+ hypercoagulability
high blood pressure numbers

Possesses antiplatelet properties
+ acetylsalicylic acid
+ clonidine
parmidin
dihydroergotoxin

For etiotropic therapy of hypertensive encephalopathy, use
centrally acting antihypertensive agents
ACE inhibitors
calcium antagonists
b-blockers
+ all of the above is true

The etiotropic therapy of atherosclerotic encephalopathy includes the appointment
antiplatelet agents
antioxidants
drugs that normalize lipid metabolism
+ calcium antagonists

Pharmacotherapy for patients with initial manifestations of cerebrovascular insufficiency is carried out with the aim of
+ improvement of cerebral hemodynamics
+ improve brain metabolism
regression of focal cerebral symptoms

For pharmacotherapy of transient disorders of cerebral circulation due to spasm of cerebral arteries, it is preferable to prescribe
+ a-adrenergic blockers
b-adrenergic blockers
+ calcium antagonists
xanthine preparations (aminophylline, trental)

Indications for the appointment of dehydrating agents in ischemic stroke are
+ severity of cerebral symptoms
hypovolemia
hypercoagulopathy
all listed

Vasoactive agents in ischemic stroke are used to improve
+ cerebral hemodynamics
water and electrolyte balance
+ rheological state of blood

The indication for hypervolemic hemodilution in ischemic stroke is the presence of
anuria
heart failure
blood pressure below 120/60 mm Hg. Art.
blood pressure over 200/100 mm Hg. Art.
+ hematocrit 52%

In the treatment of blockage of the arteries of the brain, together with heparin from the number of fibrinolytics,
streptokinase
+ fibrinolysin
urokinase
recombinant plasminogen activator
thrombocytopathy

Anticoagulants for ischemic stroke are not contraindicated if
+ rheumatism
blood pressure over 200/100 mm Hg. Art.
liver disease
stomach ulcer
thrombocytopathy

The criterion for effective hemodilution in the acute stage of ischemic stroke is considered to be the hematocrit at the level
45-60%
36-44%
+ 30-35%
25-29%

The most effective treatment for disseminated intravascular coagulation is
calcium chloride and vicasol
epsilonaminocaproic acid
+ heparin with antithrombin
+ frozen plasma heparin

Intensive therapy for ischemic stroke is used to treat and correct
hypercholesterolemia
hyperproteinemia
+ cerebral edema
+ water-electrolyte imbalance

In hypertensive cerebral hemorrhage, the use of antifibrinolytics (epsilonaminocaproic acid, etc.) is not indicated, since
high risk of high blood pressure

possibly a significant increase in intracranial pressure
+ hemorrhage has already ended
possible strengthening of cephalgic syndrome

For dehydrating therapy for hypertensive cerebral hemorrhage at an arterial pressure of 230/130 mm Hg. Art. and blood osmolarity above 300 mosm / l should be selected
urea
steroids
mannitol
+ lasix

Papaverine in the acute stage of hypertensive cerebral hemorrhage should not be prescribed
with loss of consciousness and meningeal syndrome
+ with congestion in the fundus and rheographic signs of cerebral vascular hypotension
with blood pressure above 200/100 mm Hg. Art.

In case of hypertensive subarachnoid hemorrhage, do not use
analgesics
+ antifibrinolytics
dehydration preparations
antispasmodics
antihypertensive drugs

In case of hypertensive cerebral hemorrhage, it should not be used
xanthine preparations
a-blockers
+ analeptics
rauwolfia preparations
ganglion blockers

A contraindication to transporting a patient with hypertensive cerebral hemorrhage to a neurological hospital is
loss of consciousness
vomit
psychomotor agitation
myocardial infarction
+ pulmonary edema

With conservative treatment of subarachnoid hemorrhage from an aneurysm, it is prescribed from the first day
+ calcium chloride and vicasol
+ fibrinolysin and heparin
epsilonaminocaproic acid
chlorpromazine

If the course of hemorrhagic stroke is complicated by disseminated intravascular coagulation, it is additionally prescribed
a-tocopherol and rutin
fibrinolysin and kallikrein-depot
epsilonaminocaproic acid

+ heparin and frozen plasma
all of the above

Vitamin E in acute cerebrovascular accident is prescribed for the purpose of
correction of lactic acidosis
correction of hypercoagulation
correction of hyperaggregation
+ inhibition of lipid peroxidation activation
inhibition of activation of the antifibrinolytic system

With decompensation of hypertensive discirculatory encephalopathy, the appointment of dehydrating agents is inappropriate in the presence of
arterial hypertension
cerebral symptoms
+ hypercoagulability
hypertensive headache
marginal edema of the optic papilla

For the treatment of disorders of the venous circulation of the brain at a normal level of systemic blood pressure should not be used
b-adrenergic blockers
anticoagulants
antiplatelet agents
+ xanthine preparations

Treatment for mumps meningitis includes all of the above except
corticosteroids
+ deoxyribonuclease
trypsin
ascorbic acid
glycerin

Of the following antiviral drugs not used to treat encephalitis
+ oxolin
idoxuridine
metisazon
acyclovir
adenosine-arabinoside

The most effective treatment for purulent meningitis caused by Pseudomonas aeruginosa is
benzylpenicillin
clindamycin
erythromycin
+ gentamicin

With an unknown causative agent of bacterial purulent meningitis, it is advisable to use
cephalexin (chainorex)
clindamycin (dalacin)
erythromycin (erythran)
+ cefotaxime (claforan)

For the treatment of meningococcal meningitis, choose
clindamycin
tetracycline
erythromycin
kanamycin
+ chloramphenicol

In the case of a localized form of diphtheria (nose, pharynx, larynx), for the prevention of polyneuropathy, the administration of antidiphtheria serum is sufficient in a dose
5-10 thousand IU
+ 10-15 thousand IU
+ 15-30 thousand IU

Etiotropic pharmacotherapy of toxoplasmosis is not performed
chloridine
aminoquinol
sulfadimezin
+ erythromycin

For the treatment of generalized painful muscle cramps and seizures in tetanus, the first choice is
chloral hydrate
thiopental
phenobarbital
+ seduxen
tubocurarine

For the prevention and treatment of exacerbations of multiple sclerosis, it is advisable to prescribe
+ a-interferon
+ b-interferon
g-interferon

In remission of multiple sclerosis, use is indicated
+ immunostimulants
plasmapheresis
glucocorticoids
cytostatics

With exacerbation of multiple sclerosis (T-lymphopenia, B-lymphocytosis), it is preferable to prescribe
+ glucocorticoid drugs
cytostatics (azathioprine, cyclophosphates
stimulants of B-lymphocytes (propermil, zymosan, pyrogenal)
complex treatment with the indicated means

In the case of a toxic generalized form of diphtheria for the prevention of polyradiculoneuropathy, it is sufficient to administer an anti-diphtheria serum in a dose
50-70 thousand IU

70-100 thousand IU
+ 100-120 thousand IU
120-150 thousand IU
the indicated doses are insufficient

Among physiotherapeutic methods of treatment for cerebral arachnoiditis, the most effective
electrophoresis of novocaine according to Bourguignon
nasal electrophoresis of calcium chloride
+ nasal electrophoresis of lekozyme

To correct pathological muscle spasticity in multiple sclerosis, it is advisable to prescribe one of the following GABAergic drugs
aminalon
phenibut
+ baclofen
pantogam

In the treatment of hepatic encephalopathy with portal hypertension (portosystemic forms, the means of first choice are
glucocorticoid drugs
+ restriction of protein intake with food
+ non-adsorbed antibiotics
extracorporeal hemosorption

In the treatment of hepatic encephalopathy without portal hypertension, the first choice is
non-adsorbed antibiotics
+ corticosteroid drugs
+ extracorporeal hemosorption
limiting protein intake

For the treatment of chronic adrenal insufficiency, it is used
course therapy with glucocorticoids
+ continuous glucocorticoid therapy
only emergency administration of glucocorticoids in the development of an addison crisis
ACTH
all of the above

Emergency therapy for acute adrenal insufficiency includes the introduction
+ glucocorticoids
ACTH
+ cardiotonic drugs
growth hormone

The concentration of antiepileptic drugs (phenobarbital, phenytoin and carbamazepine increases when administered
erythromycin
chloramphenicol
isoniazid
cimetidine
f) + all of the above

The sequence of drug selection at the beginning of epilepsy treatment is determined by
+ type of seizure
a form of epilepsy
frequency of attacks
EEG features

Among antiepileptic drugs, it inhibits cortical functions to a lesser extent.
+ carbamazepine
phenobarbital
benzonal
hexamidine

