DISEASES OF PREGNANCY, POSTPARTUM AND PLACENTA. DISEASES OF THE CERVIX AND BODY OF THE UTERUS, DISEASES OF THE OVARIES AND MAMMARY GLANDS.

1. What groups are divided into diseases of the genital organs and mammary glands: a)..., b)..., c).... P=3
2. What processes relate to dyshormonal diseases of the female genital organs and mammary gland: a)..., b)..., c)..., d)..., e)..... P=5
3. Name the causes of glandular endometrial hyperplasia. P=4
4. What is accompanied by glandular endometrial hyperplasia in the clinic? P=2
5. What is endocervicosis? P=5
6. List the histological forms of endocervicosis: a)..., b)..., c).... P=3
7. What is microscopically characterized by healing endocervicosis? P=3
8. What is the reason for the development of mastopathy? P=2
9. Name forms of mastopathy
10. Give a micro- and macroscopic characteristic of non-proliferative mastopathy: a)..., b)..., c)..., d)..... P=4
11. What characterizes proliferative mastopathy: a)..., b)..., c)... P=3
12. List the types of proliferative mastopathy: a)..., b).... P=2
13. Call the microscopic forms non-proliferative (P = 2) and proliferative (P = 2) mastopathy. P=4
14. Name the histological varieties of pseudo erosion of the cervix (endocervicosis): a)..., b).... P=2
15. What is mastopathy? (P= 2) Indicate its main forms and their clinical significance: a)..., b).... (P=4) P=6
16. Synonyms of cervical ectopia. P=2
17. List the types of endometritis by the course: a)..., b).... P=2
18. List the causative agents of acute endometritis: a).... b)..., c)..., d).... P=4
19. What pathological processes can develop after acute purulent endometritis? a)..., b).... P=3
20. List the types of chronic endometritis: a)..., b).., c).... P=3
21. What is mastitis? Indicate the possible forms of the course of the disease. P=3
22. Name the precancerous changes in the cervical mucosa. P=2
23. Name the histological varieties of cervical cancer: a)...,b)..., c)..... P=3
24. List the types of cervical cancer depending on the location. P=2
25. What are the complications of cervical and uterine cancer: a)..., b)..., c)..., d)..., e)...., e)... P=6
26. List the metastases of cervical cancer: a)..., b)..., c)..., d)..., e)..... P=5
27. Name the leading factor for the development of cervical cancer. P=2
28. Name the leading cause of cancer of the body of the uterus. P=1
29. What are the precancerous processes for cancer of the uterine body: a)..., b).... P=2
30. What growth is characteristic of cancer of the body of the uterus? P=1
31. Describe the macroscopic picture of cancer of the uterine body. P=3
32. List the histological variants of cancer of the uterine body with an indication of the degree of differentiation: a)..., b)..., c)..., d)..... P=4
33. List the most common malignant ovarian tumors: a)..., b).... P=2
34. Which cancer ranks first among all malignant tumors in women? P=1
35. Name the background disease for breast cancer.P=2
36. List the macroscopic forms of breast cancer: a)... b)..., c)..., d).... P=4
37. List the histological types of breast cancer: a)..., b)..., c).... P=3
38. List the lymphogenous metastases of breast cancer: a)..., b)..., c)..., d)...,e)..... P=5
39. List the hematogenous metastases of breast cancer: a)...,b)...,c)...,d)..... P=4
40. Name the localization of metastases of breast cancer. P=6

41. What is Paget's breast disease? P=3
42. Name the characteristic triad of Paget's disease. P=3
43. List the precancerous conditions and background diseases of cancer of the vaginal portion of the cervix: a)..., b)..., c)..., d)..., e)..... P=5
44. List the types of leiomyoma of the uterine body depending on the localization relative to the layers: a)..., b)..., c)..... P=3
45. Name the histological forms of breast fibroadenoma: a)..., b).... P=2
46. Name background diseases and precancerous conditions for cancer of the uterine body. P=4
47. Describe cervical cancer: a) its localization (P = 2), b) the nature of growth in relation to the organ cavity (P = 2) P = 4
48. Name organ-specific benign ovarian tumors. P=4
49. What diseases relate to the pathology of pregnancy: a)..., b)..., c)..., d)..., e).... P=5
50. Name the components of the placental polyp: a)..., b)..., c)..., d)..... P=4
51. What is choriocarcinoma? Describe its structure P=6
52. List the processes observed in the liver in eclampsia: a)..., b)..., c)..., d)..... P=4
53. Name trophoblast diseases: a)..., b)..., c).... P=3
54. List the types of ectopic pregnancy: a)..., b)..., c).... P=3
55. Name the complications of the placental polyp: a)..., b).... P=2
56. Name the reasons for the development of ectopic pregnancy: a)..., b)..., c)..., d).... P=4
57. What is a placental polyp? (P=3) When can it occur? (p = 2) Complications (p = 2) P = 7
58. Name the types of tubal pregnancy depending on the place of implantation of the fertilized egg: a)..., b)..., c)..... P=3
59. What are the possible changes in the fetus with a complete tubal abortion: a)..., b)..., c).... P=3
60. What types of peritoneal pregnancy do you know? P=2
61. List the diseases of the uterus in the postpartum period: a)..., b)..., c).... P=3
62. List the early gestoses: a)..., b)..., c).... P=3
63. What conditions are late gestosis? P=4
64. The main diagnostic signs of EPH are gestosis: a)..., b)..., c).... P=3
65. In which pregnancy are late toxicosis more common? P=2
66. What symptoms are attached to the clinical manifestations of EPH - gestosis in preeclampsia? P=2
67. The development of which syndrome is characteristic of eclampsia? P=1
68. List the outcomes of tubal pregnancy: a)..., b)..., c).... P=3
69. What is a bubble drift (hydatidiform mole)? How does it affect pregnancy? P=5
70. Indicate the morphological features that characterize the vesical drift: a)..., b)..., c)... P=3
71. Name the types of bubble drift: a)..., b)...., c) ... ... P=3
72. What is the characteristic of invasive vesical drift? P=2
73. List the localization of secondary foci of tumor growth with a destructive vesical drift. P=2
74. What is a bubble drift (hydatidiform mole)? Appearance. Complications. P=4

TASKS

1. In a woman in the second half of pregnancy, edema, increased blood pressure, protein in the urine were noted. Later, there were seizures with loss of consciousness and the patient died. At the autopsy, the liver is clayey with foci of necrosis and hemorrhages. Make a diagnosis. N ame the causes of death. P=4

2. In a woman 25 years after childbirth, the endometrium is covered with a purulent coating of gray-red color, the uterus is enlarged in size, there is an increase in temperature.

a) What is the name of this disease? P = 2
b) The most frequent pathogens P = 3
c) The most formidable complications P = 1

3. For histological examination, pieces of the mammary gland are sent, removed for surgery, with nodes of soft consistency, juicy appearance on the incision, easily disintegrating. Microscopy revealed atypical cells of glandular structures. (a) What pathology are we talking about? b) Define the general pathological process. P=4

4. The patient found a seal in the mammary gland, with a biopsy of an enlarged lymph node from the axillary group in it found atypical epithelial cells. Your diagnosis? (P = 1) Name the histological forms of the disease. (P=4) P=5

5. Vaginal examination around the uterine pharynx revealed a wide corolla of red color with uneven contours. (a) What type of epithelium is detected by microscopy of this site? b) What is the name of this disease? c) What microscopic species do you know? d) Why are women with this disease subject to dispensary observation? P=5

6. In a woman of 26 years with a delay in menstruation of 8 weeks with diagnostic curettage of the uterine cavity, a decidual reaction of the endometrial stroma is observed. In the region of the appendages, a tumor-like formation is palpated. Name the disease that can be suspected. List its varieties. P=5

7. With microscopic examination of scraping from the uterine cavity, the endometrium corresponds to the proliferation phase stretched in time, the uterine glands are elongated in shape, convoluted, there is a proliferation of stroma and hypertrophy of its cells. Make a diagnosis. (P = 3) Indicate the causes of this disease. (P=3) P=6

