HEPATITIS, HEPATOSIS, CIRRHOSIS, LIVER CANCER. CHOLELITHIASIS.

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 from the nature of the current? P=6
4. List the acquired hepatosis: a)..., b).... P=2
5. Define progressive massive liver necrosis. P=3
6. Indicate the causes of massive liver necrosis: a) ..., b) ..., c) .... P=3
7. Describe the timing of the stage of massive liver necrosis. P=6
8. What is the main difference between the microscopic picture of progressive liver necrosis in the malignant form of viral hepatitis and toxic dystrophy liver? P=2
9. Give a macroscopic characteristic of the liver in stage 2 progressive massive necrosis: a) size ..., b) consistency ..., c) capsule condition ..., d) appearance on the incision ... P=4
10. Give a microscopic characteristic of the liver in stage 2 of progressive massive liver necrosis: a) the state of the hepatocytes of the center of the lobules ..., b) the state of the hepatocytes of the periphery of the lobules ... P=2
11. Give a macroscopic characteristic of the liver in stage 3 progressive massive necrosis: a) size ..., b) consistency ..., c) capsule condition ..., d) appearance on the incision ... P=4
12. Give a microscopic characteristic of the liver in stage 3 progressive massive liver necrosis. P=3
13. List the extrahepatic manifestations of massive liver necrosis: a) ..., b) ..., c) ..., d) ..., e) ... P=5
14. Name the outcome of massive liver necrosis. P=2
15. List the causes of death in massive liver necrosis: a) ..., b) ... P=2
16. What is jaundice? P=6
17. List the types of jaundice: a) ..., b) ..., c) ... P=3
18. What are the types of jaundice that develop in cirrhosis of the liver: a) ... b) ... P=2
19. What is fatty hepatosis, its synonyms? P=6
20. In which diseases is the most common fatty hepatosis: a) ..., b) ..., c) .... P=3
21. Specify the causes of fatty hepatosis: a) ..., b) ..., c) ..., d) ... P=4
22. Give a macroscopic characteristic of the liver in fatty hepatosis: (a) dimensions ..., b) consistency ..., c) colour ..., d) figurative name ... P=4
22. List the stages of fatty hepatosis: a) ..., b) ..., c) ... P=3
23. Name the possible outcome of fatty hepatosis. P=2
24. Here is a classification of primary hepatitis by etiology:
25. a) ..., b) ..., c) ...., d) ... P=4
26. What are the main causes of secondary hepatitis:
27. a) ..., b) ..., c) ..., d) .... P=4
28. Name the main varieties and causative agents of viral hepatitis:
(a) ... (P=2), b) ... (P=2) P=4
29. Name the varieties of pathogens of viral hepatitis with the indication mechanisms of transmission of pathogens: a) ... (P=2), b) ... (P=2), c) ... (P=2), d) ... (P=2), e) ... (P=2). P=10
30. List the three main antigenic determinants of the causative agent of hepatitis B and name the methods for determining hepatitis B antigens in tissues P = 7
31. List the mechanisms of infection with viral hepatitis B: a) ..., b) ... c) ... P=3
32. List the clinical and morphological forms of acute viral hepatitis B: a) ..., b) ..., c) ..., d) ... P=4
33. List the stages of acute cyclic icteric form of viral hepatitis:

a) ..., b) ..., c) ... ... P=3

28. What morphological macro- and microscopic signs are characteristic of viral hepatitis, which occurs with acute massive necrosis of the liver? P = 5

29. List the possible outcomes of acute viral hepatitis B:
a)..., b) ..., c) ... ... P=3

30. Name the forms of chronic viral hepatitis by the degree of its activity:
a) ..., b) ..., c) .... P=3

31. Name the direct markers of viral liver damage. P=2

32. List the indirect markers of viral liver damage:
a)..., b) ..., c) ..., d) ..., e) ... P=5

33. Name the constantly occurring markers of viral lesions liver: a) ..., b) ..., c) ... P=3

34. What is Councilman body? P=3

40.What is alcoholic hyaline? P=3

41.List the obligate signs of acute alcoholic hepatitis: a) ..., b) ..., c) ... ... P=3

