ЛД 16ИН

FEDERAL STATE BUDGETARY EDUCATIONAL INSTITUTION OF HIGHER EDUCATION "NORTH OSSETIAN STATE MEDICAL ACADEMY" OF THE MINISTRY OF HEALTH OF RUSSIAN FEDERATION

Department of Human Anatomy with Topographic Anatomy and Operative Surgery

For students enrolled in the specialty
(31.05.01 " General medicine»)

STANDARDS TEST TASK

Topographic anatomy and operative surgery. Concepts, principles, laws. General surgical technique.

“Holotopia” is: (1)

Position relative to neighboring organs
The relationship of the organ with the peritoneum or pleura
The position of the body relative to the body and its areas
Attitude to the skeleton
Body dimensions

"Syntopy" is: (1)

Types of joints of skeletal bones
Relationship with neighboring authorities
Position relative to the body and its areas
Position relative to the skeleton
Low organ position

The most important provisions on the structure and position of vascular vagina first formulated: (1)

R.D. Sinelnikov
A.S. Vishnevsky
N.I. Pirogov
V.N. Shevkunenko
P.A. Kupriyanov

The founder of the doctrine of individual variability of the structure and position of organs and systems of the human body is: (1)

N.I. Pirogov
B.V. Ognev
V.N. Shevkunenko
A.N. Maksimenkov
V.V. Kovanov

The cross section of the vascular vagina is usually of the form: (1)

Rectangle
The circle
Triangle
Oval
Polygon

A radical operation is an operation: (1)

Performed simultaneously
Completely eliminating the pathological focus
Pain reliever
Technically simple
Which can perform an experienced surgeon

Palliative surgery is an operation: (1)

Life-threatening major symptom of the disease
Abnormal focus
The most simple technique
Any operation

Wrong operation

The stages of the operation are: (3)
Online access
Wound revision
Wound tamponade
Operational reception
Closure of the wound

Requirements for online access: (1)
Simplicity and speed of execution
Minimal trauma
Shortcut exposure
Good wound healing
All listed

Requirements for operational reception: (3)
Ease of implementation
Radicalism
Physiology
Possibility of revision of adjacent anatomical structures
Painless manipulation

The most durable is: (1)
Double surgical unit
Marine knot
Female knot
Knotted apodactylno
Node view does not matter

Ways of holding a scalpel in hand: (3)
In the form of a bow
In the form of a writing pen
In the form of a table knife
In the form of a spear
In the form of an amputation knife

Topographic anatomy of the lower limb. Basics of surgical procedures on vessels, nerves, tendons and bones of the lower limb

The term "artery ligation throughout" means: (1)
Ligation of the artery at a distance of 2-3 cm from the site of its damage
Proximal limb artery ligation
Ligation of the artery outside the wound within healthy tissue
Artery ligation with vein
Fixation of a temporary artery shunt using ligatures

Artery ligation throughout is performed: (3)
With necrosis of the distal limb
For the treatment of varicose veins
When bleeding from purulent wounds
When bleeding from a crushed wound

For bleeding from a wound located in an area with complex topographic-anatomical relationships

All requirements are imposed on the vascular suture, except: (1)
Atraumatic
Tightness
Prevention of blood flow disorders
Prevention of narrowing of the vessel lumen
Prevention of breaking up the muscular layer of the vessel wall

Neurolysis or neurolysis is: (1)
Nerve destruction at the site of injury
Release of the nerve from cicatricial adhesions
Nerve resorption
Scar infringement of the nerve
Infringement of the nerve with bone fragments

Requirements for the tendon suture: (1)
Grabbing the minimum amount of tendon bundles
Ensuring a smooth tendon surface
Avoid adherence of tendon ends
Preservation of blood vessels and blood supply of the tendon
Ensuring the strength of the seam
All of the above

At the opening of the abscess to produce a revision of the wound: (1)
Is unacceptable
Necessary for opening purulent streaks and pockets
Only deep-seated ulcers are inspected
Shown only with the development of complications
Shown only for chronic inflammation.