With frequent seizures of primary generalized epilepsy at the beginning of treatment, you should prescribe
the maximum dose of one drug
+ the minimum dose of the selected drug with a gradual increase in the dose
a combination of minimum doses of two or three main antiepileptic drugs
a combination of an average therapeutic dose of one main drug and one of the additional funds

For the treatment of sleep epilepsy, it is advisable to prescribe
+ carbamazepine
hexamidine
valproic acid
phenobarbital

The first measure to help a patient with status epilepticus is
immobilization of the head
limb immobilization
+ introduction of the duct
giving inhalation anesthesia with nitrous oxide

Dopa drugs for the treatment of Parkinson's disease include
midantan, viregit
+ nakom madopar
parlodel, lizurid
yumex, deprenyl
all of the above

With long-term treatment of Parkinson's disease, the daily dose of L-dopa in drugs with a dopadecarboxylase inhibitor should not exceed
500 mg
+ 1000mg
1500mg
2000mg

Treatment with anticholinergic drugs for Parkinson's disease is contraindicated if the patient
cataract
+ glaucoma
hypertensive retinopathy

diabetic retinopathy
all listed diseases

With hereditary essential tremor, you should assign
+ hexamidine
+ obzidan
on whom
midantan

For the treatment of the hyperkinetic form of Huntington's chorea, use
pre-containing drugs
+ antipsychotics
anticholinergics
dopamine agonists

To prevent an attack of "menstrual" migraine, it is advisable to prescribe
α-blockers
β-blockers
antiserotonin drugs
+ NSAIDs

In the treatment of chronic paroxysmal hemicrania, the most effective
aspirin
+ indomethacin
ergotamine
anaprilin
reserpine

To relieve muscle manifestations of neurogenic hyperventilation syndrome, appoint
proserin
+ gluconate or calcium chloride
potassium chloride
all of the above is true

A feature of the manifestations of various syndromes of damage to the nervous system in liver diseases is
acute onset and lightning-fast current
acute onset with stable neurological deficits in subsequent years
gradual onset of the disease with a steadily progressive course
+ gradual onset of the disease with a remitting course of neurological manifestations
acute onset and near-complete recovery without relapse

Early forms of neurological complications in liver disease are
extrapyramidal disorders
mental disorders
+ neurasthenic syndrome
polyneuropathy

In viral hepatitis, it is most often observed
+ encephalopathy

myelopathy
polyradiculoneuropathy
multiple neuropathy

In chronic hepatocerebral syndrome as a result of liver cirrhosis occurs
dementia
ataxia
choreoathetoid hyperkinesis
dysarthria
+ all of the above

A typical paraclinical sign of portosystemic encephalopathy (with portal hypertension) is
increased levels of ceruloplasmin in the blood
increased excretion of copper in the urine
+ increase in the concentration of ammonia in the blood
lowering the concentration of ammonia in the blood

In the treatment of hepatic encephalopathy with portal hypertension (portosystemic form), the first choice is
glucocorticoid drugs
+ restriction of protein intake with food
+ non-adsorbed antibiotics
extracorporeal hemosorption

The main causative factor in the development of polyneuropathy in diseases of the gastrointestinal tract is a deficiency
+ squirrel
fat
carbohydrates
+ vitamins B1 and B12

The most common manifestations of polyneuropathy in diseases of the gastrointestinal tract are
movement disorders
+ sensitive disorders
+ vegetative-trophic disorders

Funicular myelosis syndrome is characterized by
sensitive ataxia
pyramidal insufficiency
flaccid paresis of the legs
polyneuropathy
+ all of the above

The development of funicular myelosis is due to metabolic disorders
+ vitamin B12
vitamin B1
folic acid
all of the above

The most common clinical manifestations of funicular myelosis are
cerebellar ataxia
+ sensitive ataxia
+ lower spastic paraparesis
inferior flaccid paraparesis

The most common symptom triad occurs with funicular myelosis.
+ paresthesias, impaired deep sensitivity, paresis of the lower extremities
ophthalmoplegia, spastic tone of the lower extremities, dysfunctions of the pelvic organs
violation of deep sensitivity, sphincter disorders, flaccid paresis of the lower extremities
Korsakov syndrome, sensory and motor polyneuropathy

For kidney disease with symptoms of chronic renal failure, the following syndromes of damage to the nervous system are most characteristic
+ sensorimotor polyneuropathy
+ chronic renal encephalopathy
uremic coma
acute cerebrovascular accident

In the treatment of hepatic encephalopathy without portal hypertension, the first choice is
non-adsorbed antibiotics
+ corticosteroid drugs
+ extracorporeal hemosorption
limiting protein intake

Chronic uremia is characterized by
+ compression syndrome of the ulnar nerve
+ compression fracture of the peroneal nerve
+ sensory polyneuropathy
motor polyneuropathy

The greatest efficiency of pathogenetic and symptomatic treatment of neurological complications of chronic renal failure is provided by
+ with hemodialysis
+ with kidney transplant
when compensating for metabolic acidosis
with continuous antihypertensive therapy

In acute diseases of the bronchi and lungs, cerebral neurological complications are caused by the development
ischemic (discirculatory) hypoxia
+ hypoxic hypoxia
anemic hypoxia
metabolic hypoxia
combined hypoxia

In chronic diseases of the bronchi and lungs, neurological complications are due to the development
ischemic (discirculatory) hypoxia
hypoxic hypoxia

anemic hypoxia
metabolic hypoxia
+ combined hypoxia

In pneumococcal pneumonia, the most common neurological complication is
polyneuropathy
myelopathy
encephalopathy
+ meningitis

In chronic diseases of the bronchi and lungs, complicated by emphysema, the most characteristic phenomena of encephalopathy
with a predominance of focal symptoms
+ with a predominance of general cerebral symptoms
+ with increased intracranial pressure and obstruction of venous outflow
with a predominance of cerebellar symptoms

In acute metabolic encephalopathy, there may be
asterixis
tremor
myoclonic hyperkinesis
+ all of the above

With pernicious anemia
hematological and neurological symptoms appear at the same time
hematological symptoms precede neurological
neurological symptoms precede hematological
+ all of the above

With erythremia, neurological complications develop due to
thrombocytopenia with hemorrhagic perivascular extravasates
+ thrombosis of cerebral arteries with ischemic damage to the central nervous system
metabolic anoxia

In erythremia, the most common neurological complication is
polyneuropathy
+ discirculatory encephalopathy
subarachnoid hemorrhage
+ ischemic cerebrovascular accident)

The main causes of damage to the nervous system in leukemia are
compression of nervous tissue by leukemic infiltrates
anemic hypoxia
discirculatory hypoxia
hemorrhagic extravasates
+ all of the above

In acute leukemia, neurological syndromes are often found in the form
polyneuropathies
neuralgia of cranial nerves

+ parenchymal hemorrhage
+ subarachnoid hemorrhage

One of the main clinical manifestations of myeloma is pain syndrome in the form
arthralgia
+ ossalgia
+ radiculalgia
myalgia

The pathogenesis of lesions of the nervous system in multiple myeloma is mainly associated with
+ with hyperparaproteinemia
with compression of the brain and peripheral nerves by bone tissue
+ with thrombosis of the vessels of the brain and spinal cord
with hemorrhagic diathesis
with all of the above

The defeat of the nervous system with lymphogranulomatosis occurs as a result
circulatory disorders
+ compression of nerves by granulomatous tissue
+ growth of granulomas in the substance of the brain
all of the above

The most common neurological complications of lymphogranulomatosis are
+ compression of peripheral nerves
+ compression of cranial nerves
subarachnoid hemorrhage
parenchymal cerebral hemorrhage

For thyrotoxic myopathy, the most characteristic is
damage to the upper limbs and shoulder girdle
+ damage to the lower extremities and lower parts of the trunk
steady progression of muscle weakness
+ remitting course of a motor defect

Movement disorders in hypothyroidism are due to
+ myodystrophy
myasthenia gravis
+ polyneuropathy
paroxysmal myoplegia

A factor in the pathogenesis of damage to the nervous system in hypoparathyroidism is
hypercalcemia
+ hypocalcemia
hypernatremia
hyponatremia
hyperkalemia
hypokalemia

A typical neurological manifestation of hypoparathyroidism is the syndrome

+ tetany
myasthenia gravis
myodystrophies
all of the above

The development of neurological syndromes in pancreatitis is mainly associated with
with endocrine dysfunctions
+ with impaired exocrine functions
with nutritional deficiencies
with hypovolemia
with hyperproteinemia

In chronic pancreatitis, the most common syndrome is
encephalopathy
+ neurotic
psychotic
polyneuropathies
convulsive

In acute pancreatitis and pancreatic necrosis, the most common syndrome is
neurotic
+ encephalopathy
polyneuropathies
+ meningeal

The most typical neurological syndrome complicating the course of diabetes mellitus is
encephalopathy
myelopathy
+ polyneuropathy
convulsive syndrome