42.List the non-obligatory signs of acute alcoholic hepatitis:
(a) ..., b) ..., c) ..., d) ..., e) ..., g) ... P=7

44.List the forms of alcoholic hepatitis: a) ..., b) ..., c) ..., d) ... P=4

45.List the stages of alcoholic liver damage:
a) ..., b) ..., c) ..., d) ..., e) ... P=5

46.List the adaptive changes in the liver with medication Impact: a) ..., b) ..., c) ... P=3

47.List indirect markers of drug damage to the liver:
(a) ..., b) ..., c) ..., d) ..., e) ..., g) ... P=7

48.What is sinusoid capillarization? P=2

49.Give a definition of cirrhosis of the liver indicating the morphological and clinical manifestations. P=7

50.What elements of the liver tissue undergo restructuring in cirrhosis Liver? P=3

51.List the morphological signs of cirrhosis of the liver:
a)..., b)..., c)..., d)..., e).... P=5

52.Indicate the causes of post necrotic cirrhosis of the liver:
a) ..., b) ..., c) ... ... P=3

54.List the etiological factors of portal cirrhosis of the liver:
a) ..., b) ..., c) ..., d) .... P=4

55.List the morphogenetic forms of cirrhosis of the liver: a) ..., b) ..., c) ... ... P=3

56.List the macroscopic varieties of cirrhosis of the liver:
a) ..., b) ..., c) ..., d) ... P=4

57. Name the etiological factors of cirrhosis of the liver:
a) ..., b) ..., c) ..., d) ..., e) ..., e) ... P=6

58. .List the forms of cirrhosis isolated by microscopic examination: a) ... ... b) ... c) ... P=3

59. Specify the types of biliary cirrhosis of the liver: a) ... ... P=2

60. List the morphological changes in the early stages of the primary biliary cirrhosis of the liver: a) ..., b) ... P=2

61. .Describe the morphogenesis of portal cirrhosis of the liver. P=4

62. Describe the morphogenesis of post necrotic cirrhosis. P=5

63. Describe the morphogenesis of "nutmeg" cardiovascular cirrhosis of the liver. P=4

64. List the main anastomoses in cirrhosis of the liver: a) ..., b) ..., c) .... P=3

65. Describe the macroscopic picture of pigment cirrhosis of the liver.Specify a reason. P=6

66. .List the syndromes that develop in the clinic for cirrhosis of the liver: a)..., b) ... P=2

67. List the clinical and morphological manifestations of portal syndrome hypertension: a) ..., b) ..., c) ... P=3

68. What syndrome in the clinic is accompanied by splenomegaly? Let definition. What does this syndrome lead to? P=4

69. List the clinical and morphological manifestations of the syndrome

hepatocellular insufficiency: a) ..., b) ..., c) ..., d) ... P=4

70. .What are the possible complications of cirrhosis of the liver:
a) ..., b) ..., c) ..., d) ..., e) .... P=5

71. Name the most common causes of death of patients with cirrhosis of the liver:
a. ..., b) ..., c) ..., d) ... P=4

72. .Explain the origin of ascites and peritonitis in cirrhosis of the liver. P=4

73. List the clinical and morphological signs of hepatargia:
a. ..., b) ..., c) ..., d) ..., e) ..., e) ... P=6

74. List the main pathogenetic factors of development hemorrhagic syndrome in hepatocellular insufficiency: a) ..., b) ... P=2

75. What are the main pathogenetic factors for the development of hepatorenal syndrome in hepatargia: a) ..., b) ... P=2

76. List the macroscopic forms of primary liver cancer: a) ..., b) ..., c) ... ... P=3

77. What are the microscopic varieties of liver cancer: a) ..., b) ..., c) .... P=3

78. Name the predominant pathway of hepatocellular carcinoma metastasis P=1

79. Name the predominant pathway of cholangiocellular carcinoma metastasis P=1

80. List the most characteristic localization of metastases in hepatocellular cancer: a) .. , b).. P=2

81. .List the distinctive features of secondary hepatitis. P = 3

82. Which viral hepatitis is characterized by a fecal-oral mechanism Transfer? P=2

83. What clinical and morphological forms are characteristic of acute viral hepatitis A? P=3

84. List the periods of cyclic icteric form of acute viral hepatitis. P=3

85. What morphological changes can be detected in the liver in the pre-icteric period of acute viral hepatitis A? P = 2

86. .What morphological changes can be detected in the liver in the icteric period of acute viral hepatitis A? P = 5