8. A 33-year-old woman went to the antenatal clinic with complaints of spotting not related to the menstrual cycle. A month and a half ago, a curettage of the uterine cavity was performed after a spontaneous abortion at a period of 25 weeks. In the scraping, the remains of placental tissue and elements of the fetal egg were found. After 6 weeks, bloody discharge from the uterine cavity appeared, which served as the reason for contacting the antenatal clinic. Upon repeated admission to the clinic, a woman underwent diagnostic curettage. A scraping of dark crimson color, spongy structure was obtained. Histologically, among the blood clots, layers of syncytial cells and cytotrophoblast with signs of cellular polymorphism and proliferation were determined.

a) Name the disease diagnosed by the pathologist. P = 1 b) Classify the disease according to the international histological classification. P = 3 c) Indicate the main reasons for the development of this disease. P = 3 g) Name possible complications. P = 3
d) Explain the mechanism of complications. P=2

9. A 25-year-old woman was taken by ambulance in a state of collapse with intra-abdominal bleeding. During emergency surgery, more than 1000 ml of blood was found in the abdominal cavity. A tubal pregnancy with a ruptured tube was diagnosed. a) List the causes of tubal ectopic pregnancy. P= 3 b) Describe microscopic changes in the removed fallopian tube. P=3

10. In a girl of 20 years old, a movable node with a diameter of 4 cm was found in the mammary gland. The axillary lymph nodes are not enlarged. During the pathohistological examination of the removed node, breast fibroadenoma was diagnosed. a) Indicate the possible cause of this pathology. P = 2 b) Name the histological variants of fibroadenoma. P=2

11. A 24-year-old woman who considered herself pregnant (16 weeks) suddenly developed a collaptoid condition. Laparotomy revealed a thickening of the right fallopian tube, a defect in its wall, the cavity of the tube is filled with blood clots. The pipe has been removed. During its histological examination, a decidual reaction was found in the mucous membrane, in the lumen of the tube - chorionic villi. a) What pathology of pregnancy occurs in this case? P = 3
b) The detection of which structures in histological examination is the criterion for diagnosis? P=2

12. A woman of 28 years old at the 3rd month of pregnancy had bleeding from the vagina with the release of vesicular villi. During ultrasound examination, anembryonia was diagnosed, curettage of the uterine cavity was performed.

a) Your diagnosis. P = 2
b) Give a definition of the disease. P = 4

c) List the variants of this pathology. P = 3
d) Prognosis of the disease. P = 5
13. The uterus is sharply enlarged in size, its wall is thickened, the cavity is expanded, the mucous membrane is impregnated with thick, greenish-yellow creamy exudate, in some places covered with gray films tightly connected to the endometrium. Name the disease. P=4
14. In a woman of 30 years on the second day from the moment of admission to the maternity hospital with a gestation period of 35 weeks, an increase in blood pressure to 220/100 mm Hg was noted. art., accompanied by convulsions and loss of consciousness.
Despite the intensive therapy, it was not possible to bring the patient out of this condition. At the autopsy of the corpse of the woman in labor, the following changes were revealed: yellowness of the skin and mucous membranes, edema. The liver is reduced, variegated, dull on the incision, with multiple hemorrhages and foci of necrosis. The kidneys are enlarged in size, flabby, with a pale cortical layer and cyanotic medulla. Multiple point hemorrhages were found in the tissue of the brain, lungs and serous membranes.
a) Name the disease that caused the death. P = 1
b) What is the complication of the underlying disease, which led to a fatal outcome? P = 3
c) Name the syndrome that developed in the patient. P=2
15. In a 55-year-old woman, with separate curettage of the uterus, pieces of the endometrium with atypical glandular structures lined with atypical epithelium were found in both scrapings from the cavity and cervix.
Name the pathological process and its histological form P = 2
Determine the type of growth P = l
Name possible background diseases P = 2

DIABETES MELLITUS. DISEASES OF THE THYROID GLAND, PITUITARY GLAND, ADRENAL GLANDS.

1. What structural disorders in the endocrine glands cause changes in their function: a)..., b)..., c)..., d)..., e) ...,h)..., g)..., f)..... P = 8
2. Name the functional manifestations of diseases of the endocrine glands: a)..., b)..., c).... P = 3
3. What endocrine diseases manifest disorders of the structure and function of the pituitary gland: a)..., b)...,c)...,d)...,e)...,e)..... P=6
4. Define "hypopituitarism." P=3
5. What diseases manifest hyperpituitarism: a) ..., b ... , c) ... , d) ... ? P=4
6. List the tissues whose growth is stimulated by hormones of eosinophilic cells of the anterior lobe of the pituitary gland: a) ..., b)..., c) ..., d).... P=4
7. List the causes of acromegaly: a) ..., b) .... P=2
8. What changes and in which endocrine organs, in addition to the pituitary gland, are observed in acromegaly: a)..., b)..., c)..., d) ..., e) .... P = 5
9. 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 increase in organs in acromegaly P = 4
10. List the changes in the pituitary gland that cause the development of pituitary nanism: a) ... , b) ... c).... P=3
11. Characterize 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

12. List the main clinical and morphological manifestations of Itsenko-Cushing: a)..., b)..., c)..., d)..., e)..., e)..... P=6
13. Explain the difference between "Itsenko-Cushing's disease" and "Cushing's syndrome." P=3
14. What is the reason for the development of Sheehan's syndrome? P= 4
15. List the clinical and morphological manifestations of adipose-genital dystrophy: a)..., b) ..., c)..., d)..., e)..., e).... P= 6

16. List the clinical and morphological manifestations of cerebro-pituitary cachexia: a) ..., b) ..., c) .... P = 3
17. How hormonally inactive pituitary adenomas can manifest themselves clinically: a) ... , b) ... P=2
18. List the changes in the posterior lobe of the pituitary gland that cause diabetes insipidus: a)..., b)..., c)..... P=3
19. List the clinical manifestations of diabetes insipidus: a) ..., b)..., c)..., d)... P= 4
20. What is the cause of diabetes insipidus? a) ..., b) ... P=2
21. Define Addison's disease. P=3
22. Define Addison's syndrome. P=4
23. List the changes in the adrenal glands that cause Addison's disease (syndrome): a) ..., b) ..., c)..., d)..., e).... P= 5
24. List the clinical and morphological manifestations of Addison's disease: \a)..., b)..., c)..., d)..., e)...,e).... P=6
25. List the causes of death of patients with Addison's disease: a) ..., b)... P= List the changes in the posterior lobe of the pituitary gland that cause diabetes insipidus: a)..., b)..., c)..... P=3 List the clinical manifestations of diabetes insipidus: a) ..., b)..., c)..., d)... P= 4
26. What is the cause of diabetes insipidus? a) ..., b) ... P=2
27. Define Addison's syndrome. P=4
28. List the changes in the adrenal glands that cause Addison's disease (syndrome): a) ..., b) ..., c)..., d)..., e).... P= 5
29. List the clinical and morphological manifestations of Addison's disease: \a)..., b)..., c)..., d)..., e)...,e).... P=6
30. List the causes of death of patients with Addison's disease: a) ..., b)... P=2
31. What are the forms of adrenogenital syndrome: a) ..., b) ..., c) ... P=3
32. What is a goiter? P=3
33. Give the classification of goiter depending on the etiology and clinical and morphological features: a)..., b)..., c)..., d)..., e)..... P=5
34. List the macroscopic forms of goiter: a) ..., b) ... P=2
35. List the histological varieties of goiter: a) ..., b) ... P=2
36. List the histological varieties of colloidal goiter: a) ..., b) ..., c) ... P=3
37. List the forms of goiter according to thyroid function: a) ..., b) ..., c) ... P=3
38. Characterize Graves' disease:
39. a) the defeat of which organ is the basis of the disease? P = 1
    b) the state of its function P = 1
    c) macroscopic characteristics of the affected organ P = 1
    d) the main clinical manifestations. P=4
40. . List the main clinical manifestations of Graves' disease: a) ..., b) ..., c) ..., d) ..., e) .... P=5
41. What are the characteristic microscopic changes in the thyroid gland in Graves' disease: a) ..., b) ..., c) ..., d) .... P=4
42. List the morphological changes that characterize the thyrotoxic heart: a) ..., b) ..., c) ..., d) ..., e) .... P = 5
43. What is the reason for myocardial hypertrophy in patients with Graves' disease? P=1
44. List the morphological changes that characterize thyrotoxic "encephalitis": a) ..., b) ... P=2
45. Give the organ pathology of Graves' disease: a) ..., b) ..., c) ..., d) ... P=4
46. What changes in the liver can develop with Graves' disease? P = 2
47. What is the reason for the development of tetany during strumectomy operations? P=2
48. List the causes of death in Graves' disease: a) ..., b) ..., c) ..., d) .... P=4
49. List the morphological features of Hashimoto's thyroiditis: a)..., b) ... P = 3
50. Define the concept of "parathyroid osteodystrophy". P=4
51. List the microscopic changes in bones in parathyroid osteodystrophy: a) ..., b) ..., c) ..., d) ..., e) ... P=6