Concomitant symptoms of hypoglycemic coma are
dry skin
+ skin moisture
+ lowering blood pressure
increased blood pressure

For the treatment of chronic adrenal insufficiency, it is used
course therapy with glucocorticoids
+ continuous glucocorticoid therapy
course therapy ACTH
continuous ACTH therapy

Itsenko-Cushing's syndrome (hypercortisolism) develops if
+ glucosteromas
aldosteromas
insulinomas
+ long-term glucocorticoid therapy

The clinical manifestations of Itsenko-Cushing's syndrome (hypercortisolism) are characterized by
losing weight
+ obese
+ hyperglycemia
hypoglycemia

The most common neurological complication that develops in Itsenko-Cushing syndrome (hypercortisolism) is
dementia
polyneuropathy
convulsive syndrome
+ myodystrophy
intracranial hypertension syndrome

Diabetic polyneuropathy is characterized by
+ symmetry of the lesion
preferential damage to the nerves of the upper extremities
+ predominant damage to the nerves of the lower extremities
preferential lesion of the cranial nerves

The immediate cause of the development of the clinical picture of acute adrenal insufficiency may be
psychostress factor
lesion of the adrenal cortex of various etiologies
insufficient dose of glucocorticoids during replacement therapy
+ all of the above

Acute adrenal insufficiency is characterized by clinical manifestations in the form
+ drop in blood pressure
rise in blood pressure
+ adynamia, progressive loss of consciousness
acute psychotic syndrome

Emergency therapy for acute adrenal insufficiency includes the introduction
+ glucocorticoids
ACTH
+ cardiotonic drugs
dehydrating agents

Diabetic polyneuropathy develops
with inadequate diabetes therapy
+ with a long duration of the disease
with a high degree of hyperglycemia
in the presence of ketoacidosis

The most characteristic clinical signs of primary aldosteronism (Connes syndrome) are
symptomatic arterial hypertension
muscle weakness
attacks of local and generalized tetany

attacks of paroxysmal myoplegia
+ all of the above

In diabetes mellitus, neuropathy of the following cranial nerves most often develops
+ III, IV, VI, VII
VII, XI, XII
X, XI, XII
IX, X

In diabetic polyneuropathy,
movement disorders
+ vegetative-trophic disorders
+ disturbances in surface sensitivity
sensitive ataxia

For pathogenetic therapy of diabetic polyneuropathy, use
anticholinesterase drugs
+ vasoactive agents
+ cocarboxylase, vitamin B1
glucocorticoids

By its origin, hypoxia in heart failure is
respiratory
+ circulatory
hemic
tissue
hyperoxic

For the 1st stage of chronic alcoholism are not typical
+ loss of quantitative control of alcohol consumed
developing alcohol tolerance
+ development of withdrawal symptoms
the appearance of a mental attraction to alcohol
dependence of alcoholic excesses on situational factors

For the II stage of chronic alcoholism, the most important symptom is
developing alcohol tolerance
+ formation of withdrawal symptoms
development of an astheno-neurotic symptom complex
the appearance of somatic complications

For the III stage of chronic alcoholism, the following symptoms are characteristic
+ decrease in alcohol tolerance
psycho-emotional rise after alcohol intake
+ true hard drinking
all of the above is true

The development of epileptic seizures in chronic alcoholism is observed
at the first stage
+ at the II stage

at stage III
equally likely at all stages

The most common somatic complication of chronic alcoholism is
+ gastritis
stomach ulcer
enterocolitis
hepatitis
cirrhosis of the liver

Gaia-Wernicke encephalopathy is characterized by the following neurological symptoms
+ oculomotor disorders
+ ataxia
hemiparesis
+ tremor

Korsakov's syndrome is manifested by the following mental symptoms
+ amnesia
+ confabulations
+ disorientation
crazy ideas

The most common side effect of morphine-like drugs administered at therapeutic doses is
suppression of all phases of respiratory activity
tachycardia
lowering blood pressure
+ nausea and vomiting
difficulty urinating

Morphine withdrawal is characterized by the following mental symptoms
+ worry
+ anxiety
tearfulness
depression

Vegetative manifestations of morphine withdrawal include the following symptoms
+ increase in blood pressure
decrease in body temperature
+ intestinal dyskinesias
+ lacrimation and runny nose
all of the above is true

Long-term abuse of Indian hemp products (hashish, marijuana, makonha, daga, anasha) leads
to polyneuropathy
to the ticks
to choreoathetosis
+ to dementia
to seizures

Somatovegetative disorders in case of poisoning with Indian hemp products are manifested
arterial hypertension and bradycardia
+ arterial hypotension and tachycardia
+ increased tendon reflexes
decreased tendon reflexes

Decreased sex drive is most often observed with the following forms of neurosis
neurasthenia
+ obsessive-compulsive disorder
hysteria
+ neurotic depression

The symptom complex of anxious expectation of failure is most characteristic of the following form of neurosis
a) neurasthenia
b) + obsessive-compulsive disorder
c) hysteria
d) neurotic depression

Convulsive seizures are most often observed with the following forms of neuroses
neurasthenia
obsessive-compulsive disorder
neurotic depression
+ hysteria

In the treatment of neurosis with anxiety and depression, an antidepressant with a pronounced sedative effect should be chosen.
+ amitriptyline
nortriptyline
nuredal
incazan

Individuals with anxious and suspicious character traits most often develop the following clinical form of neurosis
neurasthenia
+ obsessive-compulsive disorder
hysteria
neurotic depression

In the treatment of neurosis with severe vegetative-vascular disorders, the following psychotropic drugs should be chosen
+ thioridazine (sonapax)
haloperidol
+ seduxen (relanium)
sydnocarb

In the treatment of neurosis in order to correct the convulsive syndrome, the following psychotropic drugs should be chosen
+ seduxen (relanium)
chlorpromazine

haloperidol
amitriptyline
nuredal

When diagnosing neurosis, one should be guided by the presence
traumatic situation
+ features of the patient's personality structure
mental conflict
features of the clinical symptom complex

The pathophysiological basis of neurosis is dysfunction
the cortex of the frontal lobe of the dominant hemisphere
right-handed temporal lobe cortex
+ limbic-reticular complex

The main reason for the inadequacy of psychological defense in neurosis is
insoluble psycho-emotional conflict
chronic physical illness
+ hereditary constitutional personality traits
+ defectiveness of the system of psychological attitudes

For pharmacotherapy of neurotic impotence caused by situational moments with subsequent fixation, one should choose
+ trioxazine
+ meprobamate (meprotan)
chlordiazepoxide (elenium)
diazepam (seduxen)

Hypnotherapy is of primary importance in the treatment of the following forms of neurosis
neurasthenia
obsessive-compulsive disorder
+ hysteria
neurotic depression

Rational psychotherapy is especially effective in the treatment of the following forms of neuroses
+ neurasthenia
obsessive-compulsive disorder
hysteria
d neurotic depression

False paralysis and paresis are most often observed in the following forms of neuroses
neurasthenia
+ hysteria
obsessive-compulsive disorder
neurotic depression

Falling asleep disorder is the most common form of dyssomnic disorders with the following neuroses
+ neurasthenia

obsessive-compulsive disorder
hysteria
neurotic depression

The condition for the formation of the pathogenetic link (mental conflict) of neurosis is
inflated personality claims
the contradiction between desire and duty
the contradiction between the inflated demands of the individual and her real capabilities
dissatisfaction with social and intimate-personal self-affirmation
nothing is wrong
+ all of the above

The first and main task of psychotherapy with neurosis is
relieving anxiety and fear
the formation of adequate attitudes in the individual
correction of the patient's social and interpersonal behavior
+ deactualization of psychoemotional conflict

A characterological trait, reflecting the desire to be the subject of attention of others, is a typical personality trait in the next form of neurosis
neurasthenia
+ hysteria
obsessive-compulsive disorder
neurotic depression

Behavioral change, including pronounced manifestations of the dependent attitudes of the personality, is a characteristic feature of the following form of neurosis
neurasthenia
hysteria
obsessive-compulsive disorder
+ neurotic depression

The fundamental difference between neurosis-like states in somatic diseases and neurosis itself is that they arise
after psycho-emotional experiences
+ in the absence of premorbid personality changes
in the elderly
with a certain severity of somatic illness

The traditional classical clinical forms of neuroses include
+ neurasthenia
depression
+ obsessive-compulsive disorder
+ hysteria

The main pathophysiological factor of headache in neuroses is
dystonia of craniocerebral vessels
+ abnormal muscle tension
liquorodynamic disturbances
cranial neuralgia

The most common imitation of organic neurological symptoms is observed
with neurasthenia
with depression
with obsessive-compulsive disorder
+ with hysteria