87. .List the reasons for the high chromogenic potential of the viral hepatitis C. P=2

88. List the morphological changes in hepatocytes in viral hepatitis C. P=5

89. What clinical and morphological forms are characteristic of acute viral hepatitis B? P=4

90. Describe microscopic changes in the liver in acute viral hepatitis D. P=8

91. List the systemic manifestations of viral hepatitis B. P = 7

92. List the morphological features of nonspecific reactive hepatitis. P=3

93. .Give a definition of pigmented hepatosis. P=5

94. .List the main causes of fatty hepatosis. P = 4

95. .In the outcome of which diseases can develop small-node (portal) cirrhosis of the liver? P = 3

96. .In the outcome of which diseases can develop large-node (post necrotic) cirrhosis of the liver? P= 4

97. .What are the distinguishing features of viral cirrhosis of the liver? P = 3

98. List the characteristic signs of alcoholic cirrhosis of the liver. P = 4

99. What term is used for minor liver failure? P = 1

100. What term is used for large liver failure? P = 1

101. What is acute liver failure? P = 7

102. Give a definition of cholecystitis. P= 2

103. Name the most common causes of cholecystitis a).. b).. P=2

104. List the morphological changes that occur in the wall of the gallbladder in
a. chronic cholecystitis. P = 4

105. .List which stones by composition are formed in the gallbladder P = 4

106. .List the complications of calculous cholecystitis. P = 5

107. List the complications of chronic cholecystitis P = 5

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

TASKS

1. The patient, after eating unknown mushrooms, developed weakness, jaundice. After a while, he lost consciousness and died. At the autopsy, the liver is flabby, ochre yellow with a wrinkled capsule. What is your diagnosis? Cause of death? Microscopic picture in this disease? P=5
2. In a patient who died of thyrotoxicosis, at the autopsy, the liver is flabby, with a wrinkled capsule, on a red incision. Make a diagnosis. Name the stage of the disease. Describe the microscopic picture in this stage. P = 5
3. After mushroom poisoning, the patient had jaundice, hemorrhagic syndrome, hypoproteinemia. A progressive decrease in liver size was noted. Make a diagnosis. What is the process underlying this disease? Name the stages of the disease and the possible favorable outcome of the disease. P = 7
4. An obese patient has an increase in the size of the liver and an increase in the level of lipoproteins in the blood. Make a possible diagnosis. Describe a macroscopic picture. Give a figurative name to the organ for this disease. Describe a microscopic picture. Name the color that should be used to clarify microscopic changes. P = 8
5. A patient with diabetes has an increase in liver size. Make a possible diagnosis. Explain the cause of this disease. Name the possible outcome. P=4
6. 3 months after tooth extraction, the patient developed jaundice, weakness, hemorrhages appeared. Balloon dystrophy, necrosis of hepatocytes and Councilmen bodies, pronounced histiolimphocytic infiltration of portal tracts were found in the liver biopsy. Your full diagnosis, taking into account the clinical and morphological form of the disease. Establish the path of infection. Establish the path of infection. P=4
7. When studying the liver biopsy, the following were revealed: balloon dystrophy and necrosis of hepatocytes in the perivenular zone with infiltration by neutrophils, Mallory bodies, perivenular fibrosis, bridge necrosis of hepatocytes. Make a diagnosis. Name the possible outcomes of the process. P = 5
8. In the liver biopsy, matical vitriol hepatocytes, "sand" nuclei, Councilmen bodies, hydropic dystrophy and stepped necrosis of hepatocytes were found. Make a diagnosis. List the methods that need to be used to confirm the etiology of the disease. P = 7
9. A patient suffering from Hashimoto's thyroiditis had complaints of skin itching, jaundice. The examination revealed an enlarged liver. Ultrasound showed no stones and strictures in the biliary tract. In the blood - a high level of antimitochondrial antibodies. Your diagnosis. List the morphological changes in the early stages of the disease. P = 7
10. A patient who had suffered from cholelithiasis for several years showed signs of acute renal failure, from which he died. At the autopsy, the liver is reduced, yellow-green in color, with a fine-grained surface. What is your diagnosis? Cause of death? Microscopic picture in the kidneys? P=5
11. The deceased patient has a network of dilated saphenous veins and bleeding from the dilated veins of the esophagus on the anterior abdominal wall. The liver is slightly enlarged, with a fine-grained surface, dense consistency, yellowish-brown color on the incision. Make a diagnosis indicating the macroscopic and morphogenetic form of the disease. The manifestation of which syndrome are the detected changes in the veins? List other manifestations of this Syndrome. P=6
12. The patient suffers from chronic alcoholism for a long time. During the examination, the liver is enlarged in size, dense, lumpy. On the anterior abdominal wall, the expansion of the saphenous veins is determined. An increase in the spleen is determined. Make a diagnosis. Name the leading clinical syndrome of the disease. List the possible complications of this syndrome. P=4
13. The patient suddenly had bloody vomiting, after which death occurred a few hours later. At the autopsy: the liver is reduced in size, with a fine-grained surface, dense, gray-yellow in color. Dilated veins are visible in the lower third of the esophagus. In the stomach, a large number of