52. List the changes in the kidneys that develop in parathyroid osteodystrophy due to hypercalcemia: a) ..., b) ..., c) ... P=3
53. What is diabetes mellitus? P=3
54. .Give a description of type I diabetes mellitus: a) which 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
55. List the main symptoms of diabetes mellitus: a)..., b)..., c)..., d)..., e)..., e)..... P = 6
56. List the morphological manifestations of insulitis in type 1 diabetes mellitus: a) ... , b) ... P=2
57. List the changes in the liver in diabetes mellitus: a) ..., b) ... P = 2
58. List the changes in the pancreas in diabetes mellitus: a)..., b)..., c)..., d)..... P=4
59. Name the changes in the vascular bed in diabetes mellitus: a) ..., b) ... P=2
60. Name the changes in the vessels that characterize diabetic microangiopathy: a) ..., b) ..., c) ... P=3
61. As a result of which diabetic microangiopathy develops: a) ..., b) ...? P= 2
62. List the clinical manifestations of Kimmelstiel-Wilson syndrome: a) ., b) ., c).. P = 3.
63. What is the manifestation of diabetic macroangiopathy? Why? P = 2
64. .List the features of atherosclerosis in diabetes mellitus: a) ... ... b) ... c) ... P= 3
65. What fibrous plaques are characteristic of diabetic atherosclerosis? P=1
66. List the morphological features of these plaques. P=4
67. List the complications of diabetes mellitus caused by diabetic angiopathy: a) ... b) ... c) ..., d) ... P=4
68. List the types of lumps in diabetes mellitus: a) ..., b) ..., c) ..., d) ... P=4
69. List the causes of death in diabetes mellitus: a) ..., b) ..., c) ..., d) .... P = 4
70. What syndrome will develop with adenoma from the G-cells of the islet apparatus of the pancreas? P=1

List its manifestations. P=3

What causes them? P=2

TASKS

1.The patient is 55 years old, 112 cm tall, the physique is proportional. Mental development corresponds to age. 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, proportional physique. Mental development corresponds to age. 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, enlargement of the nose, ears, hands and feet. Make a diagnosis. Explain the mechanism of the detected changes. P = 6

4. The patient has obesity of the upper type, the face has become moon-shaped, striae appeared on the abdomen, increased blood pressure, hyperglycemia, hypertrichosis. On the radiograph 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. The patient after suffering a traumatic brain injury had complaints of constant thirst and polyuria. Blood glucose levels are normal. Put diagnosis P=2

Explain the mechanism of development of these symptoms. P=3

6. On a sectional table is the corpse of a sharply emaciated man. The skin is bronze in color. Both adrenal glands are destroyed by the tuberculous process.

What syndrome (disease) are we talking about? P= 1

What are the mechanisms of skin hyperpigmentation in this syndrome (disease)? P=

7.The patient has a sharp weakness, adynamia, hypotension, skin and mucous membranes of bronze color. Make a diagnosis. P = 1

Indicate the localization of the pathological process. P = 1

Name the possible causes of the disease. P = 5

8.The patient, who lived in the Caucasus for a long time, drew attention to the enlargement of the thyroid gland. He makes no other complaints. Make a diagnosis. P = 2

Indicate the cause of the disease. P = 2

Name the possible macro- and microscopic form of the disease. P = 2

9. In a patient with complaints of increased irritability, sweating, tachycardia, pain in the heart, increased appetite, diarrhea, found weight loss, enlargement of the thyroid gland. During strumectomy, the gland found: a) proliferation of the epithelium in the form of papillae, b) cylindrical epithelium of the follicles, c) a liquid colloid slightly stained with eosin, d) lympho plasmocytic infiltration of the stroma. Based on these signs, make a diagnosis. P=1

Indicate what changes in the heart: a)..., b)..., c)..., d)... P=4

in the liver: a)..., b)….P=2 ; in the brain? P=1

10. In a patient with complaints of increased irritability, sweating, fever, pain in the heart, tachycardia, exophthalmos, an increase in the thyroid gland was detected.

Make a diagnosis. P= 1

What are the characteristic microscopic changes in the thyroid gland in this disease? P=4

11. When studying the biopsy of the thyroid gland, pronounced lymphoplasmocytic infiltration of the stroma of the gland with the formation of lymphoid follicles with light centers, atrophy of the parenchyma were revealed. Make a diagnosis. P=2

What change in thyroid function will be observed in the clinic? P=1

12. In a deceased with a pathological fracture of the humerus, microscopic examination of the bones revealed the following changes: lacunar resorption, cysts, hemorrhages, proliferation of fibrous tissue. Make a diagnosis. P = 2 Indicate the cause of the disease. P=2

13. The patient had a parathyroid adenoma. What changes can be detected in the lungs, kidneys, gastric mucosa, myocardium and artery wall? P=2 What is the reason for this in different organs? P=4

14. In a woman who died of renal failure, an autopsy revealed sclerosis and pancreatic lipomatosis, progressive atherosclerosis. In the kidneys, proliferation of mesangial cells and hyalinosis of the glomeruli were found, the epithelium of the narrow segment of the nephron is high, with a light translucent cytoplasm, in which glycogen is determined. Clinically, the disease proceeded with severe azotemia, high proteinuria, arterial hypertension.

Indicate which disease is characterized by the described clinical and morphological picture.

P=1 Determine the processes occurring in the kidneys: a)...,, b)..., c)....

P = 3 Based on the set of signs, determine the name of the syndrome P=1

15. In a young emaciated man who died of myocardial infarction, during the autopsy, the following were found: pronounced atherosclerosis of the arteries of the elastic and muscular-elastic type, pancreatic lipomatosis, fatty liver, glomerulosclerosis. Make a diagnosis. Specify the cause of the disease. What laboratory tests it manifests itself: a)..., b)..., c)..., d)... P=8

16. The patient went to the doctor about recurrent boils on his back. When interviewed, the doctor found out that the patient had polydipsia, polyuria, hyperglycemia for several years, glucosuria is sometimes noted. What diagnosis is made to the patient? P=3 What is a boil? P = 3

