Section 3. Special pathological anatomy

Topic 9. Diseases of the endocrine glands: diseases of the pituitary gland, adrenal glands, thyroid gland, pancreas.

1. Name the functional manifestations of diseases of the endocrine glands:
a)…,b)…, c)…. P=3
2. List the tissues whose growth is stimulated by the hormones of eosinophilic cells
anterior lobe of the pituitary gland: a) ..., b) ..., c) ..., d) .... P=4
3. List the causes of acromegaly: a) ..., b) .... P=2
4. What changes and in which endocrine organs, in addition to the pituitary gland, are observed during acromegaly: a)…, b)…, c)…, d) …, e) …. P=5
5. Give a description of acromegaly: a) localization P=2, b) the nature of the process in this organ P=2, c) what is the reason for the enlargement of organs in acromegaly P=4
6. List the changes in the pituitary gland that cause the development of pituitary dwarfism:
a)…,b)…,c)…. P=3
7. Give a description of Itsenko-Cushing's disease: a) localization P=2, b) the nature of the process in this organ P=2, c) the state of the adrenal glands P=2.
8. List the main clinical and morphological manifestations of Itsenko-Cushing:
a)…,b)…,c)…,d)…,e)…,f)…. P=6
9. Explain the difference between the concepts of "Itsenko-Cushing's disease" and "syndrome Cushing." P=2
10. List the changes in the posterior pituitary that cause diabetes insipidus:
a)…,b)…, c)…. P=3
11. List the clinical manifestations of diabetes insipidus: a) ..., b) ..., c) ..., d) ... P = 4
12. What is the pathogenesis of diabetes insipidus? a) …, b) … P=2
13. Define the term "Addison's disease". P=3
14. Define the term "Addison's syndrome". P=4
15. List the changes in the adrenal glands that cause Addison's disease (syndrome): a) ..., b) ..., c) ..., d) ..., e) .... P=5
16. List the clinical and morphological manifestations of Addison's disease:
a)…,b)…,c)…,d)…,e)…,f)…. P=6
17. List the causes of death of patients with Addison's disease: a) ..., b) ... P=2
18. What is a goiter? P=3
19. Give the classification of goiter depending on the etiology and clinical and morphological logical features: a)…, b)…, c)…, d)…, e)…. P=5
20. List the macroscopic forms of goiter: a) ..., b) ... P=2
21. List the histological varieties of goiter: a) ..., b) ... P=2
22. List the histological varieties of colloid goiter: a) ..., b) ..., c) ... P P = 3
23. List the forms of goiter depending on the function of the thyroid gland:
a) ..., b) ..., c) ... P=3
24. Give a description of Graves' disease: a) defeat of what organ underlies the disease? P=1, b) state of its function P=1, c) macroscopic characteristics of the affected organ P=1, d) main clinical manifestations. P=4
25. List the main clinical manifestations of Graves' disease: a) ..., b) ..., c) ..., d) ..., e) .... P=5
26. What are the characteristic microscopic changes in the thyroid gland in Graves' disease: a) ..., b) ..., c) ..., d) .... P=4
27. List the morphological changes characterizing thyrotoxic
heart: a) ..., b) ..., c) ..., d) ..., e) .... P=5

28. What causes myocardial hypertrophy in patients with Graves' disease? P=1
29. List the morphological changes characterizing thyrotoxic
"encephalitis": a) ..., b) ... P = 2
30. Give the organopathology of Graves' disease: a) ..., b) ..., c) ..., d) ... P=4
31. What changes in the liver can develop in Graves' disease? P=2
32. What causes the development of tetany during strumectomy operations? P=2
33. List the causes of death in Graves' disease: a) ..., b) ..., c) ..., d) .... P=4
34. List the morphological signs of Hashimoto's thyroiditis: a) ..., b) ... P=3
35. Define the term "parathyroid osteodystrophy". P=4
36. List microscopic bone changes in parathyroid
osteodystrophy: a) ..., b) ..., c) ..., d) ..., e) ..., f) ... P=6
37. List the changes in the kidneys that develop in parathyroid osteodystrophy due to hypercalcemia: a) ..., b) ..., c) ... P=3
38. What is diabetes mellitus? P=5
39. Give the characteristics of type I diabetes mellitus: a) what organ is affected? P=1, b) what structures of this organ are affected? P=1, c) what is the dysfunction? P=1, d) list the risk factors: a)…, b)…, c)…. P=3
40. List the main symptoms of diabetes: a)..., b)..., c)..., d)..., e)..., f).... P=6
41. List the morphological manifestations of insulitis in diabetes mellitus
Type 1: a) ..., b) ... P=2
42. List the changes in the liver in diabetes mellitus: a) ..., b) ... P=2
43. List the changes in the pancreas in diabetes mellitus:
a)…, b)…, c)…, d)…. P=4
44. Name the changes in the vascular bed in diabetes mellitus: a) ..., b) ... P=2
45. Name the changes in the vessels that characterize diabetic microangiopathies:
a) ..., b) ..., c) ... P=3
46. As a result of which diabetic microangiopathy develops: a) …, b) …? P=2
47. List the clinical manifestations of the Kimmelstil-Wilson syndrome: a) ., b) ., c). P=3
48. How is diabetic macroangiopathy manifested? Why? P=2
49. List the features of atherosclerosis in diabetes mellitus: a) ..., b) ..., c) ... P=3
50. List the complications of diabetes mellitus caused by diabetic angiopathy: a) ..., b) ... c) ..., d) ... P=4
51. List the types of coma in diabetes mellitus: a) ..., b) ..., c) ..., d) ... P=4
52. List the causes of death in diabetes mellitus: a) ..., b) ..., c) ..., d) .... P=4

Situational tasks

1. A 55-year-old patient, 112 cm tall, with a proportionate build. mental development age appropriate. Make a diagnosis. P=2
Indicate the nature and localization of the pathological process. P=4
2. The patient is 16 years old, height 215 cm, body proportionate. mental development age appropriate. Make a diagnosis. P=1
Indicate the nature and localization of the pathological process. P=4
3. The patient has general weakness, headaches in the frontotemporal region, an increase nose, ears, hands and feet. Make a diagnosis. Explain the mechanism of the detected changes. P=6
4. The patient has obesity according to the upper type, the face has become moon-shaped, appeared striae on the abdomen, increased blood pressure, hyperglycemia, hypertrichosis. On the x-ray of the skull - an increase in the size of the Turkish saddle.

Make a diagnosis. P=1
Indicate the nature and localization of the pathological process. P=4
5. A patient after a craniocerebral injury complained of constant thirst and polyuria. The blood glucose level is normal. Make a diagnosis. P=2
Explain the mechanism of development of these symptoms. P=3
6. When studying the biopsy of the thyroid gland, a pronounced lymphoplasmacytic infiltration of the stroma of the gland with the formation of lymphoid follicles with light centers, atrophy of the parenchyma. Make a diagnosis. P=2
What changes in thyroid function will be observed in the clinic? P=1
7. In a patient with complaints of constant thirst, polyuria, the examination revealed: hyperglycemia, ketonemia, glucosuria. The level of insulin in the blood is reduced. Make a diagnosis. P=3 List the risk factors for this disease. P=3

Topic 10. Rheumatic diseases. The concept of a group of rheumatic diseases. Pathogenesis and features of morphogenesis.