Psychoses differ from neuroses by the presence
psychasthenic symptom complex
+ psychotic manifestations
psychoemotional lability
defect in psychological defense

Psychopathy is different from neurosis
mimicking organic neurological symptoms
paroxysms of psychoemotional breakdowns
severe concomitant autonomic dysfunction
+ lack of awareness of the disease

Polymorphic senestopathies are most commonly observed
with asthenic syndrome
with obsessive-compulsive disorder
+ with hypochondriac syndrome
with depression

The most often unjustified surgical interventions are performed by patients with the following forms of neuroses
neurasthenia
+ neurotic depression
obsessive-compulsive disorder
hysteria

Of the antiepileptic drugs, the activation of the cerebral inhibitory systems and the inhibition of the spinal excitatory systems most effectively cause
+ carbamazepine
sodium valproate
ethosuximide

Of antiepileptic drugs, they equally inhibit both inhibitory and excitatory systems of the reticular formation of the trunk
carbamazepine
+ sodium valproate
ethosuximide
phenytoin
trimethadione (trimethine)

Drugs that increase the effectiveness of antiepileptic drugs include
+ a-tocopherol
anticholinesterase drugs
+ dopaminergic drugs

anticholinergic drugs

The concentration of antiepileptic drugs - phenobarbital, phenytoin and carbamazepine increases when administered
erythromycin
chloramphenicol
isoniazid
cimetidine
nothing is wrong
+ all of the above

97 The sequence of drug selection at the start of epilepsy treatment is determined by
a) + type of seizure
b) a form of epilepsy
c) the frequency of attacks
d) EEG features

Among the following antiepileptic drugs, they inhibit cortical functions to a lesser extent
+ carbamazepine
phenobarbital
benzonal
hexamidine

Of less importance in determining the effectiveness of pharmacotherapy for epilepsy is the change
+ seizure frequency
+ type of seizures
EEG features
all of the above is true

With frequent seizures of primary generalized epilepsy at the beginning of treatment, you should prescribe
the maximum dose of one selected drug and reduce it gradually
+ the minimum dose of the selected drug and increase it gradually
combination of minimum doses of two or three main antiepileptic drugs
a combination of an average therapeutic dose of one main drug and one of the additional funds

An increase in the activity of liver microsomal enzymes, which accelerate the metabolism of antiepileptic drugs, cause
propranolol
+ prednisolone
prazosin
parlodel

102 To avoid an overdose of antiepileptic drugs, the daily dose in grams per unit of phenobarbital (phenobarbital coefficient) should not exceed
0.1
0.2
0.3
0.4

+ 0.5

In the event of seizures of primary generalized epilepsy in the daytime, it is advisable to add in the morning for treatment
antipsychotics
tranquilizers
antidepressants
+ psychostimulants
GABAergic agents

104 In the event of epileptic seizures during sleep, the first line of treatment is
+ carbamazepine
hexamidine
valproic acid
phenobarbital

To increase the effectiveness of the treatment of sleep epilepsy, in addition to antiepileptic drugs in the evening hours, one of the following drugs of the additional group is prescribed
clonidine
anaprilin
+ L-dopa
methyldopa

With long-term treatment, sensitivity to antiepileptic drugs
remains unchanged
+ increases
goes down

Severe anemia with long-term treatment of epilepsy with high doses is caused by
sodium valproate
diazepam
+ phenobarbital
diphenine

Non-convulsive forms of status epilepticus include all of the following paroxysmal manifestations
psychomotor agitation
+ states of confusion
+ twilight state
all of the above is true

The first measure of care at the site of an attack for a patient with status epilepticus is
gentle immobilization of the head
limb immobilization
+ introduction of the duct into the oropharynx
giving inhalation anesthesia with nitrous oxide

The first line in the pharmacotherapy of status epilepticus at the site of an attack and during transportation is the introduction into a vein
mannitol

+ diazepam
sodium thiopental
hexenal

111 In the case of acute epileptic psychosis, the first line of treatment is
sedatives
tranquilizers
+ antipsychotics
antidepressants

112 It is possible to discontinue treatment with antiepileptic drugs if there were no seizures at least
1-2 years
1 year
1.5 years
2 years
+ 3 years

The main neurophysiological mechanism of the pathogenesis of epilepsy is the formation of a focus
stimulation of the activating ascending system
reduced threshold of excitability in the cortex
generation of hypersynchronous discharges
insufficient activity in antiepileptic subcortical structures
+ all of the above

The anatomical structures through which the spread of pathological electrical activity during the generalization of an epileptic seizure is realized are
reticular formation of the interstitial brain
reticular formation of the midbrain
commissural neuronal systems of the corpus callosum
+ all of the above

The most important neurophysiological property of an epileptic focus is the ability
generate a hypersynchronous discharge of electrical activity
impose the rhythm of your activity on other parts of the brain
generate secondary and tertiary foci by generalizing hypersynchronous impulses
+ all of the above

To detect violations of the electrical activity of the brain in epilepsy, use
+ classic electroencephalography
compression-spectral method of EEG registration (with PoBerg - Fourier transform)
visual evoked potential study
auditory evoked potential study

When a stable clinical effect in the treatment of epilepsy is achieved, the gradual withdrawal of the antiepileptic drug should be carried out within
1 month
3 months
6 months

+1 years
3 years old

The structures of the brain that support and activate epileptic activity include
neuronal systems of the limbic-reticular complex
associative fibers of different parts of the cortex
interhemispheric commissural neuronal systems
+ all of the above

The structures of the brain that inhibit the manifestations of epileptic activity in epilepsy are
caudate nucleus
lateral nucleus of the hypothalamus
caudal reticular nucleus pons
cerebellum
+ all of the above

A seizure of epilepsy is called generalized if it manifests itself
clonic convulsions in all limbs
tonic cramps in all limbs
generalized sensory equivalents
+ impaired consciousness

The manifestation of epileptic activity on the EEG is facilitated by
rhythmic photostimulation
hyperventilation
deprivation (deprivation) of sleep
sleepy activation
+ all of the above

An imbalance in the neurotransmitter systems of the brain in epilepsy includes decreased activity
catecholaminergic systems
serotonergic systems
GABAergic systems
+ all of the above

The development of an epileptic seizure is facilitated by
acidosis
+ alkalosis
hypercapnia
none of these factors

During an attack of generalized epilepsy, changes in the pupils are characterized by
anisocoria
constriction
+ expansion
none of the above

Seizures of epilepsy often occur at night (sleep epilepsy) when the epileptic focus is localized
in the right frontal lobe

in the left frontal lobe
+ in the right temporal lobe
in the left temporal lobe
equally often at any location

Complex partial seizures differ from simple
a combination of motor and sensory symptoms
a combination of autonomic and sensory symptoms
+ violation of awareness of what is happening
all of the above

The absolute electroencephalographic sign of epilepsy is the presence of paroxysmal
rhythmic phenomena in the a- and b-bands
rhythmic phenomena in the d-band
rhythmic phenomena in the q-range
+ complex peak - wave

Reflexive seizures are those caused by epileptic seizures that are provoked
emotional stress
drinking alcohol
fever with increased temperature
+ primary sensory impulses

The decisive diagnostic sign of a complex epileptic absence is
the occurrence of multiple myoclonus
development of focal or generalized muscle atony
+ short-term loss of consciousness
symmetric tonic muscle spasm of the limbs

Does not increase epileptic activity
estradiol
cortisone
thyroidin
progesterone

Gingival hyperplasia is observed with long-term treatment of epilepsy
ethosucimide
carbamazepine
+ diphenin
clonazepam

With menstrual epilepsy, when seizures occur a week before the onset and on the days of menstruation, appoint
methyltestosterone
thyroidin
+ pregnin
all of the above

To increase the effectiveness of the treatment of sleep epilepsy, it is advisable to combine carbamazepine with one of the following main antiepileptic drugs

phenobarbital
+ diphenin
ethosuximide
trimethadione (trimethine)

A characteristic sign of thrombosis of the internal carotid artery is
alternating Zakharchenko-Wallenberg syndrome
Weber's alternating syndrome (oculomotor nerve paresis and pyramidal syndrome)
+ alternating opticopyramidal syndrome
sensory aphasia
all of the above

Blockage of the extracranial part of the vertebral artery differs from blockage of the intracranial part by the presence
classic alternating syndromes
oculomotor disorders
motor and sensory disorders
+ "spotted" lesions of the trunk along the length
vestibulocerebellar disorders

Symptoms characteristic of lesions of the left anterior cerebral artery include
mental disorder
predominance of paresis in the leg
grasping reflex
apraxia of the left arm
+ all of the above

For the lesion of the right middle cerebral artery, the presence of
+ apraxia of the left arm
left-sided hemianopsia
left-sided hemiplegia
anosognosia