What is the cause of purulent inflammation? P=2

17. 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

RHEUMATISM. CLINICAL AND ANATOMICAL FORMS. ACQUIRED AND CONGENITAL HEART DEFECTS

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) ..., g) ..., h) ..., f) .... P=8
5. Define rheumatism. P=3
6. Which domestic pathologists have made the most significant contribution to the study of rheumatism? a) ..., b) ..., c) ..., d) .... P = 4
7. What pathogen is associated with the etiology of rheumatism? P=2
8. List the phases of connective tissue disorganization in rheumatism:
a) ..., b) ..., c) ..., d) .... P=4
9. What changes are the morphological manifestation of GNT in rheumatism:
a) ..., b) ...? P=2
10. What is rheumatic granuloma? In which part of the heart are they most often located? What are the names of the authors who described them? P= 4
11. List the stages of development of rheumatic granuloma: a) ... , b) ... P = 3
12. Indicate the most typical localization of rheumatic granuloma in the myocardium. P=1
13. List the clinical and morphological forms of rheumatism: a) ..., b) ..., c) ..., d) .... P=4
14. List the main ("big") criteria for rheumatism (WHO): a) ..., b) ..., c) ..., d) ..., e) ... P=5
15. List the "small" criteria for rheumatism (WHO): a) ..., b) ..., c) ... P = 3
16. What changes in organs are observed in a rheumatic attack in: a) vessels, b) joints, c) kidneys, d) serous membranes, e) organs of the immune system P = 6
17. 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
18. What is rheumatic pancarditis? Which layers of the heart are involved in the process? What is the name of the process on the epicardium, give also the figurative name? P=6
19. What is rheumatic carditis? P = 2
20. List the forms of rheumatic endocarditis by localization of the process (P = 3) and by the nature of morphological changes (P = 4). P = 7
21. Name the forms of valvular endocarditis in rheumatism: a) ... , b) ... , c) ... , d) .... P=4
22. What are the forms of valvular endocarditis that are possible with the first rheumatic attack: a) ..., b) ... P=2
23. What are the forms of valvular endocarditis that are possible with a repeated rheumatic attack: a) ..., b) ... P=2
24. What is rheumatic valvulitis? List its morphological features. P=6
25. List the morphological features of acute warty endocarditis:
a) ..., b) ..., c) ..., d) ..., e) ... P=5
26. List the morphological features of recurrent warty endocarditis:
a) ..., b) ..., c) ..., d) ..., e) ..., e) ... P= 6
27. What microscopic changes will you find in the valve leaflets of the heart in the early stages of acute warty endocarditis (mucoid swelling) with: a) staining with hematoxylin and eosin, b) staining with toluidine blue, c) in an electron microscope? P=4
28. List the morphological forms of myocarditis in rheumatism: a) ..., b) ..., c) .... P = 3
29. What is characterized by nodular productive myocarditis in rheumatism? Its outcome. P = 4
30. Name the morphological manifestations of diffuse interstitial exudative myocarditis in rheumatism: a) ... , b) ... , c) ... P = 3
31. List the possible forms of pericarditis in rheumatism: a) ... , b) ... , c) ... P=3
32. List the outcomes of pericarditis in rheumatism: a) ..., b) ..., c) ..., d) ... P=4
33. List the causes of death of children in rheumatic pancarditis: a) ..., b) ... P=2
34. Describe rheumatic vasculitis: a) the most characteristic localization of P = 1
b) morphological manifestations P = 3 c) outcome P = 1
35. What changes are characteristic of the nodous form of rheumatism? P=4
36. List the morphological changes observed in the lesser chorea: a) ..., b) ..., c) ..., d) ... P= 4

37. Name the main manifestations of the articular form of rheumatism: a) ... , b) ... , c) ... , d) ... P = 4
38. List the groups of pathological manifestations in systemic lupus erythematosus: a)..., b)..., c)..., d)..., e)..... P=5
39. List the characteristic microscopic features of systemic lupus erythematosus: a) ..., b) ..., c) ..., d) ... P=4
40. Name the possible manifestations of systemic lupus erythematosus: a) on the skin, b) in the kidneys, c) in the vessels, d) in the heart, e) in the organs of the immune system. P=6
41. What are "lupus cells"? P=3
42. Where can LE cells be found: a) ..., b) ..., c) ...? P=3
43. List the morphological features of lupus glomerulonephritis: a) ..., b) ..., c) ..., d) ... P=4
44. List the causes of death in systemic lupus erythematosus: a) ..., b) ..., c) ... P = 3
45. 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
46. List the 3 main groups of manifestations of rheumatoid arthritis: a) ..., b) ..., c) ... P=3
47. List the most common complications of rheumatoid arthritis:
a) ..., b)..., c)..., d)..... P = 4
47.Characterize Bechterew's disease. P=3
48.Characterize dermatomyositis. P = 4
49.Name the outcomes of the processes of disorganization of the connective tissue of the skin of the scleroderma: a)..., b).... P= 2
50.List the phases of development of pathomorphological changes in systemic scleroderma: a) ... , b) ... , c) ... P= 3
51. Name the possible changes in scleroderma: a) in the kidneys, b) in the heart,
c) in the lungs. P = 3
52.Characterize nodular periarteritis. P = 4
53.List the variants of vasculitis in nodous periarteritis:а)…, б)…, в)…. P=3
54.What are the causes of death for periarteritis nodosum: a) ..., b) ..., c) ... P=3
55.List the causes of acquired heart defects: a) ..., b) ..., c) ..., d) ..., e) ..., e) ..., g) ... P=7
56.What is a combined heart defect? P=2
57. What is the name of the defect of several heart valves? P=1
58.What is the name of a defect of one heart valve? P= 1
59.List the clinical and anatomical forms of rheumatic heart valve disease: a)..., b).... P=2
60.List the forms of heart valve failure, taking into account its pathogenesis: a)..., b).... P=2
61.List the forms of rheumatic aortic valve disease that lead to hypertrophy of the left ventricle of the heart: a).., b)... P=2
62.Name the anatomical types of mitral stenosis: a) ..., b) ... P=2
63.List the types of congenital heart defects according to the degree of hypoxia: a) ..., b) ... P= 2
64.List the pathogenetic mechanisms of the development of defects of the blue type:
a) ... b) ... c) ... P=3
65.List the most common forms of congenital malformations of the great vessels: a) ..., b) ..., c) ..., d) ... P=4
66.List the most common forms of congenital heart defects: List the forms of rheumatic aortic valve disease that lead to hypertrophy of the left ventricle of the heart: a).., b)... P=2
67.Name the anatomical types of mitral stenosis: a) ..., b) ... P=2
68. List the types of congenital heart defects according to the degree of hypoxia:
a) ..., b) ... P= 2
69. List the pathogenetic mechanisms of the development of defects of the blue type: a) ... b) ... c) ... P=3
70. List the most common forms of congenital malformations of the great vessels: a) ..., b) ..., c) ..., d) ... P=4

71.List the most common forms of congenital heart defects:
а)…, б)…, в)…, г)…. P=4

72. Name congenital malformations with a violation of the division of the cavities of the heart: a) ... b) ... P=3

73. List the variants of Congenital Malformation of the Fallot type: a) ..., b) ..., c) ... P=3

74. List the anatomical changes in the heart in the Fallot triad: a) ..., b) ..., c) ... P=3

75. List the anatomical changes of the heart in the tetralogy of Fallot: a) ..., b) ..., c) ..., d) .... P=4

76. List the anatomical changes in the heart in Fallot's pentad: a) ..., b) ..., c) ..., d) ..., e) ... P=5

77. What are heart disease cells? In what condition are they found? For which vice is the most characteristic? P=3

78. List the causes of death in heart defects: a) ..., b) ... P = 2

79. Name the characteristic changes in the organs with decompensated heart disease: a) in the myocardium, b) kidneys, c) liver, d) lungs, e) spleen. P=5

TASKS.

1. At the autopsy, stenosis of the mitral valve of the heart was detected. The lungs were swollen, compacted to the touch, with a rusty tinge on the incision. From the surface of the incision flows a foamy liquid of brownish color. In the outcome of which disease mitral stenosis most often develops? P=1 What changes will you find in the valve flaps? P=2
   Name the changes in the lungs. P=2
   List the pathogenetic mechanisms of these changes in the lungs: a) ..., b) ..., c) ..., d) .... P=4
   What characteristic cells can be found in sputum in such patients? P=1

1. The mitral Valve valves with signs of sclerosis, hyalinosis, calcinosis, fused together were delivered to the pathology department. Define the process in the valve. P= 1
   In what disease is most common? P=1
   What changes in the flaps naturally preceded those found on the biopsy?
   a) ..., b) ..., c) ..., d) .... P=4
   What was the name of the process preceding the detected one? P=2

2 The mitral valve flaps, excised during valve prosthesis surgery for rheumatic malformation, were delivered to the pathology department. In the sclerosed tissue of the flaps, foci were found that, when stained with hematoxylin and eosin, give a basophilic color, and when painted with toluidine blue, they give a lilac-red color. Name the pathological process. P=2
Define this process. P= 5
Indicate possible further changes in the tissue of the flaps against the background of this process. P = 3

3.During the biopsy of the left atrium, Aschoff-Talalaev granulomas were found.
Make a diagnosis. P = 1
Give a definition of the disease. P=3
What changes in connective tissue precede the development of granulomas: a) ..., b) ...? P=2
What is a granuloma? P=3
The predominant type of cells in rheumatic granuloma? P=1

4. A patient of 9 years suffered 2 months ago streptococcal sore throat. A month later, she became restless, excitable, later there were involuntary chaotic contractions of the mimic muscles, muscles of the limbs. Make a diagnosis indicating the form of the disease.
   P = 2 List the morphological changes underlying this symptomatology. P=4