blood clots. Name the liver disease and its shape. Give a morphological description of the liver changes in this disease. What is called "bloody vomiting" in Latin transcription. Specify the source bleeding. Explain the mechanism of bleeding in this patient. P=12

14. The patient three years ago suffered a severe form of viral hepatitis. Currently diagnosed with cirrhosis of the liver. With laparoscopy, the liver is reduced in size with a large-bumpy surface. Make a diagnosis (according to the macroscopic picture). Specify the type of cirrhosis morphogenesis. Name the microscopic features of this type of cirrhosis. List the possible causes of death. P=7
15. In autopsy of the deceased noted an increase in the volume of the abdomen. In the abdominal cavity, about 6 liters of turbid fluid with fibrin filaments. The peritoneum is dull, with injected vessels. The liver is of dense consistency with a fine-grained surface, yellow. Make a diagnosis (according to the macroscopic picture). Name the probable morphogenetic form of the disease. In the outcome of which liver disease developed this pathology? Indicate the cause of death. P = 6
16. The patient began to increase the volume of the abdomen. Dilated veins are visible around the navel. Soon the patient died. At the autopsy: the liver is reduced in size, dense, fine-tuberous with clearly distinguishable thin connective tissue layers; the spleen is enlarged. In the abdominal cavity about 5 liters of clear fluid. Make a diagnosis indicating the morphological form of the disease. Name the characteristic extrahepatic signs. P = 6
17. A patient who suffered viral hepatitis B several years ago had complaints of weakness, jaundice, nosebleeds. The examination revealed an increase in the liver, an increase in the blood level of α-fetoprotein. With ultrasound in the right lobe of the liver, a node with fuzzy boundaries is determined. Make a diagnosis. Indicate a possible microscopic picture. In what other organs can such foci be detected? Why? P = 7
18. The patient died of hepatargia. At the autopsy, a huge stony liver with a smooth surface was found, on the incision - with foci of green color. Your diagnosis and the alleged microscopic picture? In what other organs can such foci be found? P=6
19. The surgical material - the gallbladder - was sent to the pathology department: the wall is thickened to 4 mm, in the lumen - purulent exudate. Microscopic examination revealed diffuse leukocyte infiltration. Diagnose. P=2

GASTRITIS. PEPTIC ULCER OF THE STOMACH AND DUODENUM. APPENDICITIS.