Amputation of the limb is clipping: (1)
Nonviable tissue
Limbs at joint level
Injured limb
Limbs throughout the bone
Tissues in order to preserve the maximum vitality of the limb

The exarticulation of the limb is the cut-off: (1)
Nonviable tissue
Limbs at joint level
Injured limb
Limbs throughout the bone
Tissues in order to preserve the maximum vitality of the limb

The location of the postoperative scar to complete the amputation is desirable: (1)
On working surface
On non-working surface
On the end of the stump
On the surface with the most durable skin
The location of the scar does not matter

Circular amputations are: (3)

Momentary
Two moment
Three-moment
Four moment
Five-point

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

resection of the joint
Arthroplasty
Synovectomy
Arthrodesis
Arthrotomy

Alignment and juxtaposition of displaced bone fragments in fractures is called: (1)

Redress
Osteosynthesis
Osteotomy
Transplantation
reposition

The anterior wall of the armpit is: (1)

+ big and small pectoral muscles
Chest wall with anterior serratus muscle
Supraspinatus and subspace muscles
Humerus with coraco-humeral muscle and biceps brachialis
Subscapularis, large round muscle and latissimus dorsi muscle

For the skin of the armpit, two diseases are most common: (2)

Trophic ulcers
hydradenitis
boils
Eczema
Psoriasis

Axillary fiber is associated with fiber in the subclavian region along the way: (1)

Posterior artery enveloping the humerus
Anterior artery envelope humerus
Median nerve
axillary artery
Radial nerve

The superficial subpectoral cellular space lies between: (1)

Deep leaf sternoclavicular fascia and ribs
Ribs and anterior serratus muscles
Pectoralis major muscle and clavicle-pectoral fascia
big and small pectoral muscles
Own and superficial fascia subclavian region

Two formations pass through the quadrilateral opening on the back wall of the armpit: (2)

Scapular artery
Humerus anterior artery
posterior artery envelope humerus
Radial nerve

axillary nerve

Through a three-sided hole on the back of the armpit passes:

artery around the scapula
Subscapular artery
Humerus anterior artery
Posterior artery envelope humerus

Puncture of the elbow joint in the medial epicondyle of the humerus is not performed due to the risk of damage: (1)

Radial nerve
ulnar nerve
Brachial artery
Brachial vein
Median nerve

U-shaped cellulitis is: (1)

purulent tendovaginitis 1 and 5 fingers
Purulent tendovaginitis 2 and 4 fingers
Purulent tendovaginitis 2 and 3 fingers
Purulent lesion of intermuscular intervals of elevation of 1 and 5 fingers
All of the above

"Monkey Brush" is found with nerve damage: (1)

median
Ray
Elbow
Musculo-cutaneous

"Clawed paw" is found with the defeat of the nerve: (1)

Median
Musculo-cutaneous
elbow

Two arteries and four nerves pass through the subglossal opening into the gluteal region from the pelvis: (6)

Superior gluteal artery
internal genital artery
lower gluteal artery
Superior gluteal nerve
posterior cutaneous nerve of thigh
lower gluteal nerve
genital nerve
sciatic nerve

In a patient with tuberculous spondylitis of the 3rd lumbar vertebra, during the examination a “cold” leaky abscess was found in the anterior thigh, which descended along the way: (1)

Ileal and further femoral blood vessels
Femoral nerve extending from the lumbar plexus
iliopsoas muscle

The femoral artery in the femoral triangle is located in relation to the femoral nerve: (1)

In front

Below
Laterally
medially
Behind

The phlegmon of the popliteal fossa has spread to the front of the thigh, what happened by: (1)

Fascial vagina of the tailor muscle
Fascial vagina thin muscle
leading channel
The course of the sciatic nerve

Topographic anatomy of the head. Basics of surgical interventions in the cerebral and facial parts of the head

A victim was brought to the hospital with an extensive scalped wound in the parietal region. Determine the fiber layer in which flap detachment occurred: (1)

Subcutaneous fatty tissue
podaponeurotic fatty tissue
Subperiosteal loose tissue

To stop bleeding from the cancellous bone of the bone of the skull, two methods are used: (2)

rubbing wax paste
Clipping
irrigation of the wound with hydrogen peroxide
Dressing

The doctor discovered the following symptoms of the victim: ecophasophthalmia, the symptom of "glasses", liquorrhea from the nose. Preliminary diagnosis - fracture: (1)