5. A patient of 8 years has frequent sore throats; during bacteriological examination, streptococcus was detected. 1 month after suffering a sore throat, swelling and soreness appeared in the right elbow joint, then the same phenomena developed in the left knee joint.
   What disease and its form can you think about? P = 2
   Which organ is necessarily affected, based on the definition of the disease? P=1

List the stages of connective tissue disorganization in this disease: a) ..., b) ..., c) ..., d) ... P=4

6. At the autopsy of a child of 7 years old with a clinical diagnosis: Rheumatism - on the swollen flaps of the mitral valve, along the line of their closure, there are whitish-pink thrombotic overlays that are not removed with a knife, up to 2 mm high.
List other varieties of this process in the valves for rheumatism. P = 2
What complication can develop in connection with the described valve changes? P = 1
What changes in the organs of the large circle of blood circulation can develop in connection with this complication? P=1

7. At the autopsy in the heart found: thickening, compaction and fusion along the commissures of the mitral valve valve valves with a significant narrowing of the left atrioventricular opening. In the ear of the left atrium, parietal dark red thrombotic masses associated with the endocardium. In the cortical parts of the parietal lobe of the right hemisphere of the brain, the focus of encephalomalacia is pale gray. Make a diagnosis. P=4
How can the relationship of the detected changes be explained? P=2

8. At the autopsy in the heart of the man, a narrowing of the opening of the aortic valve was found due to the fusion of its deformed thickened valves, 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

9. The patient died for 28 years with renal failure. In the clinic, red areas were found on the skin of the face in the form of a "butterfly". Name the disease. P=1
What could be characteristic in the blood? P = 1
What changes are detected by 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

10. During the histological examination of the kidneys of a patient who died with the phenomena of renal failure, the following changes were found: the membranes of the capillaries of the glomeruli are thickened, have the form of "wire loops", hyaline thrombi, hematoxylin bodies, foci of fibrinoid necrosis in the lumen of the vessels.
What is the term for the above changes? P=2
Name the disease in which this occurs. P = 1
What could be detected in the blood of the patient during life? P=1

11. A 28-year-old patient has complaints of pain in all parts of the spine, aggravated at night, a feeling of stiffness in the morning, restriction of movements in the spine, swelling on the face. On examination, attention is drawn to the smoothness of the physiological curves of the spine. In the analysis of urine - proteinuria. Make a diagnosis.
Name the synonym of the name of the disease with the name of the author. P = 3
What complication has developed in this patient? P = 2
List the organs that are affected by this complication. P=5

12. The patient suffered from rheumatoid arthritis for many years. Over the past year, protein was found in the urine up to 10%, hypoproteinemia was noted.
What complication did the patient develop? P = 2
In which organs can changes be detected with this complication? P=5
List the possible causes of death for this complication. P=2

13. At the autopsy, sclerosis and fusion of the mitral valve leaflets were detected, as well as obliteration of the pericardial cavity with lime deposition in adhesions. Name the detected changes and the disease in which they develop. P=4

14. At the autopsy in the heart of the man found: a significant narrowing of the opening of the mitral valve due to the fusion of thickened compacted valves along the commissures. In the lungs, dense cone-shaped areas of dark red color, airless, are subpleural determined.

In the lumen of the segmental branches of the pulmonary artery, dark red thrombotic masses are visible that are not extracted from the lumen.
Name the detected changes in the heart and in the lungs. P=4
Explain the occurrence of these changes in the lungs. P=4
15. A patient of 68 years died with the phenomena of increasing heart failure. At the autopsy in the heart found: stenosis of the pulmonary trunk, a defect in the interventricular septum and hypertrophy of the right ventricle. Make a diagnosis. P=2 What form of vice is this? P=1
What changes can be detected in this case in the liver, lungs, kidneys and spleen? P=5
16.The flaps of the mitral valve are fused, the valve opening is narrowed, in the left atrium there is a free globular thrombus with a smooth surface, large in size. Name the disease. How is such a thrombus formed? P=3
17.The child during the examination revealed a defect in the interventricular septum. Name the clinical variant of the heart defect. What in a child during the examination a defect of the interventricular septum was detected. Name the clinical variant of the heart defect. What is the hemodynamics of this malformation? P=2
18. In the heart of the child at autopsy found: pulmonary artery stenosis, hypertrophy of the right ventricle, defect of the interventricular septum, dextroposition of the aorta. Your diagnosis? What form of vice is this? What is the reason for the development of this form? P=5

ARTERIAL HYPERTENSION, MORPHOLOGICAL CHANGES IN BLOOD VESSELS AND HEART. MORPHOLOGY OF HYPERTENSIVE CRISIS

1. Define CVB. P=2
2. List the acute forms of CVD. P=3
3. List the chronic forms of CVD. P = 3
4. List the causes of ischemic cerebral infarction P = 5
5. List the most common causes of cerebral hemorrhage P = 5
6. List the types of hemorrhages that develop in the brain P = 2
7. Name a favorable outcome of hemorrhage in the brain by type of hematoma. P=2
8. List the morphological changes in transient cerebral ischemia: a)..., b)..., c)..., d)..., e)..., e).... P=6
9. Are morphological changes in transient cerebral ischemia reversible? P=1
10. What can be detected at the site of small hemorrhages after suffering transient cerebral ischemia? P = 2
11. Name the most frequent localizations of cerebral hemorrhages by type of hemorrhagic infiltration: a). .., b). P = 2
12. List the morphological manifestations of hemorrhagic stroke: a)..., b)..., c)... P = 3
13. Name the most frequent localizations of hemorrhages in the brain by type of hematoma: a)..., b)... P= 2
14. List the types of heart attacks in the brain: a)..., b)..., c)... P = 3
15. Give a definition of hypertension P = 3
16. Give a definition of arterial hypertension P = 2
17. Name the types of arterial hypertension by the mechanism of development a).. b).. P= 2
18. Define secondary arterial hypertensionP=2
19. Name the types of secondary (symptomatic) hypertension a).. b).. c).. P=3
20. Name the types of secondary renal hypertension a).. b).. c).. P=3
21. List the main etiological factors of primary arterial hypertension: a)..., b)..., c)... P = 3
List the stages of development of primary arterial hypertension a).. b).. c).. P = 3
22. What changes are observed in stage 2 of primary arterial hypertension in the arteries of elastic and muscular-elastic types: a)..., b)...? P = 2
23. What is characterized by elastofibrosis of large arteries in primary arterial hypertension? P = 6

24. List the features of atherosclerosis in primary arterial hypertension: a)..., b)... P=2
25. List the arteries in which elastofibrosis and atherosclerosis are most pronounced in primary arterial hypertension: a)..., b)..., c)..., d)..., e)..., e)... P = 6
26. List the acute changes in the renal form of primary arterial hypertension: a)..., b)... P = 2
27. Describe the macroscopic picture of the kidneys in the malignant form of primary arterial hypertension. Name these changes by author. P= 6
28. Name the clinical and morphological forms of primary arterial hypertension a)... b)... c)... P=3
29. What is the clinical expression of arteriolosclerotic nephrosclerosis? P = 3
30. List the changes in the eyes in primary arterial hypertension: a)..., b)..., c)..., d)..., e)..., h).... P = 6
31. What changes are observed in the adrenal glands in primary arterial hypertension? P=6
32. List the changes in the pituitary gland in primary arterial hypertension. P = 4
33. Give a definition of a hypertensive crisis P = 2
34. What determines the clinical specificity of a hypertensive crisis? P = 4
35. Arteries of which organs are most often subject to plasma impregnation and hyalinosis in primary arterial hypertension? P=4
36. List the changes in the pituitary gland in primary arterial hypertension. P = 4
37. Give a definition of a hypertensive crisis P = 2
38. What determines the clinical specificity of a hypertensive crisis? P = 4
39. Arteries of which organs are most often subject to plasma impregnation and hyalinosis in primary arterial hypertension? P=6
40. What forms of arterial hypertension differ depending on the course? a)... b)... P=2
41. What changes develop in the heart with primary arterial hypertension in stage III? P = 4 What changes develop in the kidneys in stage 3 of primary arterial hypertension with a benign course? P = 5
42. List the morphological changes in the kidneys in the malignant course of primary arterial hypertension: a)..., b)..., c)..., d)..., e)... P = 5
43. What morphological changes can be detected in stage 1 of primary arterial hypertension in the vessels? P = 5
44. What morphological signs are characteristic of a hypertensive crisis? P = 6
45. Name the causes of death of patients with malignant arterial hypertension P = 2
46. What changes can be detected in the heart in stage 1 of primary arterial hypertension? P = 3 What determines the outcome of hemorrhage in the brain? a)... b)... P = 2 Name the most common causes of death of patients with primary arterial hypertension P = 5 In what disease does the primary-wrinkled (contracted) kidney develop? P=1