1. What are rheumatic diseases? P=4
2. What are the common signs of rheumatic diseases:
a)…,b)…,c)…,d)…. P=4
3. List the diseases included in the group of rheumatic diseases:
a) ..., b) ..., c) ..., d) ..., e) ..., f) ..., g) ..., h) .... P=8
4. Define rheumatism. P=3
5. Which domestic pathologists made the most significant contribution in the study of rheumatism? a)…,b)…,c)…,d)…. P=4
6. What pathogen is associated with the etiology of rheumatism? P=2
7. List the phases of connective tissue disorganization in rheumatism:
a)…,b)….,c)…,d) …. P=4
8. What changes are the morphological manifestation of GNT in rheumatism:
a) ..., b) ...? P=2
9. What is granuloma rheumatica? What part of the heart is most often located? What are the names of the authors who described them called? P=4
10. List the stages of development of rheumatic granuloma: a) ..., b) ..., c) ... P=3
11. Specify the most typical localization of granuloma rheumatica in the myocardium. P=1
12. List the clinical and morphological forms of rheumatism:
a)…,b)….,c)…,d) …. P=4
13. What changes in organs are observed during rheumatic attack in:
a) vessels, b) joints, c) kidneys, d) serous membranes, e) organs immune system P=6
14. Name the changes in rheumatic attack:
a) in the kidneys, b) in the lungs, c) in the serous membranes, d) in the skin, e) in the organs of the immune system. P=6
15. What is rheumatic pancarditis? What layers of the heart are involved in the process? What is the name of the process on the epicardium, give also a figurative name? P=6
16. What is rheumatic carditis? P=2
17. List the forms of rheumatic endocarditis by localization process (P=3) and the nature of morphological changes (P=4). P=7
18. Name the forms of valvular endocarditis in rheumatism: a) ..., b) ..., c) ..., d) .... P=4
19. Name the forms of valvular endocarditis that are possible at the first rheumatic attack: a) ..., b) ... P=2

20. Name the forms of valvular endocarditis that are possible with repeated rheumatic attack: a) ..., b) ... P=2
21. What is rheumatic valvulitis? List its morphological features. P=6
22. List the morphological signs of acute verrucous endocarditis:
a) ..., b) ..., c) ..., d) ..., e) ... P=5
23. List the morphological features of recurrent warty endocarditis:
a) ..., b) ..., c) ..., d) ..., e) ..., f) ... P=6
24. What microscopic changes can you find in the leaflets of the heart valve in the early stages of acute verrucous endocarditis (mucoid swelling) with: a) staining with hematoxylin and eosin, b) staining with toluidine blue, c) in an electron microscope? P=4
25. List the morphological forms of myocarditis in rheumatism:
a)…,b)…,c)…. P=3
26. What characterizes nodular productive myocarditis in rheumatism? His outcome. P=4
27. Name the morphological manifestations of diffuse interstitial exudative myocarditis in rheumatism: a) ..., b) ..., c) ... P=3
28. List the possible forms of pericarditis in rheumatism: a) ..., b) ..., c) ... P=3
29. List the outcomes of pericarditis in rheumatism: a) ..., b) ..., c) ..., d) ... P=4
30. List the causes of death in children with rheumatic pancarditis: a) ..., b) ... P=2
31. Describe rheumatic vasculitis:
a) the most characteristic localization P=1
b) morphological manifestations P=3
c) outcome P=1
32. What changes are typical for the nodose form of rheumatism? P=4
33. List the morphological changes observed in chorea minor:
a) ..., b) ..., c) ..., d) ... P=4
34. List the groups of pathological manifestations in systemic lupus erythematosus: a)…, b)…, c)…, d)…, e)…. P=5
35. What are "lupus cells"? P=3
36. List the morphological signs of lupus glomerulonephritis:
a) ..., b) ..., c) ..., d) ... P=4
37. List the causes of death in systemic lupus erythematosus: a) ..., b) ..., c) ... P=3
38. Name the possible visceral manifestations of rheumatoid arthritis:
a) in the serous membranes, b) in the kidneys, c) in the vessels, d) in the organs of the immune system. P=5
39. List the most common complications of rheumatoid arthritis:
a)…,b)…,c)…,d)…. P=4
40. Describe Bechterew's disease. P=3
41. Describe dermatomyositis. P=4
42. Name the outcomes of the processes of disorganization of the connective tissue of the skin in scleroderma: a)…, b)…. P=2
43. Name the possible changes in scleroderma: a) in the kidneys, b) in the heart, c) in the lungs. P=3
44. Describe periarteritis nodosa. P=4
45. List the variants of vasculitis in periarteritis nodosa:
a)…,b)…,c)…. P=3
46. List the reasons for the development of acquired heart defects: a) ..., b) ..., c) ..., d) ..., e) ..., f) ..., g) ... P=7

47. What is a combined heart disease? P=2
48. What is combined heart disease? P=2
49. What is the name of the defect of several heart valves? P=1
50. What is the name of the defect of one heart valve? P=1
51. List the clinical and anatomical forms of rheumatic valve disease
hearts: a) ..., b) .... P=2
52. List the forms of heart valve insufficiency, taking into account its pathogenesis:
a)…, b)…. P=2
53. List the forms of rheumatic aortic valve disease, leading to
hypertrophy of the left ventricle of the heart: a).., b)… P=2
54. Name the anatomical types of mitral stenosis: a) ..., b) ... P=2
55. List the types of congenital heart defects depending on the degree of hypoxia:
a) …, b) … P=2
56. List the pathogenetic mechanisms of development of malformations of the blue type:
a) ..., b) ..., c) ... P=3
57. List the most common forms of congenital malformations of the main
vessels: a) ..., b) ..., c) ..., d) ... P=4
58. List the most common forms of congenital heart defects:
a)…,b)…,c)…,d)…. P=4
59. Name the congenital malformations with violation of the division of the cavities of the heart:
a) ..., b) ..., c) ... P=3
60. List the variants of congenital heart disease of the Fallot type: a) ..., b) ..., c) ... P=3
61. List the anatomical changes of the heart in tetralogy of Fallot:
a)…,b)…,c)…,d)…. P=4
62. What are cells of heart defects? Under what condition do they meet?
What vice is most typical for? P=6
63. List the causes of death due to heart defects: a) ..., b) ... P=2
64. What are the characteristic changes in the organs with decompensated defect
heart: a) in the myocardium, b) kidneys, c) liver, d) lungs, e) spleen. P=5

Situational tasks

1. Biopsy of the left atrial appendage revealed Ashoff-Talalaev granulomas.
Make a diagnosis. P=1 Define the disease. P=3
What changes in connective tissue precede the development of granuloma:
a) ..., b) ...? P=2 What is a granuloma? P=3
What is the predominant cell type in granuloma rheumatica? P=1
2. A 9-year-old patient suffered from streptococcal tonsillitis 2 months ago. A month later
became restless, excitable, later appeared involuntary chaotic contraction of facial muscles,
muscles of the limbs. Make a diagnosis indicating the form of the disease. P=2
List the morphological changes underlying the indicated symptoms. P=4
3. Autopsy of a 7-year-old child with a clinical diagnosis: Rheumatism - on swollen
on the leaflets of the mitral valve, along the line of their closure, there are whitish-pink
thrombotic deposits that cannot be removed with a knife, up to 2 mm high.
Name the changes in the mitral valve. P=2
List other varieties of this process in valves in rheumatism. P=2
What complication can develop in connection with the described valve changes? P=1
What changes in the organs of the systemic circulation can develop in connection with
with this complication? P=1