Posterior cerebral artery lesions are characterized by the presence of
+ homonymous hemianopsia
bitemporal hemianopsia
binasal hemianopsia
concentric narrowing of visual fields

Zakharchenko-Wallenberg syndrome (lateral medullary syndrome) occurs when there is blockage
short circular arteries of the bridge
long circular arteries of the bridge
paramedian arteries of the bridge
inferior anterior cerebellar artery
+ inferior posterior cerebellar artery

The structures of efferent nervous regulation of cerebral circulation do not include receptors
sinocarotid zone
+ great and cerebral vessels
+ vasomotor centers of the trunk

sympathetic nodes on the neck
hypothalamus

The main function of the myogenic mechanism of regulation of cerebral circulation is to ensure constancy
+ blood flow through the arteries of the brain
+ blood flow in the microcirculation system
outflow through intracranial veins

The humoral factor in the regulation of cerebral circulation includes
+ catecholamines
+ peptides
lipoproteins
prostaglandins

The sympathicotonic form of vegetative-vascular dystonia is characterized by
distal acrocyanosis
sweating
+ tachycardia
decrease in body temperature
diarrhea

Factors play a role in the development of insufficient blood supply to the brain in atherosclerosis
mitral valve prolapse
increased fmbrinolytic activity of blood
decrease in the activity of the coagulation system
+ stenosis of great vessels in the neck
all of the above

Focal brain lesions are rare
with nodular periarteritis of Kussmaul - Meyer
with nonspecific aorto-arteritis (Takayasu disease)
+ with Horton-Magath-Brown temporal arteritis
with obliterating thromboangiitis Vinivarter - Burger
with Wegener's granulomatous angiitis

With cervical osteochondrosis, the artery is more often affected
the main
+ vertebrate
internal sleepy
external sleepy
occipital

The decisive condition for adequate collateral circulation of the brain in case of blockage of the main arteries of the head is the condition:
vascular tone and reactivity
rheological properties of blood
coagulation-anticoagulation system
+ architectonics of the arterial circle of the brain

systemic and central hemodynamics

The diagnosis of the initial manifestations of insufficient blood supply to the brain is established, if any

subjective complaints that occur more often than 1 time per week over the past 3 months
+ mild cognitive impairment
unstable diffuse cerebral microsymptomatology
persistent disseminated cerebral microsymptomatology
persistent focal cerebral symptoms

Subjective cerebral symptoms in the initial manifestations of insufficient blood supply to the brain usually appear

in the morning hours
in the evening hours
after exercise
after emotional stress
+ under conditions requiring increased blood supply to the brain

Decompensation of the initial manifestations of insufficient blood supply to the brain is characterized by

the appearance of diffuse neurological symptoms
+ an increase in the frequency and duration of episodes of subjective cerebral symptoms
the appearance of focal neurological symptoms

Symptoms of the initial manifestations of insufficient blood supply to the brain are usually

+ episodic
permanent
latent

The pathogenetic factor of headache in the initial manifestations of insufficient blood supply to the brain can be

spasm of cerebral arteries
hypotension and dilatation of the artery
hypotension and venous dilatation
increased tension of the muscles of the soft integument of the head
+ all of the above

Dizziness with the initial manifestations of insufficient blood supply to the brain is due to

discirculation in the branches of the internal carotid artery
discirculation in the branches of the external carotid artery
fluctuations in endolymph pressure in the cochlea
+ discirculation in the arteries of the vertebrobasilar basin

Patients with initial manifestations of insufficient blood supply to the brain are treated

dehydrating agents
fibrinolytic agents
antifibrinolytic agents
+ vasoactive agents
anticoagulants
all of the above

For the treatment of anxiety in patients with initial signs of insufficient blood supply to the brain, it is used
nitrazepam
+ phenazepam
pimozide
syndocarb
phenamine

The diagnosis of transient cerebrovascular accident is established if focal cerebral symptoms undergo complete regression no later than
+ 1 day
1 week
2 weeks
3 weeks
1 month

During the period of decompensation of the initial manifestations of insufficient blood supply to the brain, do not use
medicinal electrophoresis on the collar zone
electrosleep
+ mud therapy
balneotherapy
aeroionotherapy

With the initial manifestations of insufficient blood supply to the brain, the cause of disability is
cephalgic symptom complex
loss of memory
vestibular symptom complex
all of the above
+ none of the above

The stages of discirculatory encephalopathy are distinguished on the basis of
+ degree of disability
changes in EEG and REG indicators
+ severity of mental disorders
the degree of increase in blood pressure

The diagnosis of stroke with reversible neurological symptoms is established if focal cerebral symptoms undergo complete regression no later than
1 week
+ 3 weeks
1 month
3 months
6 months

Decompensation of chronic discirculatory encephalopathy contributes to
repeated episodes of cardiac arrhythmias
repeated episodes of fluctuations in blood pressure

increased aggregation and coagulation activity of blood
+ all of the above

To diagnose pathological tortuosity of the vertebral arteries, use
rheoencephalography
ultrasound doppler
+ angiography
computed tomography

The neurological manifestations of vertebrobasilar insufficiency are characterized by the presence of
apathic-abulic syndrome
autotopagnosia syndrome
sensorimotor aphasia syndrome
+ vestibulocerebellar syndrome

When the common carotid artery is blocked, it is found on the same side
+ decrease in pulsation of the internal carotid artery
increased pulsation of the internal carotid artery
+ decrease in pulsation of the temporal artery
increased pulsation of the temporal artery

When the internal carotid artery is blocked, it is found on the same side
decreased pulsation of the external carotid artery
decrease in pulsation of the temporal artery
+ increased pulsation of the external carotid artery
+ increased pulsation of the temporal artery

Bulbar syndrome in chronic cerebrovascular insufficiency, in contrast to pseudobulbar, is characterized by the presence of
dysarthria
dysphonia
dysphagia
+ fibrillation of the tongue
symptoms of oral automatism

Pseudobulbar syndrome develops with combined lesion
pyramidal and cerebellar pathways of the dominant hemisphere
pyramidal and cerebellar pathways of the non-dominant hemisphere
pyramidal and extrapyramidal pathways of the dominant hemisphere
pyramidal and extrapyramidal pathways of the non-dominant hemisphere
+ pyramidal pathways of the dominant and non-dominant hemispheres

When formulating the diagnosis of vascular disease of the brain according to the classification of the Research Institute of Neurology of the Academy of Medical Sciences of the Russian Federation, the first place is taken
etiology of the vascular process
+ type of cerebrovascular accident
affected vascular pool
clinical syndrome

working capacity

The difference between a heart attack in the basin of the anterior artery of the choroid plexus (anterior villous artery) from heart attacks in the basins of other cerebral arteries is the absence of

hemiplegias
hemianesthesia
+ aphasia
vasomotor disorders in the paralyzed limbs
hemianopsia

Drugs digitalis and strophanthus for decompensation of discirculatory encephalopathy are prescribed

to normalize heart rate
+ to increase cardiac output
to improve coronary circulation
+ to improve systemic hemodynamics

38 Anticoagulants for decompensation of discirculatory encephalopathy are prescribed if the patient has

+ repeated ischemic crises
+ hypercoagulability
high blood pressure numbers
high body temperature numbers

For prolonged therapy of discirculatory encephalopathy, the following drugs are used

vinpocetine
dihydroergotoxin
+ dipyridamole
+ acetylsalicylic acid

For the treatment of hypertensive encephalopathy, drugs of the following pharmacological groups are used

+ angiotensin-converting enzyme inhibitors
lipid - lowering drugs
+ calcium antagonists
serotonin reuptake inhibitors

The etiotropic therapy of atherosclerotic encephalopathy includes the appointment

antihypertensive drugs
vasoactive agents
antiplatelet agents
antioxidants
+ lipid - lowering drugs

Secondary prevention of discirculatory encephalopathy is aimed at

preventing the progression of vascular disease
prevention of cerebral vascular crises
stroke prevention
+ all of the above

43 Transient cerebrovascular accident may be caused by
+ arterio-arterial microembolism
+ spasm of cerebral arteries
cerebral artery thrombosis
ruptured cerebral artery aneurysm

Pharmacotherapy for patients with initial manifestations of cerebrovascular insufficiency is carried out with the aim of
+ improvement of cerebral hemodynamics
+ improve brain metabolism
regression of focal cerebral symptoms
reduction of intracranial pressure

The symptomatology of ischemia in the basin of the internal carotid artery is distinguished from ischemia in the vertebrobasilar basin
double vision
alternating syndromes
bilateral paresis
ataxia
+ optic-hemiplegic syndrome