TASKS

1. When studying kidney micro preparations, the following changes were found: fibrinoid necrosis of arterioles, plasmorrhagia, glomerular necrosis, hemorrhages, dystrophy and necrosis of the tubules, focal proliferation of connective tissue. Name the disease in which such changes in the kidneys are observed, its clinical and anatomical shape, a variant of the course. P=3
2. At the autopsy of the corpse of a patient suffering from hypertension for a long time, it was established that the patient's death occurred from decompensated chronic heart failure. List the morphological changes in the heart that have developed in this patient a).. b).. c).. d).. P=4
3. In a patient of 40 years, for 3 years there is a constant increase in blood pressure to 170/100 mm Hg st. With CT of the abdominal cavity, a tumor of the left adrenal cortex with a diameter of 5 cm was found. P=2

4. The patient is 32 years old, died as a result of increasing renal failure. From the anamnesis in the clinic it is known that the patient for 1.5 years suffered from primary arterial hypertension, a malignant course. List the morphological changes in the kidneys that have developed in this patient. a).. b).. c).. d).. e)... P=5
5. A patient of 85 years old, who suffered from arterial hypertension for a long time, died of decompensated chronic renal failure. At the autopsy - a picture of the primary-wrinkled kidney. Describe microscopical changes in the kidneys. P=5
6. In a patient of 76 years old, who suffered from arterial hypertension for a long time, the autopsy found: in the region of the subcortical nuclei of the right hemisphere of the brain, a rounded smooth-walled cavity with a diameter of 5 mm, filled with a clear light liquid. In the occipital lobe of the right hemisphere there is a focus of softening of the mushy consistency 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
7. The patient is 59 years old, suffered from arterial hypertension for 6 years, did not regularly take antihypertensive therapy. She died suddenly during another hypertensive crisis. At the autopsy, a hematoma with a diameter of 6.0 cm was found in the left parietal lobe; in the arterioles of the brain - changes characteristic of a hypertensive crisis. List these changes. a).. b).. c).. d).. e).. f)... P=6

CLINICAL AND MORPHOLOGICAL FORMS OF ATHEROSCLEROSIS, COMPLICATIONS, ATHEROSCLEROSIS CAUSES OF DEATH.

1. Give a definition of atherosclerosis P = 6
2. List the types of arteriosclerosis a).. b).. c).. d).. P=4
3. List the risk factors for atherosclerosis a).. b).. c).. d).. e).. e).. g).. P= 7
4. What is the essence of the immunological theory of A.N. Klimov and V.A. Nagornev in the development of atherosclerosis? P= 2
5. What is the essence of the Goldstein-Brown receptor theory in the development of atherosclerosis? P= 3
6. What is the essence of the neuro-metabolic theory of A.L. Myasnikov in the development of atherosclerosis? P = 3
7. What is the essence of the infiltration theory of N.N. Anichkov in the development of atherosclerosis? P= 3
8. What is the essence of the Rokitansky-Juged thrombogenic theory in the development of atherosclerosis? P = 3
9. What is the essence of the viral theory of atherosclerosis development? P=2
10. List the stages of development of atherosclerosis P = 3
11. List the processes that develop in the intima of the arteries at the stage of early changes - the pre-lipid stage a).. b).. c).. P = 3
12. List the processes that develop in the intima of the arteries at the stage of lipidosis a).. b).. P=2
13. What morphological changes develop in the media of the arteries in the first stage of atherosclerosis? P=2
14. Name the structural components of atherosclerotic plaque a).. b).. c).. P=3
15. Describe the structure of the tire of the atherosclerotic plaque P=4
16. What is the fibrous component of the tire of the atherosclerotic plaque? a).. b).. c).. d).. P=4
17. What is the cellular component of the tire of atherosclerotic plaque? a).. b).. c).. P=3
18. What is the vascular component of the tire of atherosclerotic plaque? P= 2
19. Describe the composition of the nucleus of atherosclerotic plaque a).. b).. c).. d).. e).. e).. P=6
20. What is the base of a fibrous plaque? P = 1

21. What pathological processes develop in the muscular layer of the arteries in the presence of fibrous plaque? a).. b).. c).. P= 3
22. Due to what causes the growth of the lipid nucleus of the fibrous plaque? P=3
23. What is a stable atherosclerotic plaque? P=1
24. What is the characteristic of an unstable atherosclerotic plaque? P=2
25. What damage develops in an unstable atherosclerotic plaque? a).. b).. c).. d).. e).. e).. g).. P=7
26. List the clinical and morphological forms of atherosclerosis a).. b).. c).. d).. e).. e).. P = 6
27. What diseases develop in atherosclerosis of the aorta? P = 3
28. What are the types of atherosclerotic aortic aneurysm in the form P = 3
29. What diseases does atherosclerosis of the coronary arteries lead to? P = 5
30. What diseases does atherosclerosis of the arteries of the brain lead to? P = 2
31. What diseases does atherosclerosis of the arteries of the lower extremities lead to? P = 2
32. What diseases does atherosclerosis of the mesenteric arteries lead to? P = 2
33. What diseases does atherosclerosis of the renal arteries lead to? P=3
34. Define Ischemic heart disease (CHD). P=3
34 List acute forms of Ischemic heart disease (CHD) P = 5
35.List chronic forms of ischemic heart disease (CHD) P = 5
36.Name the diseases against which coronary artery disease often develops P = 2
37.What is sudden cardiac death? P= 4
38.Name the most common causes of sudden cardiac death a).. b).. c)..P=3
39.What is ventricular fibrillation of the heart? P=2
40.What is asystole? P= 1
41.What is angina pectoris? P = 3
42.What is acute myocardial ischemia? P=3
43. List the most common causes of acute myocardial ischemia P = 6
44.What determines the duration of the development of acute myocardial ischemia? P = 3
45. Describe the electron microscopic changes characteristic of acute myocardial Ischemia P = 4
46. Acute myocardial ischemia is a reversible process? P = 1
47.What disease from coronary artery disease is preceded by acute myocardial ischemia? P = 1
48.Give a definition of myocardial infarction P = 3
49.List the most common causes of myocardial infarction P = 5
50. List the principles of classification of myocardial infarction P = 4
51.Name the types of myocardial infarction by the time of occurrence P = 3
52.Name the types of myocardial infarction by damage to the layers of the myocardium P = 4
. 53.Name the types of myocardial infarction by localization (damage to the walls of the left ventricle) P = 4
54What periods are distinguished by the stage of myocardial infarction? Specify from the duration P = 8
55.List the morphological stages of development of myocardial infarction a)... b)... c) .. P = 3
56.Give a macroscopic characteristic of myocardial infarction lasting 1-24 hours P = 2
57.Name microscopic changes in the myocardial infarction zone lasting 1-24 hours P = 2
58. Give a macroscopic characteristic in the myocardial infarction zone lasting 24-72 hours P = 2
59. Name microscopic changes in the myocardial infarction zone lasting 24-72 hours a).. b).. c).. d).. P = 4
60.What morphological changes develop in the period of 3-10 days in the zone of myocardial infarction? a).. b).. P = 2

61. How long does the process of organizing myocardial infarction last? P = 1
62. On the basis of what data is the patient diagnosed with myocardial infarction? P= 3
63. List the fatal complications of myocardial infarction a).. b).. c).. d).. e) P= 5
64. What periods are distinguished by the stage of myocardial infarction? Specify from the duration P = 8
65. List the morphological stages of development of myocardial infarction a)... b)... c) ... P = 3
66. List the complications of myocardial infarction, not always contributing to death a).. b). c).. P=3
67. Name favorable outcomes of myocardial infarction a).. b).. P=2
68. What is the phenomenon of "stunned myocardium"? P = 3
69. Name the main reason for the development of atherosclerotic diffuse small-focal cardiosclerosis. P = 2
70. What develops in patients with chronic forms of coronary artery disease? P = 2
71. Name the morphological manifestations in organs in patients with decompensated chronic cardiovascular insufficiency: a) in the lungs b) in the liver c) in the kidneys, d) in spleen e) in the cavities: pleural, abdominal, pericardium f) lower extremities P=5