4. An autopsy revealed a narrowing of the aortic orifice in a man's heart.
valve due to fusion of its deformed thickened cusps, the latter with foci of calcification. Make a diagnosis. P=2
What diseases can lead to the development of such changes? P=2
Name the type of calcification in this case and its synonym. P=2
5. A 28-year-old patient died with symptoms of renal failure. In the clinic
red patches were found on the skin of the face in the form of a "butterfly".
Name the disease. P=1
What characteristic could be found in the blood? P=1
What changes were found during microscopic examination of the kidneys? a) …,
b) …, c) …, d) …. P=4
Name the process in the kidneys. P=2
What changes in the heart can be characteristic of this disease? P=2
6. Autopsy revealed sclerosis and fusion of the mitral valve leaflets, as well as
obliteration of the pericardial cavity with the deposition of lime in adhesions.
Name the detected changes and the disease in which they develop. P=4
7. An autopsy revealed in the heart of a man: a significant narrowing of the opening
mitral valve due to fusion along the commissures of its thickened thickened leaflets. In the lungs, dense areas of the cone-shaped forms of dark red color, airless. In the lumen of the segmental branches pulmonary artery, dark red thrombotic masses are visible that cannot be removed from the light. Name the detected changes in the heart and lungs. P=4
Explain the occurrence of these changes in the lungs. P=4
8. Autopsy revealed in the child's heart: pulmonary artery stenosis, right ventricular hypertrophy, ventricular septal defect, dextroposition of the aorta. What is your diagnosis? What form of vice is this? What is connected with development of this form? P=5

Topic 11. Atherosclerosis. Arterial hypertension. Ischemic heart disease (coronary disease). Cerebrovascular diseases.

1. Define atherosclerosis P=6
2. List the risk factors for atherosclerosis a)..b)..c)..d)..e)..f)..g).. P=7
3. List the stages of development of atherosclerosis P=3
4. List the processes that develop in the intima of arteries at the stage of early changes - the dolipid stage a)..b)..c).. P=3
5. List the processes that develop in the intima of arteries at the stage of lipoidosis a)..b).. P=2
6. What morphological changes develop in the arterial media at the first stage of atherosclerosis? P=2
7. Name the structural components of an atherosclerotic plaque a)..b)..c)..P=3
8. What is the basis of fibrous plaque? P=1
9. What pathological processes develop in the muscular layer of the arteries in the presence of a fibrous plaque? a)..b)..c).. P=3
10. Due to what is the growth of the lipid core of the fibrous plaque? P=3
11. What is a stable atherosclerotic plaque? P=1
12. What characterizes an unstable atherosclerotic plaque? P=2
13. What lesions develop in an unstable atherosclerotic plaque? a)..b)..c)..d)..e)..f)..g).. P=7
14. List the clinical and morphological forms of atherosclerosis a)..b)..c)..d)..e)..f).. P=6
15. What diseases develop in aortic atherosclerosis? P=3
16. Name the types of atherosclerotic aortic aneurysm according to the form P=3

17. What diseases are caused by atherosclerosis of the coronary arteries? P=5
18. What diseases does atherosclerosis of cerebral arteries lead to? P=2
19. What diseases are caused by atherosclerosis of arteries of the lower extremities? P=2
20. What diseases does atherosclerosis of mesenteric arteries lead to? P=2
21. What diseases does atherosclerosis of the renal arteries lead to? P=3
22. Define coronary artery disease. P=3
23. List the acute forms of coronary artery disease P=5
24. List the chronic forms of coronary artery disease P=5
25. Name the diseases that often cause coronary artery disease P=2
26. Define myocardial infarction P=3
27. Name the types of myocardial infarction according to the time of occurrence P=3
28. Name the types of myocardial infarction according to the damage to the layers of the myocardium P=4
29. Name the types of myocardial infarction by localization (damage to the walls of the left ventricle) P=4
30. List the morphological stages of development of myocardial infarction a) ... b) ... c) ... P=3
31. List the fatal complications of myocardial infarction a)..b)..c)..d)..e) P=5
32. List the complications of myocardial infarction, which are not always fatal a)..b)..c).. P=3
33. Name the favorable outcomes of myocardial infarction a)..b).. P=2
34. Name the main reason for the development of atherosclerotic diffuse small-focal cardiosclerosis. P=2
35. What develops in patients with chronic forms of IHD? P=1
36. Name the morphological manifestations in the organs of patients with decompensated chronic cardiovascular insufficiency: a) in the lungs b) in the liver c) in the kidneys, spleen d) in the cavities: pleural, abdominal, pericardium e) in the lower extremities P=5
37. Define the CVB. P=2
38. List the acute forms of CVD. P=3
39. List the chronic forms of CVD. P=3
40. List the reasons for the development of ischemic cerebral infarction P=5
41. List the most common causes of cerebral hemorrhage P=5
42. List the types of hemorrhages developing in the brain P=2
43. Name the favorable outcome of cerebral hemorrhage according to the type of hematoma. P=1
44. Define hypertension P=3
45. Define arterial hypertension P=2
46. Name the types of arterial hypertension according to the mechanism of development a)..b).. P=2
47. Define secondary arterial hypertension P=2
48. Name the types of secondary (symptomatic) hypertension a)..b)..c)..P=3
49. List the stages of development of arterial hypertension a)..b)..c).. P=3
50. Name the clinical and morphological forms of arterial hypertension a)…b)…c)… P=3
51. Give the definition of hypertensive crisis P=2
52. What are the forms of arterial hypertension depending on the course? a) ... b) ... P \u003d 2
53. Name the causes of death in patients with malignant arterial hypertension P=2
54. What changes develop in the heart in stage III arterial hypertension? P=4
55. What morphological features are typical for hypertensive crisis? P=6
56. What determines the outcome of a cerebral hemorrhage? a) ... b) ... P \u003d 2
57. Name the most common causes of death in patients with arterial hypertension P=5
58. In what disease does a primary wrinkled kidney develop? P=1