Cranial vault
skull base in the anterior cranial fossa
Base of skull in middle cranial fossa
Skull base in posterior cranial fossa

The facial nerve leaves the cranial cavity at its base through: (1)

Round hole
Oval hole
Spinous hole
Mastoid
stylomastoid hole

In the arterial (Willisian) circle, the posterior communicating artery connects the arteries: (1)

Internal carotid and basilar
internal carotid and posterior cerebral
Internal carotid and vertebral
Middle cerebral and posterior cerebral
Cerebral and vertebral

The scheme used for orientation in the cranial-brain topography: (1)

Delitsina scheme
Triangle shipo
Stromberg scheme
Pirogov's triangle
Cronlein-Bryusova scheme

Topographic anatomy of the neck (lateral and medial triangles of the neck). Topographic anatomy of the neck. Basics of neck surgery

The composition of the front neck includes three paired triangles: (3)

Scapular-clavicular
scapular-tracheal
Blade trapezoid
submandibular
sleepy

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

scapular-clavicular
Scapulary-tracheal
scapular trapezoid
Submandibular
Sleepy

The vagus nerve, being in the same fascial vagina with the common carotid artery and the internal jugular vein, is located in relation to these blood vessels: (1)

Medial to common carotid artery
Lateral to the internal jugular vein
Anteriorly between artery and vein
back between artery and vein

When subtotal resection of the thyroid gland should be left part of the gland containing the parathyroid glands. This part is: (1)

Upper pole side lobes
posterior part of the lateral lobes
Rear part of the lateral lobes
Front inner side lobes
Front part of the lateral lobes
Lower pole side lobes

During the operation, strumectomy performed under local anesthesia, with the application of clamps on the blood vessels of the thyroid gland, the patient had hoarseness due to: (1)

Circulatory disorders of the larynx
Compression of the upper laryngeal nerve
compression of the recurrent laryngeal nerve

For the external carotid artery, two signs are characteristic: (2)

presence of outgoing branches
Lack of side branches
medial location
Lateral arrangement
Weak ripple compared to the internal carotid artery

Topographic anatomy of the chest cavity. Basics of surgical interventions on the chest wall and chest cavity organs

When an intramammary abscess is opened, the radial incision should not move to the isola, because of: (1)

Blood vessel damage
damage to the excretory ducts
Nipple deformities during skin scar formation

Metastasis in breast cancer can occur in various groups of regional lymph nodes under the influence of a number of specific conditions, including tumor localization. Determine the most likely group of lymph nodes where metastasis can occur when a tumor is located in the upper part of the mammary gland: (1)

Sternum
subclavian
Axillary
Subpectoral

When an intramammary abscess is opened, an incision is applied: (2)

Vertical
semicircular under the gland
Transverse
radial

Effusion in the pleural cavity, above all, begins to accumulate in the sinus: (1)

costal-diaphragmatic
Costo-mediastinal
Mediastinal diaphragmatic

When performing diagnostic pleural puncture punctured: (1)

costal-diaphragmatic sine
Rib mediastinal sinus
Mediastinal diaphragmatic sinus

Intra-abdominal bleeding, as a complication of pleural puncture, may result from damage: (2)

Aperture
liver
spleen

In the gate of the left lung, the main bronchus and pulmonary vessels are arranged from top to bottom in the following order: (1)

artery, bronchus, veins
Bronchus, artery, veins
Veins, bronchus, artery

In the gate of the right lung, the main bronchus and pulmonary vessels are located from top to bottom in the following order: (1)

Artery, bronchus, veins
bronchus, artery, veins
Veins, bronchus, artery

Zorgius lymph node is located: (1)

Over the clavicle behind the outer edge of the sternocleidomastoid muscle
Along the internal chest artery
In the center of the armpit
under the outer edge of the pectoralis major muscle at the level of the 3rd rib
Under the edge of the broadest back muscle

When subperiosteal resection of the rib, the periosteum is dissected: (1)

U-shaped
Arcuate
Linear cut
Cross section
N-shaped

When suturing open pneumothorax in the first row of stitches you need to capture: (1)

Parietal pleura
Parietal pleura and hilar fascia
parietal pleura, intrathoracic fascia and intercostal muscles
All of these layers and superficial muscles
All layers of the chest wall