The main cause of cerebral ischemia in acute myocardial infarction with arrhythmias (cardiocerebral syndrome) is
increased blood viscosity
increased activity of the coagulation system
deterioration of the rheological properties of blood
+ decrease in systemic perfusion pressure
increased aggregation of blood corpuscles

Subclavian steal syndrome occurs when there is a blockage
+ unnamed artery
+ proximal subclavian artery
distal subclavian artery

Stem symptoms in subclavian steal syndrome appear or intensify
with a deep breath
when turning the head towards the defeat
+ with arm exercises on the affected side
for all the above actions
for none of the above actions

For pharmacotherapy of transient disorders of cerebral circulation due to spasm of cerebral arteries, it is preferable to prescribe
+ a-adrenergic blockers
b-adrenergic blockers
+ calcium antagonists
xanthine preparations (aminophylline, trental)

A decisive influence on the prognosis of transient cerebrovascular accident has

adequate blood pressure
state of viscosity and fluidity of blood
the state of the blood coagulation system
+ intact patency of the adducting arteries
duration of episodes of transient ischemia

Hemorrhagic cerebral infarction is localized
only in white matter
+ only in gray matter
only in subcortical nodes
any localization possible

Leads to the development of cerebral artery thrombosis
+ increased viscosity and platelet aggregation
+ increase in blood coagulation activity
increased fibrinolytic activity of the blood

With the help of magnetic resonance imaging, the focus of ischemic stroke of the brain is detected from the onset of the disease
after 1 h
after 3 h
+ after 6 h
by the end of the first day

Ischemic stroke without blockage of the artery results from
+ insufficient blood flow due to a decrease in perfusion pressure
+ increase in viscosity and deterioration of rheological properties of blood
increased blood osmolarity
increased intracranial pressure

Intracerebral stealing of the focus of ischemic stroke after the introduction of vasodilators occurs as a result
disorders of autoregulation of blood circulation in the focus
vasospasm of the affected area of the brain
vasospasm of intact parts of the brain
+ "expansion of healthy" vessels of the intact part of the brain
opening of arterio-venous anastomoses

The robbery of a healthy area in favor of an ischemic focus after the administration of vasotonic agents occurs as a result
+ narrowing of healthy blood vessels of intact parts of the brain
vasoconstriction of the affected area of the brain
vasodilation of the affected area of the brain
restoration of autoregulation of cerebral circulation
restoration of vascular reactivity in the focus of ischemia

Stage I of the syndrome of disseminated intravascular coagulation is not characterized by the presence of
hypocoagulation
+ hypercoagulability

+ intravascular aggregation of corpuscles
microcirculation blockade

Thrombosis of cerebral vessels is most typical
history of transient ischemic attacks
gradual formation of focal symptoms
low severity of cerebral symptoms
+ all of the above

Cerebral artery embolism is characterized by
gradual development of focal neurological symptoms
+ sudden development of focal symptoms
swelling of the nipple of the optic nerve on the side of the embolism
the presence of cerebral symptoms

Basal artery thrombosis is manifested
predominant defeat of the Varoliev bridge
cortical blindness
vegetative-visceral crises
+ all of the above

The defeat of the nervous system with nodular periarteritis manifests itself
multiple mononeuropathies
myelopathy
subarachnoid hemorrhage
parenchymal hemorrhage
+ all of the above

Indications for the appointment of dehydrating agents in ischemic stroke are
+ severity of cerebral symptoms
hypovolemia
hypercoagulopathy

Vasoactive agents in ischemic stroke improve
+ cerebral hemodynamics
water and electrolyte balance
+ rheological conditions of blood

The indication for hypervolemic hemodilution in ischemic stroke is the presence of
anuria
heart failure
blood pressure below 120/60 mm Hg. Art.
blood pressure over 200/100 mm Hg. Art.
+ hematocrit 42%

Fibrinolytic therapy in the form of intravenous infusion for blockage of cerebral vessels is advisable no later than the next period after the onset of a stroke
1-2h
+ 3-4h
5-6h

7-8h

66 Anticoagulants for ischemic stroke are contraindicated in the presence of
+ blood pressure over 200/100 mm Hg. Art.
liver disease
stomach ulcer

The criterion for effective hemodilution in the acute stage of ischemic stroke is the hematocrit level
45-49%
36-44%
+ 31-35%
25-30%

The most effective treatment for disseminated intravascular coagulation is
calcium chloride and vicasol
epsilonaminocaproic acid
+ heparin with antithrombin
+ frozen plasma heparin

Anticoagulant therapy for ischemic stroke is used to correct
metabolic acidosis
+ activation of prothrombin and thrombin
hyperproteinemia
hyperlipidemia

In hypertensive cerebral hemorrhage, the use of antifibrinolytics (epsilonaminocaproic acid, etc.) is not indicated, since
high risk of high blood pressure
possibly a significant increase in intracranial pressure
+ hemorrhage has already ended
possibly increased meningeal syndrome
possible strengthening of cephalgic syndrome

Computed tomography reveals a zone of hypodensitivity in the focus of ischemic stroke through
1 hour from the onset of the disease
2 hours from the onset of the disease
4 hours from the onset of the disease
+ 6 hours or more from the onset of the disease

Hypertensive hemorrhage in the cerebral hemisphere is accompanied by
+ compression of the brain substance and displacement of the brain stem
blockage of arteries at the base of the brain
+ edema of the brain substance
lymphocytic pleocytosis

Hyperosmolar syndrome is specific
for thrombotic infarction
for hemorrhagic infarction

for cerebral hemorrhage
+ for none of the above

With parenchymal-subarachnoid hemorrhage, it is mandatory
loss of consciousness
+ bloody CSF
mid-echo offset
+ focal neurological symptoms

In case of hemorrhage in pontobulbar calving of the brainstem, it is not necessary
+ loss of consciousness
hormetonia and decerebral rigidity
+ atonic hemi- and / or tetraplegia

With hemorrhage in the cerebellum, the presence of
loss of consciousness, hemiparesis
+ dynamic ataxia
+ nystagmus

Disseminated intravascular coagulation syndrome is characteristic
for thrombotic infarction
for non-thrombotic infarction
for hemorrhagic infarction
for cerebral hemorrhage
+ for none of the above

Hormetonia is a condition in which there is
generalized muscle hypotension in combination with a disturbance in the rhythm of breathing
increased muscle tone in the flexors of the upper extremities and extensors of the lower extremities
increased muscle tone in the extensors of the upper extremities and flexors of the lower extremities
+ repetitive paroxysms of increased muscle tone in the extensors of the limbs

For hypertensive subarachnoid hemorrhage, a mandatory sign is
loss of consciousness
pupillary disorders
nystagmus
+ meningeal syndrome
bilateral pyramidal pathological signs

For the dehydrating therapy of hypertensive cerebral hemorrhage at an arterial pressure of 230/130 mm Hg. Art. and blood osmolarity above 300 mosm / l should be selected
urea
steroids
mannitol
+ lasix

The daily dose of the indirect anticoagulant warfarin during long-term anticoagulant therapy is considered adequate at the following INR values

a) 1.0-2.0
b) + 2.1-3.0
3.1-4.0
d) 4.1-5.0

82 In case of subarachnoid hemorrhage in a patient with severe atherosclerosis, do not use
analgesics
+ antifibrinolytics
dehydration preparations
antispasmodics
antihypertensive drugs

Patient with visual agnosia
poorly sees surrounding objects, but recognizes them
sees objects well, but the shape seems distorted
+ does not see objects on the periphery of the field of view
sees objects, but does not recognize them
poorly sees surrounding objects and does not recognize them

84 Contraindication to transportation of a patient with hypertensive cerebral hemorrhage to a neurological hospital is
loss of consciousness
vomit
psychomotor agitation
myocardial infarction
+ pulmonary edema

Aneurysm of cerebral arteries with a diameter of 3 mm can be diagnosed using
+ angiography
rheoencephalography
ultrasound doppler
computed tomography
radioisotope scintigraphy

Patient with sensory aphasia
cannot speak and does not understand the speech being addressed
understands speech but cannot speak
can speak, but forgets the name of objects
does not understand the speech addressed and does not contour his own
+ does not understand the addressed speech and does not control his own

For clinical manifestations of hemorrhage at rupture of aneurysms of the convexital arteries of the brain, in contrast to the manifestations of rupture of arterial aneurysms on the basis of the brain,
loss of consciousness
headache
+ the appearance of focal neurological symptoms
meningeal syndrome

88 Unruptured aneurysm of the subclinoid part of the internal carotid artery is characterized by a lesion

+ III-VI pairs of cranial nerves
VII, VIII pairs of cranial nerves
IX, X pairs of cranial nerves
XI, XII pairs of cranial nerves