Situational tasks

1. In the abdominal aorta, the wall in one of the sections swells, is thinned, from the side of the lumen looks uneven and rough due to plaque-like thickenings, and is ulcerated in places. Name the disease of the aorta. P=3
2. At autopsy, blood clots and liquid blood were found in the cavity of the heart shirt. In the region of the anterior wall and the apex of the left ventricle, extensive areas of the myocardium are gray-yellow in color and have a soft texture. From the side of the epicardium in this area, a gap with uneven edges, saturated with blood, leading to the cavity of the left ventricle, is distinguishable. Name the disease and its complication. P=2
3. An 80-year-old man has edematous left foot, its tissues are swollen, black-green in color, emit an unpleasant odor. Ultrasound of the vessels of the left lower limb in the artery of the lower leg shows stenosing atherosclerosis with thrombosis. 1) name the disease 2) name the clinical and morphological form of atherosclerosis in this patient P=2
4. When examining an amputated lower limb, it was found that the tissues of the foot are dryish, black in color, the border with normal tissues of the lower leg is well expressed. In the lumen of the arteries, there is stenosing atherosclerosis by 85% with thrombosis. Name the disease for which the patient underwent amputation of the lower limb. P=1
5. A 59-year-old patient suffered from arterial hypertension for 6 years and did not regularly take antihypertensive therapy. She died suddenly during another hypertensive crisis. An autopsy revealed a hematoma 6.0 cm in diameter in the left parietal lobe; in the arterioles of the brain - changes characteristic of a hypertensive crisis. List those changes. a)..b)..c)..d)..e).. P=5
6. A 48-year-old patient was admitted to the intensive care unit with a diagnosis of acute transmural myocardial infarction of the anterior wall of the left ventricle. With increasing symptoms of acute cardiovascular insufficiency, he died by the end of the second day from the moment of receipt. An autopsy showed an “unstable” atherosclerotic plaque with thrombosis in the anterior interventricular branch of the left coronary artery. List the signs of "unstable" atherosclerotic plaque that developed in this patient. P=5
7. Autopsy of a 76-year-old patient who had been suffering from arterial hypertension for a long time revealed: in the region of the subcortical nuclei of the right hemisphere of the brain, a rounded smooth-walled cavity 5 mm in diameter filled with a transparent light liquid. In the occipital lobe of the right hemisphere there is a focus of softening of a mushy texture of gray color with a diameter of 3.5 cm. Name the disease taking into account the described morphological changes in the brain. P=2

Topic 12. Glomerulonephritis. Nephrotic syndrome. Amyloid nephrosis. Tubulopathies with a common characteristic.

1. Define glomerulopathies p=5
2. What does the concept of diffuse glomerulopathy mean? p=2
3. Define the concept of segmental glomerulopathy p=3
4. What does the concept of total glomerulopathy p=2 mean?
5. Name three main types of primary glomerulopathies p=3
6. Name the primary acquired glomerulopathies p=2
7. Define glomerulonephritis. P=7
8. What are the renal symptoms of glomerulonephritis p=4
9. Name extrarenal symptoms of glomerulonephritis p=5
10. List the signs of nephrotic syndrome p=7
11. What triggers the mechanism of glomerulonephritis development? p=2
12. List the clinical forms of glomerulonephritis p=4
13. Name the types of primary glomerulonephritis by etiology p=2

14. List the possible pathogens of bacterial glomerulonephritis p=3
15. What reaction reflects the immune inflammation of the glomeruli p=3
16. Name the types of glomerulonephritis according to the location of the lesion in the glomeruli p=2
17. Name the types of glomerulonephritis according to the main type of inflammation p=3
18. Name the types of glomerulonephritis according to the clinical course p=3
19. Name the types of extracapillary exudative glomerulonephritis according to the nature of inflammation p=3
20. Name the phases of acute glomerulonephritis p=3
21. Give a macroscopic description of the kidneys in acute glomerulonephritis. P=4
22. Why subacute glomerulonephritis is called rapidly progressive and malignant p=2
23. Name the type of inflammation in subacute glomerulonephritis p=1
24. Proliferation of what cells in the glomerulus is observed in subacute glomerulonephritis? p=3
25. List the morphological changes in the kidneys in the outcome of subacute glomerulonephritis p=4
26. Define chronic glomerulonephritis p=5
27. Name the morphological types of chronic glomerulonephritis p=2
28. What condition develops in the outcome of chronic glomerulonephritis p=1
29. Name the stages of the course of nephrotic amyloidosis p=4
30. Name the structures of the kidney where amyloid is deposited in case of amyloidosis p=4
31. Name the complications of amyloid nephrosis p=5
32. Define Acute renal failure p=7
33. Name the outcome of Acute renal failure. P=2
34. List the stages of acute renal failure p=3
35. What are the changes in organs with uremia p=4
36. Define uremia p=7
37. Define azotemia p=7
38. What is the clinical manifestation of nephrosclerosis? p=3
39. Define pyelonephritis p=6
40. List the complications of purulent pyelonephritis p=5
41. What pathological process develops in the kidney due to hydronephrosis? p=
42. Name the types of urinary stones according to the chemical composition p=5
43. Name two forms of chronic pyelonephritis. P=2
44. What is kidney thyroidization? P=3

1. List the clinical manifestations of nephritic syndrome: a)…, b)…, c)…, d)…, e)… P=5
2. Name the microscopic changes in kidney biopsy specimens in nephritic syndrome. P=4
3. What characterizes morphologically acute tubulointerstitial
nephritis? P=3
4. Describe the microscopic picture of acute tubulo-interstitial
jade. P=7
5. What is glomerulonephritis? P=6
6. Give a general classification of glomerulonephritis (glomerulopathies). P=3
7. What is focal segmental glomerulosclerosis characterized by? P=5
8. Name the most common cause of primary nephrotic syndrome in adults. P=1
9. Name the most common cause of primary nephrotic syndrome in children. P=1
10. List glomerulopathies in systemic diseases: a)…, b)…, c)…, d)…, e)…, f)…, g)…, h)… P=8
11. Name the forms of diabetic nephropathy: a)…, b)… P=2
12. List the forms of acute renal failure by etiology: a) ..., b) ..., c) ... P=3
13. Name the variants of drug damage to the kidneys: a) ..., b) ..., c) ... P=3
14. What can cause acute tubular necrosis: a)…, b)…, c)…, d)…, e)… P=5
15. What can cause acute renal papillary necrosis: a)…, b)…, c)… P=3

16. List the manifestations of acute renal papillary necrosis: a)…, b)…, c)…, d)…, e)…, f)… P=6
17. In the definition of kidney disease, it is necessary to indicate: a) ..., b) ..., c) ..., d) ... P=5
18. What characterizes clinically nephrotic (kinin) crisis: a)…, b)…, c)…? P=3
19. List possible complications of nephrotic syndrome: a)…, b)…, c)…, d)…, e)…, f)…, g)…, h)… P=8

Situational tasks

1. A patient had an increase in blood pressure during his lifetime. Death came from uremia. At autopsy, unequally reduced kidneys were found.
with a coarsely bumpy surface, a hard-to-remove capsule, sclerosis of the pelvis
and pelvic tissue. Microscopically in the interstitial tissue sclerosis,
lymphoplasmacytic and leukocytic infiltration. What is your diagnosis? P=2 What changes in the heart can this patient have? P=1
With what disease should a differential diagnosis be made? P=1 What changes could be in the urine and blood of this patient? P=2
2. A patient suffering from bronchiectasis developed renal and extrarenal symptoms. On the section, "large sebaceous buds" were found. What complicated the course of the underlying disease? P=1 Describe the morphological manifestations in the kidneys of this disease (complications). P=4
3. During the autopsy of the corpse of a patient who died of uremia, "large sebaceous kidneys" were found. What disease are we talking about? P=1
4. In a patient with hypertension, on the section, kidneys reduced in size with a fine-grained surface were found. What is your conclusion? P=2
5. A patient who drank a solution of sublimate developed anuria, and the residual nitrogen in the blood sharply increased. What disease are we talking about? P=2 What are the main microscopic changes in the kidneys (tubules, glomeruli, stroma)? P=3
6. On the second day after the injury, a patient with massive blood loss developed anuria, and the residual nitrogen in the blood sharply increased. At autopsy, the kidneys are enlarged, swollen, with a yellowish cortical layer and full-blooded pyramids. Give the name of the kidney disease. P=2 Name the stage of this disease. P=1 Major histological changes: tubules, stroma, vessels of the cortical layer. P=4

Topic 13. Hepatosis. Hepatitis. Alcoholic hepatitis. Alcoholic steatosis of the liver. Alcoholic cirrhosis of the liver. Cirrhosis of the liver.