Of the four chambers of the heart, participating in the formation of its anterior surface, the main one is: (1)

Left atrium
Left ventricle
Right atrium
right ventricle

The coronary sinus of the heart is located in: (1)

Anterior interventricular groove
posterior interventricular groove
Left coronary sulcus
Right division of the coronary sulcus
Posterior part of the left coronary sulcus

The coronary sinus of the heart flows into: (1)

Superior vena cava
Inferior vena cava
right atrium
Left atrium

The left recurrent laryngeal nerve usually leaves the left vagus nerve: (1)

Above the aortic arch
At the level of the front wall of the aortic arch
at the bottom of the aortic arch
At all the above levels
Recurrent nerve in the chest cavity from the wandering does not depart

The right recurrent laryngeal nerve usually departs from the right vagus nerve: (1)

At the upper edge of the right subclavian artery
at the lower edge of the right subclavian artery
At the level of the root of the lung
At the place of discharge of the brachial head
At the level of the upper edge of the aortic arch

Topographic anatomy of the abdominal wall. Basics of abdominal surgical procedures

The anterolateral wall of the abdomen with the help of horizontal and vertical lines is divided into: (1)

9 areas
10 areas
11 areas
12 areas
8 areas

The white line of the abdomen is formed by: (1)

Aponeurosis of the external oblique abdominal muscle
Aponeurosis of the internal oblique abdominal muscles
Abdominal transverse muscle
tendon bundles of 3 pairs of wide abdominal muscles
Intra-abdominal fascia

The medial vesicle-umbilical fold resulting from the development of the fetus contains: (1)

Obliterated umbilical artery
Umbilical vein obliterans
obliterated urinary duct
Vas deferens

In the right subcostal area are usually projected: (3)

part of the right lobe of the liver
Spleen
part of the right kidney
Pancreatic tail
right bow bend
Gall bladder

In the inguinal canal can be identified: (1)

3 walls and 3 holes
4 walls and 4 holes
4 walls and 2 holes
2 walls and 4 holes
4 walls and 3 holes

Three formations are involved in the formation of the external opening of the inguinal canal: (3)

split aponeurosis of the external oblique abdominal muscle
Transverse fascia
Superficial fascia
pubic bone
interpeduncular fibers

The front wall of the inguinal canal is: (1)

Transverse fascia
Parietal peritoneum
aponeurosis of the external oblique abdominal muscle
Lower edges of the internal oblique and transverse muscles
Inguinal ligament

The back wall of the inguinal canal is formed: (1)

Parietal peritoneum
Inguinal ligament
transverse fascia

Aponeurosis of the external oblique abdominal muscle

The lower wall of the inguinal canal is formed by: (1)
Lower edges of the internal oblique and transverse muscles
inguinal ligament
Scallop fascia
Parietal peritoneum
Aponeurosis of the external oblique abdominal muscle

The anatomical exit site of oblique inguinal hernia is: (1)
lateral inguinal fossa
Medial inguinal fossa
Muscle lacuna
Supracellular fossa
Vascular lacuna

The posterior wall of the inguinal canal is strengthened: (1)
With oblique inguinal hernia
with direct inguinal hernia
With congenital inguinal hernia
With a strangulated hernia
Determined by the surgeon's desire

Indications for emergency surgery are the following hernia of the anterolateral abdominal wall: (1)
Congenital
disadvantaged
Sliding
Unreducible
All listed

The structure of the spermatic cord includes three anatomical elements: (3)
deferent duct
Urinary duct
vessels and nerves of the vas deferens and testicle
residues of the vaginal process of the peritoneum
Ileal nerve

Midline laparotomic accesses meet three requirements: (3)
ensure compliance with the cut of the anatomical projection of the body
provide sufficient exposure of the body
have a low trauma
Ensure the formation of a strong postoperative scar

"The crown of death" is a variant of the artery discharge: (1)
Femoral
Epigastral lower
Upper abdominal
locking
Internal iliac

Topographic anatomy of the abdominal organs. Basics of abdominal surgery

The upper and lower floors of the abdominal cavity divides: (1)

Large gland
Gastrocolic ligament
mesentery of transverse colon
Mesentery of small intestine

In the upper floor of the abdominal cavity there are 4 organs: (4)