TASKS

1. In the abdominal part of the aorta, the wall in one of the areas bulges, thinned, from the side of the lumen looks uneven rough due to plaque-like thickenings, sometimes ulcerated. Name the disease of the aorta. P = 3
2. At the autopsy in the cavity of the heart shirt, blood coagulations and liquid blood were found. In the region of the anterior wall and apex of the left ventricle, extensive areas of the myocardium have a gray-yellow color, a soft consistency. On the side of the epicardium in this area there is a gap with uneven edges soaked in blood, leading to the cavity of the left ventricle. Name the disease and its complication. P=3
3. In a man of 80 years of age, the foot is swollen, its tissues are swollen, black and green in color, emit an unpleasant odor. With ultrasound of the vessels of the left lower limb in the artery of the lower leg, stenosing atherosclerosis with thrombosis. 1) name the disease 2) name the clinical and morphological form of atherosclerosis in this patient P = 3
4. When examining the amputated lower limb, it was found that the tissues of the foot are dry, black in color, the border with the normal tissues of the lower leg is well expressed. In the lumen of the arteries of the lower leg - stenosing atherosclerosis by 85% with thrombosis. Name this disease, for which the patient was amputated the lower extremities. P=2
5. A patient of 48 years old was admitted to the intensive care unit with a diagnosis: acute transmural myocardial infarction of the anterior wall of the left ventricle. With the increasing phenomena of acute cardiovascular failure, he died by the end of the second day from the moment of admission. At autopsy, there is an "unstable" atherosclerotic plaque with thrombosis in the anterior interventricular branch of the left coronary artery. List the signs of an "unstable" atherosclerotic plaque that have developed in this patient. P = 5

6. In the deceased patient at the autopsy found: stenosing up to 70% atherosclerosis of the mesenteric arteries, the mouth of the upper mesenteric artery is obturated by a thrombus. The small intestine over a larger length is purple -black. The wall of it is flabby consistency. Make a diagnosis. P=2

KIDNEY DISEASE: GLOMERULONEPHRITIS, NEPHROTIC SYNDROME. ACUTE RENAL FAILURE. CHRONIC RENAL FAILURE. PYELONEPHRITIS.

1. List research methods for kidney diseases P = 4

2. Name the groups of kidney diseases according to the structural and functional principle P = 2
3. Give a definition of glomerulopathies P = 5
4. Name the types of glomerulopathy by prevalence: a) in the kidney b) in the glomerulus P = 4
5. List the types of glomerulopathies depending on the origin of P = 2
6. What does the concept of diffuse glomerulopathy mean? P = 2
7. Define the concept of segmental glomerulopathy P = 3
8. What does the concept of total glomerulopathy P = 2
9. Name the main types of glomerulopathy P = 2
10. Give a general classification of glomerulonephritis (glomerulopathy) P = 3
11. Name the primary acquired glomerulopathy P = 2
12. List the types of secondary glomerulonephritis P = 6
13. What is the basis for the diagnosis of kidney diseases P = 3
14. Give a definition of primary glomerulopathies P = 5
15. Give a definition of glomerulonephritis. (classical) P = 6
16. Name the renal symptoms of glomerulonephritis P = 4
17. Name the extrarenal symptoms of glomerulonephritis P = 5
18. Name the principles of classification of glomerulonephritis P = 5
19. List the signs of nephrotic syndrome P = 6
20. Name the forms of damage to the glomeruli when antibodies are acted on them P = 6
21. List the main pathological tissue reactions in the glomeruli characteristic of glomerulonephritis P = 4
22. List the clinical forms of glomerulonephritis P = 4
23. Name the types of primary glomerulonephritis by etiology P = 2
24. The expression of which reaction of the body is bacterial glomerulonephritis? P = 1
25. List the possible causative agents of bacterial glomerulonephritis P = 3
26. Name the diseases after which the development of glomerulonephritis is possible P = 6
27. List the clinical manifestations of nephritic syndrome P = 5
28. What reaction does the immune inflammation of the glomeruli reflect P = 3
29. Name microscopic changes in kidney biopsy in nephritis syndrome P=4
30. What characterizes morphologically acute tubulo interstitial nephritis? P = 3
31. What is Goodpasture syndrome P = 4
32. Name the types of glomerulonephritis by localization of lesions in the glomeruli P = 2
33. Name the types of glomerulonephritis by the main type of inflammation P = 3
34. Name the types of glomerulonephritis by clinical course P = 3
35. Name the main morphological signs of exudative intracapillary glomerulonephritis. P = 3
36. Name the main morphological signs of proliferative intracapillary glomerulonephritis P = 2
37. Name the types of extra capillary exudative glomerulonephritis by the nature of inflammation P = 3
38. Define glomerulonephritis (according to the lecture)P=6
39. Name the types of glomerulonephritis with damage to other components of the kidneys P = 3
40. Describe the microscopic picture of acute tubulointerstitial nephritis P = 7
41. List the types of acute glomerulonephritis by etiology P = 2
42. Name the phases of acute glomerulonephritis P = 3
43. Name the histological signs of acute proliferative glomerulonephritis P = 3
44. Name the immunity histochemical signs of acute glomerulonephritis P = 2
45. Give a macroscopic description of the kidneys in acute glomerulonephritis. P = 4
46. Name the histological changes in the kidneys in severe acute glomerulonephritis P = 4
47. Name the localization of changes in the glomerulus with subacute glomerulonephritis P = 1
48. Why subacute glomerulonephritis is called rapidly progressive and malignant P = 2
49. Name the type of inflammation in subacute glomerulonephritis R=1
50. The proliferation of which cells in the glomerulus is observed in subacute glomerulonephritis? P = 3

51. List the morphological changes in the kidneys in the outcome of subacute glomerulonephritis P = 4
52. Give a figurative name to the kidneys in subacute glomerulonephritis P = 2
53. What is characterized by focal segmental glomerulosclerosis? P= 5
54. What is the basis for the development of chronic glomerulonephritis? P = 3
55. Name the morphological types of chronic glomerulonephritis P = 2
56. What is the basis for the development of chronic mesangial glomerulonephritis? P = 7
57. List the changes in the glomeruli in the EM study of the kidneys with chronic mesangial glomerulonephritis P = 4
58. List the EM changes in mesangioproliferative chronic glomerulonephritis P = 3
59. Name the main morphological changes in the glomeruli in fibroplastic chronic glomerulonephritis and their distribution P = 6
60. Describe the macroscopic changes in the kidneys in fibroplastic chronic glomerulonephritis P = 3
61. With what disease and what form should chronic glomerulonephritis be differentiated? P = 2
62. What condition develops in the outcome of chronic glomerulonephritis P = 1
63. Name the possible outcome of acute glomerulonephritis P=1
64. What is secondary nephrotic syndrome? P = 3
65. What diseases are the primary nephrotic syndrome? P = 3
66. What is the "disease" of small processes of podocytes P = 1
67. What is the basis of the pathogenesis of membranous nephropathy? P = 2
68. List the characteristic EM changes in glomeruli in membranous glomerulopathy P = 4
69. Name the outcome of membranous nephropathy and its clinical equivalent P = 2
70. Name the stages of nephrotic amyloidosis P = 4
71. Name the structures of the kidney where amyloid is deposited in amyloidosis P = 4
72. Name the complications of amyloid nephrosis P = 5
73. Give a definition of Acute renal failure P = 7
74. Name the causes of acute renal failure P = 8
75. Name the main links in the pathogenesis of ARF. P=4
76. List the forms of ARF by etiology. P = 3
77. List the stages of ARF P = 3
78. Describe macroscopic changes in the kidneys with ARF P = 6
79. Name the most common cause of primary nephrotic syndrome in adults. P = 1
80. Name the changes in organs in uremia P = 4
81. Name the stages of CRF P = 3
82. Give a definition of uremia P = 7
83. Name the most common cause of primary nephrotic syndrome in children P = 1
84. Define tubulopathies P = 6
85. Give a definition of primary tubulointerstitial nephritis P = 3
86. Give a definition of secondary interstitial nephritis P = 4
87. List glomerulopathy in systemic diseases P = 8
88. Name the main immunopathological processes that are of primary importance in the pathogenesis of acute tubulointerstitial nephritis P = 3
89. What is the clinical manifestation of nephrosclerosis? P = 3
90. Give a definition of chronic tubulointerstitial nephritis P = 8
91. Name the forms of diabetic nephropathy. P = 2
92. Name the types of chronic tubulointerstitial nephritis by the cellular composition of the inflammatory infiltrate P = 4
93. What does the term pyelitis mean? P=2
94. Define pyelonephritis P=6
95. Name the options for drug damage to the kidneys P = 3