With aneurysm of the internal carotid artery in the region of the cavernous sinus, there is

contralateral hemiplegia
homonymous hemianopsia
+ damage to the III-VI cranial nerves

With an unruptured aneurysm of the main artery, the syndrome is often observed

superior orbital fissure
outer wall of the cavernous sinus
sylvian furrow lesions
furrow lesions
+ cerebellopontine angle

In patients with unruptured convexital arteriovenous aneurysm,

visual impairment
oculomotor disorders
meningeal symptoms
increased intracranial pressure
+ epileptiform seizures

With a rupture of a supratentorial arteriovenous aneurysm, more often than with a rupture of an arterial aneurysm,

bleeding into the cisterns of the base of the brain
development of meningeal syndrome
development of asymmetric hydrocephalus
+ development of intracerebral hematoma

For instrumental diagnosis of spontaneous subarachnoid hemorrhage, data are absolutely necessary

angiography
rheoencephalography
ultrasound doppler
+ computed tomography
radioisotope scintigraphy

With alternating Miyard-Gubler syndrome, the focus is

at the base of the pedicles
in the posterolateral hotel of the medulla oblongata
+ in the area of the red core
at the base of the lower part of the pons of the brain
in the hypothalamus

95 Deep cerebral vein thrombosis differs from superficial cerebral vein thrombosis by the presence of

cerebral symptoms
signs of stagnation in the fundus
+ signs of brain stem damage
meningeal syndrome

The combination of impaired swallowing and phonation, dysarthria, paresis of the soft palate, the absence of the pharyngeal reflex and tetraparesis indicates paralysis
brainstem
bridges of the brain
medulla oblongata
midbrain tires
+ hypothalamus

97 If the course of hemorrhagic stroke is complicated by disseminated intravascular coagulation, an additional
a-tocopherol and rutin
fibrinolysin and kallikrein-depot
epsilonaminocaproic acid
+ heparin and frozen plasma

98 Vitamin E in acute cerebrovascular accident is prescribed for the purpose of
correction of lactic acidosis
correction of hypercoagulation
correction of hyperaggregation
+ inhibition of lipid peroxidation activation
inhibition of activation of the antifibrinolytic system

Hemianesthesia, hemiataxia, hemianopsia, characteristic of the lesion
+ pallidum
caudate nucleus
red kernel
thalamus
black matter

Ischemia in the upper vascular basin of the spinal cord is characterized by
intracranial hypertension syndrome
+ flaccid paresis of the arms and spastic paresis of the legs
paralytic sciatica syndrome
urinary and fecal incontinence

Computed tomography makes it possible to diagnose hyperdense areas of hemorrhagic extravasates with subarachnoid hemorrhage and cerebral hemorrhage later
+ 1 hour from the onset of hemorrhage
3 hours from the onset of hemorrhage
6 hours from the onset of hemorrhage
12 hours from the onset of hemorrhage
24 hours from the onset of hemorrhage

Occlusion of the lower abdominal aorta differs from ischemia of the lower spinal basin
lower paraplegia

dysfunction of the pelvic organs
conduction disorders of sensitivity
+ lack of pulsation of the arteries of the legs

The most likely cause of a spinal hemorrhage is
hypertonic disease
atherosclerosis
vascular form of neurolysis
+ spinal arteriovenous malformation

In case of impaired venous circulation in the spinal cord, ischemia is more often subjected to
front horns
+ hind horns and centromedullary zone
side horns
anterior cords

For the treatment of cerebral edema in stroke, an effective dose of mannitol is considered
0.5 g / body weight
+1.0 g / body weight
1.5 g / body weight
2.0 g / body weight

According to the modern classification, traumatic brain injury is not distinguished
cerebral contusion of mild severity
compression of the brain due to epidural hematoma
+ severe concussion
compression of the brain against the background of his injury

Diffuse axonal brain injury in traumatic brain injury is characterized by
+ prolonged coma since the moment of injury
the development of coma after the "light" period
no loss of consciousness
short-term loss of consciousness

Open traumatic brain injury includes trauma
with a contused wound of soft tissues without damage to the aponeurosis
+ with damage to the aponeurosis
with a fracture of the bones of the cranial vault
with a fracture of the bones of the base of the skull without liquorrhea

Concussion combined with soft tissue injury is referred to as traumatic brain injury.
easy open
+ light closed
open moderate
closed medium

Intracranial hypertension is characterized by headache
+ bursting character
bursting in the back of the head
pulsating character all over the head

compressive character in the frontal-parietal region

The development of hemiparesis in traumatic brain injury indicates
+ about intracranial hematoma
+ about a brain injury
about a fractured skull
about all of the above

The severity of the traumatic brain injury is determined by the depth and duration
amnesia
disorders of vital functions
hemiparesis
+ all of the above

The most persistent focal symptoms in epidural hematoma are
+ dilation of the pupil on the side of the hematoma
pupil dilation on the opposite side
hemiparesis on the side of the hematoma
+ hemiparesis on the opposite side

Typical diagnostic signs of subdural hematoma receive
with computed tomography
with angiography
with echoencephalography
+ with all of the above

If, after a traumatic brain injury, stiff neck and photophobia develop in the absence of focal symptoms, then the diagnosis is most likely
concussion
+ subarachnoid hemorrhage
brain contusion
intracranial hematoma

Complication of traumatic brain injury by hemorrhage in the ventricles of the brain is characterized by the appearance in the clinical picture
floating gaze
+ hormonal syndrome
hypercatabolic type of vegetative functions
disturbances of consciousness
bilateral pyramidal foot marks

Positive diagnostic signs of subarachnoid hemorrhage can be obtained
+ with lumbar puncture
with angiography
+ with computed tomography
with all the listed methods

Acute subdural hematoma on a computed tomogram is characterized by a zone
+ homogeneous increase in density
homogeneous density reduction

non-uniform increase in density
cerebral edema

The increase in mydriasis on the side of the epidural hematoma and hemiparesis on the other side is due to
+ asymmetric hydrocephalus
+ compression of the motor cortex
pinching the trunk in the occipital foramen
compression of the brain stem

Craniographic signs of acute cranial trauma are characterized by
"finger impressions"
enhanced vascular pattern
increasing the depth of the Turkish saddle
osteoporosis of the occipital bone and occipital half ring
+ none of the listed signs

Craniocerebral trauma is called penetrating.
with a bruised wound of soft tissues
in case of damage to the aponeurosis
with a fracture of the bones of the cranial vault
+ in case of damage to the dura mater
with all the above options

A prerequisite for starting treatment of a patient with severe traumatic brain injury is
injection of cardiotonic drugs into a vein
the introduction of antihypertensive drugs into a vein
+ freeing the respiratory tract from foreign bodies

Cerebral complications of epidural hematoma are
cerebral edema
brain compression
dislocation of the brain
violation of the blood-brain barrier
+ all of the above

Intravenous infusion is indicated for the correction of metabolic acidosis in the acute period of severe traumatic brain injury.
5% glucose solution
+ 4% sodium bicarbonate solution
polarizing mixture solution
any of the listed solutions

In case of combined traumatic brain injury for the treatment of arterial hypotension as a result of blood loss, preference is given to the appointment
cardiotonic drugs
sympathomimetics
+ low molecular weight dextrans
b-adrenergic blockers
osmotic diuretics

The cause of arterial hypertension in acute severe traumatic brain injury is
cerebral hypoxia
pain response
damage to the diencephalic-mesencephalic structures
+ all of the above

For the treatment of intracranial hypertension in acute severe traumatic brain injury, use
osmotic diuretics
glucocorticoid drugs
barbiturates
nothing is wrong
+ all of the above

Due to the lesser effect on electrolyte balance, for the treatment of cerebral edema in severe traumatic brain injury, choose
hydrocortisone
prednisone
+ dexamethasone
cortisone

To correct a drop in cardiac activity in acute severe traumatic brain injury, it is more expedient to prescribe
adrenalin
norepinephrine
metazone
+ dopamine
ephedrine

The most effective correctors of hypermetabolism in severe traumatic brain injury are
MAO inhibitors
tricyclic antidepressants
benzodiazepine drugs
+ barbiturates
all listed

26 Post-traumatic porencephaly is characterized by the presence of intracerebral canals connecting the ventricles of the brain
+ among themselves
with subarachnoid space
with membranous cysts
with intracerebral cysts
all of the above

Hyperactivation of the sympathoadrenal system in the acute period of severe traumatic brain injury is suppressed
+ antipsychotics
antidepressants
+ barbiturates
all of the above

For the treatment of hyperosmolar syndrome in severe traumatic brain injury should not be prescribed
+ mannitol
rheopolyglucin
polyglukin
albumen
5% glucose solution

To correct the deficiency of antidiuretic hormone in the acute period of severe traumatic brain injury, it is prescribed
insufflation of adiurecrine
aqueous solution of pitressin
vasopressin oil suspension
+ any of the listed drugs