1. List the etiological factors of liver disease:
a)…,b)…,c)…,d)…,e)…. P=5
2. List liver diseases: a)…, b)…, c)…, d)…. P=4
3. What is hepatosis? Varieties of acquired hepatosis depending on the nature of the flow? P=6
4. List acquired hepatoses: a)…, b)…. P=2
5. Define progressive massive necrosis of the liver. P=3
6. Specify the causes of massive liver necrosis: a) …, b) …, c) …. P=3
7. Name the outcome of massive liver necrosis. P=2
8. List the causes of death in massive liver necrosis: a) ..., b) ... P=2
9. What is jaundice? P=6
10. List the types of jaundice: a) ..., b) ..., c) ... P=3
11. What is fatty hepatosis, its synonyms? P=6
12. In what diseases is fatty hepatosis most common:
a)…,b)…,c) …. P=3
13. Give a macroscopic description of the liver in fatty hepatosis:

a) dimensions ..., b) consistency ..., c) color ..., d) figurative name ... P = 4
14. Name the possible outcome of fatty hepatosis. P=2
15. Give the classification of primary hepatitis by etiology:
a) ..., b) ..., c) ...., d) ... P=4
16. Name the main varieties and pathogens of viral hepatitis:
a) ... (P=2), b) ... (P=2) P=4
17. Name the varieties of pathogens of viral hepatitis, indicating
pathogen transmission mechanisms: a) ... (P=2), b) ... (P=2), c) ... (P=2), d) ... (P=2),
e) … (P=2). P=10
18. List the mechanisms of infection with viral hepatitis B: a) ..., b) ..., c) ... P=3
19. List the clinical and morphological forms of acute viral hepatitis B:
a) ..., b) ..., c) ..., d) ... P=4
20. List the possible outcomes of acute viral hepatitis B: a) ..., b) ..., c) ... P=3
21. What is alcoholic hyaline? P=3
22. Give a definition of liver cirrhosis, indicating the morphological and clinical
manifestations. P=7
23. List the morphological signs of liver cirrhosis:
a)…,b)…,c)…,d)…,e)…. P=5
24. Specify the causes of postnecrotic cirrhosis of the liver: a) ..., b) ..., c) ... P=3
25. List the etiological factors of portal cirrhosis of the liver:
a)…,b)…,c)….,d) …. P=4
26. List the morphogenetic forms of liver cirrhosis: a) ..., b) ..., c) ... P=3
27. List the main anastomoses in liver cirrhosis: a) ..., b) ..., c) .... P=3
28. List the clinical and morphological manifestations of the syndrome of portal
hypertension: a) …, b) …, c) … P=3
29. Name the possible complications of liver cirrhosis:
a)…,b)…,c)…,d)…,e) …. P=5
30. Name the most common causes of death in patients with liver cirrhosis:
a) ..., b) ..., c) ..., d) ... P=4

Situational tasks

1. A patient developed weakness after eating unknown mushrooms,
jaundice. After a while he lost consciousness and died. At autopsy, the liver
flabby, ocher-yellow color with wrinkled capsule. What is your diagnosis? Cause
of death? Microscopic picture in this disease? P=5
2. After poisoning with mushrooms, the patient developed jaundice, phenomena
hemorrhagic syndrome, hypoproteinemia. Progressive
reduction in the size of the liver. Make a diagnosis. What is the underlying process
this disease? Name the stages of the disease and possible favorable
outcome of the disease. P=7
3. In an obese patient, an increase in the size of the liver and an increase
blood lipoprotein levels. Make a possible diagnosis. Describe the macroscopic picture. Give a
figurative name of the organ in this disease. Describe the microscopic picture. Name the stain to
be used to clarify microscopic changes. P=8
4. An increase in size was found in a patient with diabetes mellitus liver. Make a possible
diagnosis. Explain the reason for the development of this disease. Name a possible outcome. P=4
5. 3 months after the extraction of the tooth, the patient developed jaundice, weakness,
hemorrhages appeared. Liver biopsy revealed ballooning dystrophy,
necrosis of hepatocytes and Kaunsilmen's bodies, pronounced histiolimphocytic infiltration of
the portal tracts. Your full diagnosis, taking into account the clinical and morphological form of
the disease. Set the path of infection. P=4

6. A network of enlarged subcutaneous veins and bleeding from dilated veins of the esophagus. The liver is slightly enlarged, with a fine-grained surface, dense consistency, yellowish-brown color on the cut. Make a diagnosis indicating the macroscopic and morphogenetic form of the disease. The manifestation of what syndrome are the detected changes in veins? List other manifestations of this syndrome. P=6
7. The patient suffers from chronic alcoholism for a long time. On examination
the liver is enlarged, dense, bumpy. On the anterior abdominal wall, the expansion of the saphenous veins. The enlargement of the spleen is determined. Make a diagnosis. Name the leading clinical syndrome of the disease. List possible complications of this syndrome. P=4
8. At the autopsy of the deceased, an increase in the volume of the abdomen was noted. In the abdominal cavity about 6 liters of cloudy liquid with fibrin threads. The peritoneum is dull, with injected vessels. Liver dense consistency with a fine-grained surface, yellow. Make a diagnosis (according to the macroscopic picture). Name the probable morphogenetic form of the disease. What liver disease resulted in this pathology? State the cause of death. P=6

Topic 14. Gastritis, forms, morphology. Peptic ulcer of the stomach and duodenum. Stomach cancer. Appendicitis.

1. Define gastritis P=2
2. List the most common causes of acute gastritis a)..b)..c)..d)..e)..f)..g)..h)..i)… P=9
3. List the morphological forms of acute gastritis a)..b)..c)..d).. p=4
4. Define chronic gastritis P=3
5. List the diseases of the stomach, the etiological factor of which is Helicobacter pylory P=3
6. Give the definition of peptic ulcer P=3
7. List the stages of development of peptic ulcer P=3
8. What is erosion? P=1
9. What do erosions look like macroscopically? P=2
10. What is the outcome of gastric erosion? P=1
11. List the outcomes of acute gastric ulcer P=2
12. List the complications of chronic stomach ulcer a)..b)..c)..d)..e).. P=5
13. What is gastric ulcer penetration? P=1
14. List the diseases against which the development of stomach cancer is possible P=6
15. List the precancerous morphological processes developing in the stomach P=2
16. What is stomach cancer? P=2
17. List the classification of stomach cancer by localization P=5
18. List the main histological types of stomach cancer P=4
19. List the orthograde lymphogenous metastases of gastric cancer a) early b) subsequent P=5
20. List retrograde lymphogenous metastases of gastric cancer (name them by authors) P=3
21. Name the organs in which hematogenous metastases of gastric cancer develop? P=6
22. Define appendicitis P=2
23. List the morphological forms of acute appendicitis P=3
24. List the morphological forms of acute destructive appendicitis P=4
25. List the macroscopic changes in the appendix in case of phlegmonous appendicitis P=4
26. List the microscopic changes in the wall of the appendix in a) apostematous appendicitis b) phlegmonous-ulcerative appendicitis P=4
27. List the complications of acute appendicitis P=7
28. How does dropsy of the appendix develop? P=2
29. Define cholecystitis P=2
30. What are the most common causes of cholecystitis a).. b).. P=2
31. List the composition of stones formed in the gallbladder P=4
32. List the complications of calculous cholecystitis P=5
33. List the complications of chronic cholecystitis p=5