96. Name the most common causes of ascending (urogenic) pyelonephritis P = 4
97. Name the most common causes of hematogenous pyelonephritis P = 3
98. What type of purulent inflammation is most characteristic of kidney damage in purulent pyelonephritis? P = 1
99. Describe the stages of pathogenesis of ascending acute pyelonephritis P = 5
100. Possible outcomes of acute pyelonephritis P = 2
101. List the complications of purulent pyelonephritis P = 5
102. Give a macro description of the kidneys in acute pyelonephritis P=4
103. Define chronic pyelonephritis P=8
104. List the macroscopic changes in the outcome of chronic pyelonephritis. P= 2
105. List the microscopic signs of chronic pyelonephritis. P= 4
106. What processes are associated with chronic pyelonephritis? P=2
107. What can cause acute tubular necrosis? P = 5
108. Name the causes of hydronephrosis P = 6
109. What pathological process in the kidney develops as a result of hydronephrosis? P = 3
110. Name the types of urinary stones by chemical composition P = 5
111. In which diseases uric acid stones appear P =2
112. List purulent complications of urolithiasis P = 5
113. What shape of stones is characteristic of the pelvis of the kidney P = 1
114. List the most frequent types of malignant tumors of the kidney P = 2
115. What can cause acute renal papillary necrosis? P = 3
116. List the manifestations of acute renal papillary necrosis. P = 6
117. In the definition of kidney disease, it is necessary to indicate ... P = 5
118. What is the clinically characterized by a nephrotic (kinin) crisis? P = 3
119. List the complications of nephrotic syndrome P = 8

TASKS

1. A young man of 28 years with abundant blood loss was taken to the hospital after an accident on the road. BLOOD pressure up to 90/50 mm Hg. After surgery, diuresis up to 300 ml per day, urine is dark brown in color. Creatinine in the blood plasma up to 130 μmol / l, residual nitrogen up to 200 mlmol / L. The patient is concerned about shortness of breath, cardiac arrhythmia, dry mouth, swelling of the lower extremities, ascites. Name the syndrome. List the morphological changes in the kidneys during microscopic examination of the biopsy. P=6
2. A patient of 48 years five years ago was diagnosed with chronic glomerulonephritis. Received with complaints of shortness of breath, weakness, dry skin with a whitish coating, During the examination there was a noise of friction of the pericardium, an enlarged left ventricle of the heart, blood pressure up to 190/110 mm Hg. Name the complication of the underlying disease. Describe the macroscopic picture of the kidneys. Name the main pathological process that develops in the kidneys. P=6
3. An 8-year-old boy was admitted to the hospital with complaints of weakness, headache, swelling, mainly of the face. Four weeks ago I had a sore throat. Laboratory tests have revealed protein and red blood cells in the urine. Make a diagnosis. Name the reason. Name the mechanism of the disease. Name the histological form of the disease. P=12
4. A patient of 45 years old fell ill acutely after hypothermia. There was weakness, headache, swelling. BP 190/120 mm Hg, shortness of breath, tachycardia. Laboratory tests: hyperproteinuria, dysproteinemia, hypoproteinemia, erythrocytes in the urine. With increasing renal failure, the patient died. Name the disease. Figurative name of the kidney. Name the characteristic formations during histological examination. Name the histological form of the disease. P=10
5. The patient suffered from rheumatoid arthritis for many years for 55 years. I was admitted to the hospital with complaints of swelling, pain in the heart, thirst, weakness. Laboratory tests revealed: hypoproteinemia, hyperlipidemia, proteinuria. During a puncture biopsy of the kidney,

amyloid was detected. Name the syndrome that complicated the underlying disease. Name the cause of kidney damage. Give a figurative name to the kidneys in this pathological process. List the morphological structures where the cause of kidney damage is localized. Name the additional color used in the histological examination of the kidney biopsy. P=12

6. A patient 25 years after childbirth had pain in the lumbar region, edema, bacteriuria appeared. Name the disease p = 2. What are the most common causes? p= 3 Name the pathogenetic form of the disease. p=1 List possible disease outcomes. p=2 P=7

7. A 52-year-old patient complained of headaches, high blood pressure, despite the use of antihypertensive drugs. The examination revealed asymmetrically deformed kidneys with deformed calyxes and pelvis. Inconstant bacteriuria, polyuria, dilated ureters. Name the disease p = 2. What is it associated with? p=3. Name the characteristic histological signs for this disease. p=7 P=12

8. A 47-year-old patient complained of acute lower back pain, pink staining of urine. Ultrasound revealed a narrowing of the ureter in the middle part with the presence of an obstruction to the flow of urine. Name the disease. p=2 List the possible chemical composition of the obstacle. p= 4 Name the most frequent, possible non-purulent complications. p=3 P=9

9. In a man of 36 years, during a medical examination, the left kidney was found with dilated cups and pelvis, with atrophy of the parenchyma. Name the disease. List possible causes. What is the full name of the process in the kidney parenchyma? P=9

10. In a woman of 36 years old, an ultrasound examination revealed uniformly reduced dense kidneys with a granular surface, without a clear boundary of the layers. What diseases and their possible forms can precede this kidney condition? p=4 Name the main morphological process in the kidneys. p=1 Name the clinical equivalent and its final stage. p=4 P=9

11. In a child of 6 years, the following are clinically identified: massive proteinuria, hypoalbuminemia, hyperlipidemia, lipiduria, edema. During puncture biopsy of the kidneys, lipids and proteins were found in the proximal convoluted tubules. In the EM study, the same diffuse flattening of the processes of the legs of the podocytes was found. Name the disease p = 3. Determine the name of the syndrome p = 1 What drugs are indicated for the treatment of this disease p = 1. P=5

12. A 57-year-old man was admitted to the hospital with complaints of lower back pain, dysuria, swelling. In a biochemical study, the following were found: hypoproteinemia, hyperproteinuria, dysproteinemia, lipiduria and hyperlipidemia. Histological examination of kidney punctate revealed diffuse thickenings of the capillary walls. The EM study found: subendothelial deposits, thickening of BM with the formation of "spikes". Name the disease p = 2 Name the syndrome p = 1 What is the mechanism of development of the disease? p=3 P=6

13. A patient of 76 years old was diagnosed with abscessed pneumonia, bacteremia, high remitting temperature., tachycardia, hyper leucocythemia. On ultrasound, the study found multiple foci in the kidneys dm up to 1 cm. Name the complication of pneumonia. p = 2 Name the kidney disease following the established p = 2 Determine the pathogenetic form of the disease p = 1. Name other ways of infection in the kidneys p = 2 Name the causes of this disease p = 3 P = 10

14. During the medical examination, the patient found an increased concentration of creatinine and urea in the blood plasma, high blood pressure. The ultrasound study revealed unequal reduced in size kidneys with a large-bumpy surface. Name the pathological process. p= 1 Identify a possible disease preceding this process. p= 2 Name this complication according to the clinical picture and its final stage. p=4 P=7

15. After the earthquake, a living person was extracted from under the rubble of the building, who before his eyes became sharply swollen and bluish, was unconscious. During the study, cylinders of myoglobin and hemoglobin were found in the urine. Diuresis was 200 ml per day. Name the syndrome p=3. Name its complication p = 3. Name the possible changes in the structures of the kidney during microscopic examination. p=4 P=10