Ascending colon
stomach
Descending colon
liver with gall bladder
pancreas
spleen
Cecum with appendix
Sigmoid colon
Jejunum and ileum

The organs of the lower floor of the abdominal cavity include five: (5)

ascending colon
Stomach
descending colon
Liver with gall bladder
Pancreas
Spleen
cecum with appendix
sigmoid colon
jejunum and ileum

Of the listed organs are covered with peritoneum mesoperitoneally: (3)

Stomach
liver
Spleen
Pancreas
Duodenum
ascending colon
Transverse colon
descending colon

Sickle ligament of the liver divides: (1)

Prehepatic cleft and pregastric bag
right and left subphrenic spaces
Subhepatic space and omentum bag

The structure of a small gland includes the following three bundles: (3)

diaphragmatic gastric
Gastro-splenic
Gastrocolic
hepatoduodenal
hepato-gastric

Knowledge of the components of the sides of the Kahlo triangle is necessary when performing: (1)

Cholecystostomy

Cholecystojejunostomy
Cholecystoduodenostomy
cholecystectomy
Liver resection

Gastrostomy is: (1)

Insertion of the probe into the stomach cavity
the imposition of an artificial external fistula on the stomach
Gastrointestinal anastomosis formation
Dissection of the stomach wall to extract a foreign body, followed by suturing the wound
Removal of part of the stomach

When applying a gastrostomy by the method of Strain-Kader fistula is formed: (1)

Lip-shaped
tubular
Longitudinal
Transverse
Circular

When applying a gastrostomy by the method of Toprover, a fistula is formed: (1)

spongy
Tubular
Longitudinal
Transverse
Circular

Performing resection of the stomach, the surgeon imposed a gastrointestinal anastomosis between the stump of the stomach and the duodenum in the "end to end" type. This method is called resection: (1)

by Billroth I
By Billroth II
By Hofmeister Finsterer
According to Moynihen

Kuznetsov-Pensky seam is used for wound closure: (1)

Skin
The muscles
Aponeurosis
Guts
liver

Meckel's diverticulum is: (1)

Open venous duct
Open urinary canal
Sparse umbilical vessels
embryonic residual yolk intestinal duct

Topographic anatomy of the retroperitoneal and pelvic organs. Basics of surgical interventions on the retroperitoneal and pelvic organs

The boundary between the lumbar region and the retroperitoneal space is: (1)

Square muscle of the loin
Transverse abdominal muscle

intra-abdominal fascia
Retroperitoneal fascia

Near-kidney fiber is located around the kidney: (1)
Under the fibrous capsule of the kidney
between fibrous and fascial capsules
Over the kidney fascial capsule

The gates of the kidneys are projected at the level of the vertebrae: (1)
Th11-th12
Th12-L1
L1-L2
L2-L3

The 12th rib crosses behind the left kidney at the level of: (1)
Upper pole of the kidney
Between upper and middle third
middle level
Between middle and lower third

The 12th rib crosses behind the right kidney at the level of: (1)
Upper pole of the kidney
between upper and middle third
At mid level
Between middle and lower third

The sides of the diamond Lesgafta-Grunfelda form: (4)
External oblique abdominal muscle
internal oblique abdominal muscle
Transverse abdominal muscle
back extender
12th edge
The broadest muscle of the back
back lower gear muscle

The practical meaning of the triangle is that it is: (2)
place of exit hernias
a place of an exit of abscesses from retroperitoneal space
Place for access to the retroperitoneal space
A place to perform punctures and blockades
Pain point for the differential diagnosis of diseases of the organs of the abdomen

Access to the kidney according to Bergman-Israel is characterized by the fact that: (1)
this is extraperitoneal access
This is abdominal access
Requires mandatory opening of the pleural cavity
Necessarily accompanied by resection of the 12th rib
This is variable access

The ovarian artery is a branch of: (1)
abdominal aorta
Internal iliac artery
Uterine artery
Common iliac artery

When tubal pregnancy rupture of the fallopian tube is accompanied by the accumulation of blood in: (1)

Lateral cellular space of the pelvis
Circulating tissue space
rectal uterine cavity
Gallbladder cavity

The testicular artery is a branch of: (1)

abdominal aorta
Internal iliac artery
Obturator artery
External iliac artery
Common iliac artery