34. List the clinical and morphological forms of acute cholecystitis a)..b)..c)..d)..P=4

Situational tasks

1. A vermiform appendix measuring 13.5x3.8 cm, purple-black in color, on the serous membrane - multiple grayish fibrinous membranous overlays was delivered to the pathoanatomical department. Name the form of appendicitis according to the macroscopic changes described above. P=1
2. During gastroscopy on the lesser curvature of the stomach, a patient was found to have a formation measuring 7.0x6.0 cm, resembling a cauliflower in appearance. A biopsy was taken. a) name this tumor formation P=1 b) what histological types are more typical for this tumor? P=2
3. The surgical material - a section of the stomach was delivered to the pathoanatomical department. The wall of the stomach is thickened up to 3.0 cm, dense, cartilaginous consistency, the folds are smoothed, the layers of the stomach wall are not distinguishable. Name the macroscopic form of the tumor. Name the form of growth P=2
4. A patient with gastric ulcer for the last 2 months complains of frequently recurring vomiting of food eaten. X-ray examination of the stomach in the form of "hourglass". Name the complication that developed in the patient. P=1
5. The operating material was sent to the pathoanatomical department - the gallbladder: the wall is thickened up to 4 mm, in purulent exudate. Microscopic examination revealed diffuse leukocyte infiltration. Make a diagnosis. P=2
6. In a patient during gastroscopy in the body of the stomach, a rounded formation with a diameter of 2.5 cm, a depth of 0.8 cm with roller-like, callused edges was revealed. At the bottom of this formation there are fibrinous-purulent deposits, an arrosive vessel covered with a thrombus. Make a diagnosis. P=2
7. The patient died from posthemorrhagic anemia. An autopsy revealed 1.5 liters of liquid blood and its clots in the cavity of the stomach, in the intestinal lumen throughout the liquid blood. On the lesser curvature, an area of dark red color, oval, 5.0 x 7.0 cm in size with thin moving edges was found; in its bottom is an arrosive, gaping vessel. Make a diagnosis. Name the complication that has developed in this patient. P=2

Topic 15. Acute inflammatory diseases of the lungs, principles of classification. Croupous pneumonia (lobar). Focal pneumonia (bronchopneumonia). The concept of nosocomial infection. Interstitial (interstitial) pneumonia. Chronic obstructive bronchitis. Bronchiectasis and bronchiectasis. Lung cancer. Acute respiratory viral infections.

1. Define pneumonia. P=3
2. Name the clinical and morphological forms of pneumonia: a)…,b)…,c)… P=3
3. Define lobar pneumonia. P=5
4. List the synonyms of croupous pneumonia. P=3
5. Name the etiological factors of pleuropneumonia: a)…,b)… P=2
6. Name the stages of lobar pneumonia. P=4
7. Name the possible outcomes of pneumonia. P=2
8. What is carnification? P=4
9. List the pulmonary complications of lobar pneumonia. P=4
10. List the main extrapulmonary complications of lobar pneumonia. P=6
11. List the atypical forms of lobar pneumonia:
a) ..., b) ..., c) ..., d) ..., e) ... P=5
12. Define bronchopneumonia. P=3
13. List the most important types of focal pneumonia, depending on
from an infectious agent. P=5

14. List focal pneumonia depending on the conditions of their occurrence. P=4
15. Name the possible pulmonary complications of focal pneumonia. P=3
16. Define interstitial pneumonia. P=3
17. List the most common etiological factors of interstitial pneumonia: a) ..., b) ..., c) ..., d) ... P=4
18. What are the main pathogenetic mechanisms of respiratory viral infections. P=3
19. Name the forms of influenza along the flow: a) ..., b) ..., c) ... P=3
20. List the most common causes of death from influenza. P=6
21. Define chronic bronchitis. P=5
22. Name the epithelial changes preceding lung cancer: a)…,b)…,c)… P=3
23. List the microscopic changes in the wall of bronchiectasis: a)…,b)…,c)…,d)…,e)… P=5
24. Name the main microscopic varieties of lung cancer: a)…, b)…, c)…, d)…. P=4
25. Name the most characteristic hematogenous metastases of lung cancer P=3
26. Name pulmonary and extrapulmonary complications of bronchiectasis P=4
27. Define bronchiectasis P=3
28. Define bronchiectasis P=3
29. List the main causes of death in patients with lung cancer: a) ..., b) ..., c) ... P=3
30. Name the types of lung cancer according to localization: a)…,b)…,c)… P=3
31. Name the most important etiological factors in the development of chronic bronchitis: a) ..., b) ... P=2
32. Name the types of chronic bronchitis depending on the nature of inflammation: a) ..., b) ... P=2
33. Name the types of lung cancer according to the nature of growth: a) ..., b) ... P = 2
34. Name the forms of chronic bronchitis depending on the level of bronchial damage: a) ..., b) ... P=2
35. Name the forms of bronchitis depending on the condition of the bronchial lumen: a) ..., b) ... P=2

Situational tasks

1. A young woman fell ill suddenly, in the midst of full health. Fever, chills. X-ray darkening of the middle lobe. The patient's condition progressively worsened, and on the 6th day the patient died. On autopsy: the middle lobe of the right lung is dense, gray in color, its cut surface is fine-grained. The interlobar pleura is thickened. On the visceral pleura, threadlike gray overlays. Regional lymph nodes are enlarged, juicy.
a) Your diagnosis. P=1
b) Give a definition. P=5
c) Specify the possible etiology. P=1
d) What can be found in the exudate by microscopy? P=2
2. A 52-year-old patient had the flu for 2 weeks. Admitted to the hospital 3 days before death. Complained of shortness of breath, cough with sputum, fever. At autopsy: edema, plethora, hemorrhages, fibrin films on the mucous membrane of the trachea and bronchi. The lungs are enlarged in volume, sharply plethoric, on the section of a mottled appearance, with airless grayish foci of compaction with melting of the lung tissue in the center of these foci. The pleural cavities contain pus.
a) What form of influenza can you think of? P=2 b) Name the changes in the airways. P=2
c) Name the process in the lungs. P=2
d) Name the process in the pleural cavities. P=1
3. During the flu epidemic, a 43-year-old man's body was delivered for autopsy. He fell ill acutely: rise in temperature to 39º C, headaches, cough for 2 days. Symptoms of intoxication are expressed. At autopsy: the mucous membrane of the trachea and bronchi is dull, sharply

hyperemic, edematous, with pinpoint hemorrhages. Edema and swelling of the substance of the brain.
a) What disease and its form can be thought of? b) State the cause of death.
c) What research should be done to confirm the diagnosis? P=3
4. An autopsy of the patient revealed in the lungs: the bronchi with compacted walls were dilated in places, containing pus-like contents. The lungs are diffusely swollen, doughy consistency, with diffuse whitish heaviness on the cut. Give the full detailed name of the disease (P=4). What process naturally develops in the pulmonary circulation? (P=1). The state of the heart during this process, its name (P=2). P=7
5. During a routine examination of a patient in the 3rd segment of the right lung under the pleura, a rounded formation with a diameter of 2 cm was found. When puncturing this formation: atypical cells of the glandular epithelium. Name the disease (P=2) Name the preceding process (P=3) Define it (P=3) P=8
6. A tumor was found in the lung. On microscopic examination in the tumor, "nested" structures from cells of stratified squamous epithelium, resembling pearls in appearance, in the center of which are keratinization. Cellular and tissue atypia. Name the diagnostic microscopic sign. Name the tumor taking into account histogenesis, the source of development, the background pathological process and previous changes in the epithelium. P=8

Topic 16. The concept of infectious diseases. Reactivity of the organism and infection, the importance of the age factor. General characteristics of the infectious process. Typhus fever. Intestinal bacterial infections.