To correct the deficiency of dopaminergic activity upon exit from the acute period of severe traumatic brain injury (apalic or akineto-rigid syndrome), it is prescribed
+ L-DOPA
+ nakom (bluemet, madopar)
cyclodol
verospiron

To suppress hyperactivation of vestibulo-vegetative reflexes in the acute period of traumatic brain injury, it is prescribed
anaprilin
+ bellataminal
metoclopramide
amlodipine

For the treatment of post-traumatic headache due to a decrease in intracranial pressure, infusion is prescribed
5% glucose solution
0.75% sodium chloride solution
distilled water
+ any of the listed funds

Intracranial hypotension after traumatic brain injury can be caused by
decreased production of cerebrospinal fluid
increased absorption of cerebrospinal fluid
latent liquorrhea
+ all of the above

For the treatment of post-traumatic headache caused by intracranial hypertension, it is prescribed
central antihypertensive agents
+ osmotic diuretics
+ nephron loop diuretics
calcium preparations
To diagnose post-traumatic rhinorrhea in nasal discharge, it is necessary to investigate

protein
cytosis
+ sugar
sodium
chlorides

To diagnose post-traumatic latent liquorrhea, it is necessary to perform X-ray or computed tomography of the head after the administration of insoluble contrast
into the vein
+ endolumbar
into the ventricles of the brain

Post-traumatic vestibulopathy may result from
vascular dystonia
increased intracranial pressure
disorders of neurodynamics in stem structures
+ all of the above

With post-traumatic vestibulopathy
reduced vestibulo-vegetative reactions
+ increased vestibulo-vegetative reactions
oculovestibular response decreases
+ increased oculovestibular response

Instability of the cervical spine after combined craniovertebral injury can be detected using
magnetic resonance imaging
computed tomography
+ lateral functional radiography
descending contrast myelography

Post-traumatic normotensive hydrocephalus syndrome (Hakim-Adams) is manifested by a triad of symptoms
headache, memory loss, disorientation
headache, decreased vision, ataxia
+ gait disturbance, urinary incontinence, dementia
dizziness, astasia-abasia, sensory ataxia

For the treatment of post-traumatic encephalopathy with impaired higher cortical functions, use
psychostimulants
antidepressants
dopaminergic drugs
+ all of the above

Nootropics for traumatic brain injury can be used
3 days after injury
a week after injury
in the residual period
+ at any time

If an acute penetrating traumatic brain injury occurs with an increase in temperature, it is necessary to exclude
intracranial hemorrhage
purulent meningitis
brain abscess
+ all of the above

Psycho-emotional post-traumatic disorders differ from psychogenic neurotic symptom complexes
more stable flow
the predominance of a depressive symptom complex
the predominance of the hypochondriacal symptom complex
greater resistance to treatment with psychotropic drugs
+ there are no fundamental differences

The morphological substrate of the residual effects of severe traumatic brain injury is
+ cicatricial adhesive changes in the membranes
+ parenchymal cysts
overgrowth of glia in the affected area

The most common pathogenetic factor of epileptiform syndrome after severe traumatic brain injury is an unstable state
parenchymal cyst
meningeal cysts
+ collagen meningeal scar
all of the above

Epileptiform syndrome in post-traumatic epilepsy is manifested by Jacksonian seizures when the pathological focus is located in the area
frontal lobe
parietal lobe
+ central convolutions
gyrus Heshl
temporal lobe

Epileptiform syndrome in post-traumatic epilepsy is manifested by primary generalized seizures in pathological foci
+ in the frontal lobe
+ in the parietal lobe
in the temporal lobe
in the occipital lobe

In chronic post-traumatic brain abscesses, cortical-subcortical localization in the clinical picture predominates
the presence of intracranial hypertension
cerebral symptoms
+ epileptiform symptom complex
meningeal syndrome
equally all of the above

The earliest manifestation of traumatic hematomyelia is the presence of
deep sensitivity disorders
Brown-Séquard syndrome
motor conduction disorders
+ dissociated sensory disorders

Instability of the spinal motion segment in spinal cord injury occurs due to
compression of the vertebrae
damage to the fibrous rings of intervertebral discs
+ damage to the yellow ligaments

With concussion of the nerve trunk, nerve conduction is fully restored no later than
3 days
+ 3 weeks
3 months
all of the above is incorrect

With a bruised nerve trunk
+ the anatomical integrity of the nerve is preserved
there is a complete break in the nerve trunk
+ hemorrhage occurs in the trunk of the nerve and swelling of the surrounding tissues

For combined traumatic damage to the nerve trunk and blood vessels that feed the nerve, it is characteristic
+ swelling of the distal extremities
+ hyperemia of the distal extremities
lowering the skin temperature of the limb

Causalgic pain syndrome is most common with bruising
+ median nerve
ulnar nerve
+ tibial nerve
peroneal nerve

In Duchenne-Erb traumatic palsy, muscle function suffers
+ deltoid and triceps shoulder
+ biceps and inner shoulder
flexor muscles

With traumatic paralysis of Dejerine - Klumpke, sensitivity is impaired
on the outer surface of the forearm
+ on the inner surface of the hand
+ on the inner surface of the shoulder
on the outer surface of the hand

The regeneration rate of the damaged axon in traumatic nerve rupture is
0.1 mm per day
+ 1 mm per day
10 mm per day

1 mm in 10 days

The earliest sign of axon regeneration in peripheral nerve injury is
+ the appearance of paresthesias in the innervation zone of the damaged nerve
the appearance of persistent pain syndrome in the distal areas of the zone innervated by the damaged nerve
regression of trophic disorders
regression of pain in the distal parts of the injured limb

Traumatic rupture of the proximal brachial plexus is characterized by
+ Duchenne palsy - Erba
hypotrophy of the dentate and rhomboid muscles
Dejerine's paralysis -Klumpke
hypotrophy of the round pronator

An incomplete traumatic break of the nerve trunk is characterized by
combination of symptoms of prolapse with symptoms of irritation in the sensitive area
vascular disorders in the innervation zone
severe pain syndrome
vegetative-trophic disorders in the innervation zone
+ all of the above

Traumatic rupture of the radial nerve in the upper third of the shoulder is characterized by paralysis
+ forearm extensors
+ hand extensors
+ abductor thumb
deltoid muscle

Traumatic rupture of the radial nerve at the level of the middle third of the shoulder is characterized by
forearm extensor palsy
loss of reflex from the triceps muscle of the shoulder
+ paralysis of the extensors of the hand
violation of sensitivity on the inner surface of the shoulder

The main symptom of phantom pain syndrome is
limb stump hypesthesia
+ sensation of pain in a non-existent part of the removed limb
swelling, cyanosis of the limb stump

For traumatic rupture of the ulnar nerve in the lower third of the forearm is characterized by
hand flexion disorder
violation of flexion of the terminal phalanges of the 4th and 5th fingers
+ anesthesia in the area of the 5th finger of the hand
+ atrophy of the interosseous muscles of the hand

Traumatic rupture of the median nerve in the middle third of the forearm is characterized by
violation of hand pronation
hand flexion disorder

+ violation of the musculoskeletal feeling in the terminal phalanx of the 2nd finger
+ atrophy of the muscles of the eminence of the thumb

Traumatic rupture of the femoral nerve below the pupar ligament is characterized by
calf extensor paralysis
loss of knee reflex
quadriceps femoris atrophy
+ all of the above

Traumatic rupture of the femoral nerve above the pupar ligament is characterized by
hypoesthesia on the front of the thigh
hip flexor palsy
calf extensor paralysis
+ all of the above

Traumatic injury of the sciatic nerve above the gluteal fold is characterized by
+ paresis of the leg extensors
+ loss of the Achilles reflex
loss of knee reflex
+ paralysis of the feet and toes

For a complete traumatic rupture of a peripheral nerve,
percussion pain along the nerve below the injury site
b paresthesia in the area of innervation of the damaged nerve
+ flaccid paralysis and anesthesia in the area of innervation of the damaged nerve

For the treatment of causalgia caused by a contusion of a peripheral nerve, use
+ antidepressants, antipsychotics, sympatholytics
+ blockade of sympathetic ganglia, sympathectomy
thermal warming procedures

The characteristic signs of causalgia are
+ intense burning pains that do not correspond to the innervation zone of the injured nerve
hypalgesia and paresthesia in the innervation zone of the injured nerve
intolerable pain with pressure on the nerve trunk
all listed

For causalgia, an effective method of physiotherapy is
UHF on the area of pain localization and segmental
CMT on the area of projection of sympathetic nodes
electrophoresis of novocaine on the damaged area
low temperature mud applications (37-C)
+ all of the above

1