1. Give a definition of gastritis P=2
2. List the most common causes of acute gastritis a).. b).. c).. d).. e).. e).. g).. h).. i)... P=9
3. Name the types of acute gastritis by topography a).. b)... P=2
4. Name the types of acute focal gastritis by topography a).. b).. c).. d).. P=4
5. List the morphological forms of acute gastritis a).. b).. c).. d).. P=4
6. Describe the macroscopic changes in the mucous membrane in catarrhal gastritis a).. b).. c)... P=3
7. Describe microscopic changes in catarrhal gastritis a) in the mucous membrane p3 b) in its own mucosal plate p=4 P = 7
7. Describe the macroscopic picture of fibrinous gastritis P = 2
8. Describe the macroscopic picture of phlegmonous gastritis. P = 3
9. List microscopic changes in the wall of the stomach with phlegmonous gastritis. P=6
10. Describe the macroscopic picture of necrotic gastritis. P = 2
11. Give a definition of chronic gastritis. P = 3
12. List the principles of classification of chronic gastritis. P = 6
13. List the types of chronic gastritis by pathogenesis. P = 4
14. List the types of chronic gastritis by topography. P = 3

15. List the morphological types of chronic gastritis. P = 2
16. Describe the microscopic picture in granulomatous gastritis. P=3
17. In what diseases and conditions are granulomatous gastritis detected? P = 6
18. List the types of hypertrophic gastropathy (hypertrophic gastritis). P=3
19. What clinical syndromes are manifested by hypertrophic gastropathy? P=4
20. List the diseases of the stomach, the etiological factor of which is Helicobacter pylor P=3
21. Give a definition of peptic ulcer disease P=3
22. List the stages of development of peptic ulcer disease. P=3
23. What is erosion? P=1
24. What do erosions look like macroscopically? P=2
25. What are the erosions in microscopic examination. P = 3
26. What is the outcome of gastric erosion? P = 1
27. How does an acute stomach ulcer look macroscopically a) shape b) edge c) color. P = 3
28. In which parts of the stomach are acute ulcers more often formed? P=3
29. What is the acute stomach ulcer presented by microscopic examination? P = 4
30. List the outcomes of acute stomach ulcers. P= 2
31. Describe the macroscopic picture of a chronic stomach ulcer without exacerbation a) the depth of the lesion b) the edge of the ulcer c) the bottom of the ulcer. P = 3
32. Describe the macroscopic changes in chronic stomach ulcers in Exacerbation. P=2
33. Describe the macroscopic changes in chronic gastric ulcer during remission a) mucous membrane around the ulcer b) edges of the ulcer c) bottom d) vessels at the bottom of the ulcer. P = 4
34. Describe microscopic changes in chronic gastric ulcer during exacerbation (structure in layers). P = 8
35. List the complications of chronic stomach ulcers a).. b).. c).. d).. e).. P=5
36. What is gastric ulcer penetration? P=1
37. List the diseases against which the development of stomach cancer is possible. P = 6
38. List the precancerous morphological processes that develop in the stomach. P = 2
39. What is stomach cancer? P=2
40. List the principles of classification of stomach cancer. P = 4
41. List the classification of stomach cancer by localization. P = 5
42. List the main histological types of stomach cancer. P = 4
43. What is early stomach cancer? P=1
44. List exophytically growing forms of stomach cancer P = 6
45. List the forms of stomach cancer with endophytic growth. P = 2
46. List orthograde lymphogenous metastases of gastric cancer a) early b) subsequent P = 5
47. List the retrograde lymphogenous metastases of gastric cancer (name them by authors) P=3
48. What are the organs in which hematogenous metastases of stomach cancer develop? P=6
49. List where metastases of stomach cancer develop by implantation P = 5
50. List the most commonly developing complications of stomach cancer a).. b).. c).. d).. e).. e).. P=6
51. Give a definition of appendicitis. P = 2
52. List the morphological forms of acute appendicitis. P = 3
53. List the morphologically e forms of acute destructive appendicitis. P = 4
54. List microscopic changes in simple appendicitis. P = 3
55. List microscopic changes in superficial appendicitis a) in the mucous membrane b) in the serous membrane P= 2
56. List macroscopic changes in the process with phlegmonous Appendicitis. P=4
57. List microscopic changes in the wall of the process with a) apostematous appendicitis b) phlegmonous-ulcerative appendicitis. P = 4
58. How does the process look macroscopic in gangrenous appendicitis P = 3