1. Define typhoid fever. P=4
2. Name the source of infection with typhoid fever. P=2
3. Name the route of infection with typhoid fever. P=1
4. In which part of the intestine local changes in typhoid fever are most characteristic P=1
5. Name the main stages of changes in Peyer's patches in typhoid fever. P=5
6. Describe the microscopic changes in Peyer's patches during the stage of cerebral swelling of typhoid fever. P=3
7. List the intestinal complications of typhoid fever. P=3
8. List extraintestinal complications in typhoid fever. P=6
9. How soon after the onset of the disease can fatal complications occur in typhoid fever? P=2
10. List the causes of death in typhoid fever. P=4.
11. Specify the forms of salmonellosis. P=3.
12. Define dysentery (shigellosis). P=5
13. Name the causative agent of dysentery (shigellosis) and list its 4 types. P=5
14. Name the source of dysentery (shigellosis) P=2
15. Name the mechanism and ways of transmission of dysentery (shigellosis). P=4
16. Give the morphological characteristics of the stages of dysentery (shigellosis). P=4.
17. Describe the microscopic picture of the stage of catarrhal colitis of dysentery. P=3
18. Name the varieties of fibrinous colitis in dysentery. P=2
19. List the intestinal complications in dysentery (shigellosis). P=4.
20. List extraintestinal complications in dysentery (shigellosis). P=7
21. What outcomes can be observed in the mucous membrane of the colon after dysentery. P=3
22. Define amoebiasis. P=5
23. Give a brief description of amebiasis: a) name the causative agent of amebiasis, b) the route of infection, c) localization of morphological changes, d) morphological manifestations of the disease. P=4.
24. List the intestinal complications of amoebiasis. P=4
25. Name the most dangerous complication of amoebiasis. P=1
26. Define diphtheria. P=5

27. Name the causative agent of diphtheria. P=1
28. What inflammation develops in diphtheria of the pharynx and tonsils? P=2
29. What inflammation develops in respiratory tract diphtheria? P=2
30. Name the causes of death in diphtheria. P=3

Situational tasks

Task 1
An autopsy revealed ulcers with a dirty gray or greenish bottom in the caecum. The zone of necrosis penetrates deep into the submucosal and muscular layers. The edges of the ulcer are undermined and hang over the bottom. Microscopic examination in areas of ulceration local cellular reaction is weakly expressed.
a) What is the disease? P=1
b) How can the diagnosis be confirmed? P = 2
c) Name the changes in the caecum. P=2
Task 2
In the ileum, at the site of group follicles, there are ulcerative defects located along the length of the intestine. The edges of the ulcers are even, slightly rounded, the bottom is formed by the muscular layer, and in some - serous.
a) Name the disease. P = 1
b) What stage are these changes characteristic of? P=1
c) What are the possible complications at this stage? P=1
Task 3
When examining the sigmoid colon, it was found that it was spasmodic, its lumen was narrowed. The mucous membrane of the intestine is dull, hyperemic, swollen, covered with mucus, there are superficial focal necrosis and hemorrhage. Shigella bacteria were found in the culture of the contents of the sigmoid colon.
a) Make a diagnosis. P=1
b) Determine the stage of the disease and give its name. P=2
Task 4
The patient was admitted to the department of intestinal infections with abdominal pain, tenesmus. Sigmoidoscopy revealed: the mucous membrane of the rectum and the lower part of the sigma swollen, hyperemic, with pinpoint hemorrhages and ulcerative defects at the tops of the folds, the shape and depth of the ulcers are varied.
a) Make a diagnosis. P=1
b) Name the stage of the disease and explain the mechanism of ulcer formation. P=2
Task 5
The child fell ill acutely, with a rise in body temperature up to 38-39C and a sharp pain when swallowing. On examination, the soft tissues of the neck were edematous. The tonsils are enlarged with moderate hyperemia. On the surface of the tonsils there are hard-to-remove yellowish-white films. When they are rejected, bleeding ulcers are detected. Signs of general intoxication are sharply expressed.
a) Make a diagnosis. P=1
b) Specify the form of inflammation of the tonsils. P=2
c) List the possible complications of the heart, peripheral nerves, kidneys. P=3

Topic 17. Features of the manifestation of sepsis and its difference from cyclic infections. Characteristics of clinical and anatomical forms of sepsis. Meningococcal infection.

1. Define sepsis. p=11
2. What is bacteremia? p=2

3. Give nosological identification of sepsis. p=4
4. In what cases is sepsis a complication of the underlying disease? p=7
5. In what cases is sepsis the main disease? p=6
6. Name the main clinical and pathological forms of sepsis. p=3
7. List the general changes in sepsis. p=8
8. What is a primary septic focus? p=6
9. What are secondary (metastatic) septic foci? p=5
10. What is the leading criterion for pathoanatomical diagnosis sepsis? p=2
11. List the main syndromes that develop in sepsis. p=6
12. Name the clinical forms of sepsis. p=2
13. When does septic shock occur? p=5
14. Define septic shock. p=7
15. Define refractory septic shock. p=5
16. List the clinical and laboratory signs of systemic inflammatory response syndrome. p=4
17. Describe septicopyemia. p=7
18. What is septicemia? p=4
19. Define bacterial (infectious) endocarditis. p=5
20. Give a characteristic tetrad of lesions in bacterial endocarditis. p=4
21. What distinguishes sepsis from other infectious diseases: a).., b).., c).., d).., e)… p=5
22. What type of embolism is observed in sepsis: a) ..., b) ... p=2
23. What is the entry gate of infection? p=1
24. What is a septic focus? p=3
25. Name the types of sepsis depending on the location of the septic focus:
a).., b).., c).., d).., e).., f).., g).., h)… p=8
26. What is cryptogenic sepsis? p=2
27. What is otogenic sepsis? p=2
28. Where are the first hematogenous metastatic foci observed in uterine
sepsis: a) ..., b) ... p=2
29. What is urogenic sepsis: Name the most common pathogen. p=3
30. Name the clinical and anatomical forms of gynecological sepsis. When does it occur? p=4
31. Define meningococcal infection; name the prevailing nature of inflammation in it. p=5
32. Name the causative agent of meningococcal infection, source of infection, route of transmission. p=4
33. Name the forms of meningococcal infection: a).., b).., c)… p=3
34. Name the forms of meningococcal infection. Typical pattern of inflammation in meningococcal meningitis. p=4
35. Name the cause of death in the acute period of purulent meningitis. p=1
36. What are the possible outcomes of leptomeningitis in meningococcal infection. p=2
37. What changes occur in meningococcemia: a) in the meninges, b) in the kidneys, c) in the adrenal glands. p=3
38. What is Waterhouse-Frideriksen syndrome? p=4
39. List the causes of death in meningococcemia. p=5
40. What is chronic dropsy of the brain? What process is it the result of?
What disease most often underlies its occurrence? p=3