59. List microscopic changes in the process in gangrenous P=4
60. List the complications of acute appendicitis. P = 7
61. How does dropsy of the appendix develop? P=2
62. What is mucocele of the process? P = 1
63. What is myxoglobulosis? P=1
64. What is mesenteriolitis? P=1
65. List macroscopic forms of rectal cancer with exophytic growth. P=3
66. List the macroscopic forms of rectal cancer with endophytic growth. P=2
67. Name the parts of the colon in which cancer develops. P=5
68. List the most common complications of colon cancer. P=2

TASKS

1.A vermiform process with dimensions of 13.5x3.8 cm, purple-black color, on the serous membrane - multiple grayish fibrinous membranous overlays were delivered to the pathology department. Name the form of appendicitis according to the macroscopic changes described above. P = 1

2. A patient who suffered from diabetes mellitus for a long time performed an appendectomy for phlegmonous-ulcerative appendicitis. On the 4th day, the patient had jaundice, t 38.9, leukocytosis 16.0x10 ^ 9 / l. During ultrasound, two volumetric formations with a diameter of about 1.0 cm were found in the liver. name the complication that developed in the patient. P= 2.

3. In a patient with gastroscopy on a small curvature of the stomach, a formation of 7.0x6.0 cm was found, resembling cauliflower in appearance. A biopsy was taken. A) name this tumor formation P1 b) which histological types are more common for this tumor? P=2

4.Surgical material was delivered to the pathology department - a section of the stomach. The wall of the stomach is thickened to 3.0 cm, dense, cartilaginous consistency, the folds are smoothed, the layers of the stomach wall are indistinguishable. Name the macroscopic shape of the tumor. Name the growth form P = 2

5.In a patient of 80 years old, gastroscopy revealed: thinning of the gastric mucosa, folds are smoothed. In the biopsy material: a decrease in the number of glands, lymph plasmocytic infiltration, sclerosis of your own mucous membrane plate. Based on morphological changes, make a diagnosis. P = 2

6.Biopsy material (gastrobipsy) was sent to the pathology department. During the study, it was found that in the antral part of the stomach there is lymph plasmocytic infiltration with an admixture of neutrophils. Histochemical reaction (Giemsa staining) is found in the mucus of Helicobacter pylori. Based on the results of the biopsy study, make a diagnosis. P =2

7.A patient with gastric ulcer for the past 2 months complains of frequently recurring vomiting of eaten food. With X-ray examination, the stomach in the form of an "hourglass". Name the complication that has developed in the patient. P = 1

8.In the patient, gastroscopy in the body of the stomach revealed a rounded formation with a diameter of 2.5 cm, a depth of 0.8 cm with roller-shaped, rejuvenated edges. At the bottom of this formation, fibrinous-purulent overlays, an arrosive vessel covered with a thrombus. Make a diagnosis. P = 2

9.The patient died of posthemorrhagic anemia. At the autopsy, 1.5 liters of liquid blood and its clots were found in the stomach cavity, liquid blood in the intestinal lumen throughout. On a small curvature, a dark red, oval-shaped area was found, measuring 5.0x7.0 cm with thin movable edges; in the bottom of his arrosive, gaping vessel. Make a diagnosis. Name the complication that developed in this patient. P = 2

10. A patient of 65 years old was taken to the hospital with a diagnosis: Acute colonic obstruction. The operation revealed a ring-shaped narrowing in the lower third of the ascending colon. In the pathology department, a circular formation of a dense consistency of gray-white color was detected on the incision with a narrowing of the lumen of the colon to 0.5 cm. The thickness of the wall of the colon reached 1.5 cm. Name the formation and macroscopic form of

its growth in the intestine as in a hollow organ. Where the first are located metastases and ways of their formation? Name the most frequent microscopic type of formation. P=7