Situational tasks

1. A patient suffering from nodular prostatic hyperplasia died of urosepsis. Explain the pathogenesis of urosepsis. p=5
2. An autopsy of a patient with a long-term non-healing thigh wound revealed multiple abscesses in the internal organs.
a) Make a diagnosis.

b) Specify the clinical and anatomical form of the disease. p=2
3. A 48-year-old patient, a few weeks after tooth extraction, began to notice daily rises in temperature, rashes on the skin and conjunctiva of the eyes. From the anamnesis it is known that since childhood he suffers from rheumatism. He was admitted to the hospital with a clinic of acute cerebrovascular accident. On the 2nd day of inpatient treatment, death occurred. Autopsy revealed ischemic cerebral infarction, multiple infarcts of the kidneys and spleen. Make a diagnosis taking into account the localization of the pathological focus. What complicated the course of this disease? p=4
4. An autopsy of the brain of a corpse revealed that the cerebral convolutions were smoothed out, the ventricles of the brain were sharply enlarged, and the brain tissue was atrophied. From the history of the disease it is known that the patient suffered an acute infection with lesions of the pia mater. What is your diagnosis? p=3
5. When opening the cranial cavity of the corpse of a child aged 12 years, it was found: tension of the dura mater, pia mater of the anterior surface of the cerebral hemispheres and spinal cord are saturated with pus; the lateral ventricles of the brain contain pus. In a smear from pus, diplococci were found in leukocytes.
   a) Make a diagnosis. p=2
   b) Name the changes in the soft meninges. p=3
   c) Name the changes in the ventricles of the brain. p=1
6. An autopsy revealed: thrombophlebitis of the sigmoid sinus, abscesses of the brain and lungs, purulent inflammation of the middle ear. Make a diagnosis, indicate the clinical and anatomical form of the disease. p=2

Topic 18. Tuberculosis. Common data. Tuberculosis as a social problem. Primary tuberculosis. Hematogenous tuberculosis. Secondary tuberculosis, its features.

1. Define tuberculosis. P=4
2. Name the causative agent of tuberculosis and its types pathogenic for humans P=3
3. Name the ways of infection with tuberculosis. P=2
4. Name the sources of tuberculosis infection. P=2
5. Name the clinical and morphological forms of tuberculosis. P=3
6. What is the morphological expression of primary tuberculosis? P=1
7. List the components of the primary tuberculosis complex. P=3
8. Describe the morphology of the primary affect. P=2
9. What is caseous pneumonia? P=3
10. Name the most frequent localization of the primary affect in the lungs. P=3
11. What is included in the composition of the primary tuberculosis complex in the alimentary route of infection? P=3
12. Name the variants of the course of primary tuberculosis. P=3
13. What process underlies the ossification of the primary affect? P=1
14. Name the forms of progression of primary tuberculosis. P=4
15. What is the morphological manifestation of the growth of the primary affect? P=3
16. Predominance of what tissue reaction is typical for the attenuation of the tuberculous process? P=1
17. Name the extrapulmonary complications of primary tuberculosis. P=4
18. What processes are characterized by exacerbation of tuberculosis? P=3
19. Name the sources from which mycobacteria enter the blood during hematogenous dissemination of tuberculosis. P=2
20. Give the classification of hematogenous tuberculosis. P=3
21. List the structural components of tuberculous granuloma. P=4

22. What parts of the skeletal system are affected most often in osteoarticular tuberculosis? When answering, give the special names of the pathological processes of the indicated localization. P=6
23. List the characteristic features of secondary tuberculosis. P=3
24. Name the forms of secondary tuberculosis. P=8
25. What are the morphological foci of reinfections in secondary tuberculosis? P=4 What are they called by the author? P=1
26. What anatomical structure of the lung is first involved in the process at the beginning of secondary tuberculosis, its caliber, localization, nature of the process? P=4
27. What is the outcome of acute focal tuberculosis. P=2
28. What is morphologically infiltrative tuberculosis? P=4
29. Name the forms of progression of infiltrative tuberculosis. P=2
30. What is tuberculoma? P=2
31. What form of secondary tuberculosis most often causes tuberculoma? P=1 What is it morphologically? P=2
32. Name the layers of the wall of a sharp cavity. P=2
33. Name the causes of death in patients with acute cavernous tuberculosis. P=3
34. Describe the structure of the wall of a chronic cavity. P=3
35. What is the outcome of fibrous-cavernous tuberculosis P=1
36. List the complications of fibrous-cavernous tuberculosis. P=5
37. Name the possible causes of death in patients with pulmonary tuberculosis. P=3

Situational tasks

Task 1

The patient has hemoptysis. X-ray in the apex of the right lung cavity with dense walls. The lung is deformed with fields of sclerosis. The patient is registered in the TB dispensary. Diagnose and explain hemoptysis. P=3

Task 2

During the annual examination of the patient, a rounded shadow with a diameter of 2 cm was found on the radiograph of the lungs. The patient is practically healthy. What form of tuberculosis can we talk about? With what diseases should a differential diagnosis be made? P=3

Task 3

A corpse from the phthisiatric clique was admitted to the pathoanatomical department. An autopsy revealed cavities with dense edges in the right lung. The lung is deformed with fields of sclerosis. The kidneys are large, greasy, the sago spleen. What form of tuberculosis and what complication are we talking about? P=3

Task 4

The autopsy revealed small millet-shaped, whitish nodules in the internal organs of the deceased with symptoms of severe intoxication and cerebral coma. Name the form of tuberculosis. What morphological changes can be found in the meninges? P=4

Task 5

The patient was treated with steroid hormones for systemic lupus erythematosus. In the course of treatment, weakness, cough with a small amount of sputum, in which mycobacterium tuberculosis was found, appeared. a) what is the name of this form of tuberculosis? P=1 b) what was the source of infection? P=1 c) What is the cause of the tuberculous process? P=1

Task 6

An autopsy of the corpse of a patient suffering from pulmonary tuberculosis revealed a deformity of the bronchial tree, multiple cavities in both lungs with crumbling white-yellow, in some places - purulent masses. The lung tissue has massive fibrous layers. Name the form of tuberculosis. P=1 Specify the possible causes of death. P=3

Task 7

At autopsy in the right lung under the pleura in the 3rd segment, a pea-sized focus of bone density, white in color, was found. Make a diagnosis. P=1 What is the name of the hearth according to the author? P=1

Task 8

Tuberculous spondylitis was revealed in a young man who had primary tuberculosis in childhood. What form of tuberculosis is it a manifestation of? P=2 What is the direct localization of the process in the vertebrae? P=1

Task 9

In a 40-year-old man with a lifetime diagnosis of "peripheral lung cancer", a section in the 2nd segment on the right revealed a focus of caseous necrosis the size of a pigeon's egg, surrounded by a connective tissue capsule. Make a diagnosis. P=1