ACUTE RESPIRATORY VIRAL INFECTIONS. ACUTE PNEUMONIA. MEASLES

1. Define pneumonia. P= 3 Name the principles of classification of pneumonia (according to E.V. Gembitskaya): a)...,b)....,c)....,d)...,e)...,e)...,f).... P = 7
2. Name the forms of pneumonia according to the nosological principle: a) ... b) ... P=2
3. Name the epidemiological forms of pneumonia: a) ..., b) ... P= 2
4. Name the clinical and morphological forms of pneumonia: a)...,b)...,c)... P = 3
5. Define croupous pneumonia P = 5
6. List the synonyms for croupous pneumonia. P=3
7. Name the etiological factors of pleuropneumonia: a)...,b)... P= 2
8. Name the stages of croupous pneumonia. P=4
9. List the main microscopic signs of croupous pneumonia in the tidal stage. P = 3
10. Name the main components of exudate in croupous pneumonia in the stage of red hepatization. P = 2
11. Name two characteristic components of exudate in croupous pneumonia in the stage of gray hepatization. P=2
12. Name the characteristic components of exudate in pleuropneumonia caused by Friedländer's diplobacillus. P=3
13. Name the possible outcomes of pneumonia. P=2
14. What is carnification? P= 4
15. List the pulmonary complications of croupous pneumonia. P = 4
16. List the main extrapulmonary complications of croupous pneumonia. P=6
17. List the atypical forms of croupous pneumonia: a) ..., b) ..., c) ..., d) ..., e) ... P = 5
18. Characterize central croupous pneumonia. P= 2
19. Characterize migratory croupous pneumonia. P = 2
20. Characterize total croupous pneumonia. P=2
21. Characterize massive croupous pneumonia. P=5
22. List the morphological features of Friedländer pneumonia P = 6
23. Give a definition of bronchopneumonia. P= 3
24. List the most important varieties of focal pneumonia depending on the infectious agent. P = 5
25. List focal pneumonia depending on the conditions of their occurrence. P= 4
26. Name the forms of focal pneumonia by prevalence. P=6
27. Give the main types of focal pneumonia caused by physical and chemical factors. P= 4
28. List the segments of the lungs in which bronchopneumonia is most common. P = 5
29. Name the possible pulmonary complications of focal pneumonia. P=3
30. List the morphological features of pneumonia caused by pneumococcus. P = 3
31. List the morphological features of pneumonia caused by staphylococcus. P = 8
32. List the morphological features of pneumonia caused by streptococcus. P = 7
33. List the morphological features of pneumonia caused by Pseudomonas aeruginosa, when the pathogen penetrates the lungs by aspiration. P = 3
34. List the morphological features of pneumonia caused by Pseudomonas aeruginosa, with hematogenous ingress of the pathogen into the lungs. P=3
35. List the morphological features of viral pneumonia. P = 4
36. List the morphological features of pneumonia caused by mycoplasma. P= 3
37. List the morphological features of pneumocystis pneumonia. P=5

38. Define interstitial pneumonia. P=3
39. List the most common etiological factors of interstitial pneumonia:
    a) ..., b) ..., c) ..., d) ... P= 4
40. List the forms of interstitial pneumonia depending on the location. P=3
41. Name the clinical abnormalities that lead to the development of acute adult respiratory distress syndrome (RDSV). P=7
42. List the stages of RDSV: a) ..., b) ..., c) ... P=3
43. List the morphological changes in the acute stage of RDSV. P=5
44. Name the outcome of the RDSV. Give a figurative name for the lungs at the same time. P=4
45. Name the main pathogenetic mechanisms of respiratory viral infections.P=3
46. What is the vasopathic effect of the influenza virus: a)..., b)..., c)... P = 3
47. What is the immunosuppressive effect of the influenza virus: a)...,b)... P = 2
48. What is the cytopathic effect of the influenza virus: a)..., b)... P= 2
49. Name the forms of influenza along the course: a)..., b)..., c)... P= 3
50. List the most important from an epidemiological and clinical-morphological point of view respiratory diseases caused by respiratory viruses: a)..., b)..., c)..., d)... P=4
51. Give a morphological characteristic of lung changes in moderate influenza. P=5
52. What is characteristic of the two varieties of severe influenza? P=2
53. What pathological processes can develop in the brain with a severe form of influenza? P=3
54. List the most common causes of death in influenza. P= 6
55. What is microscopically characteristic of changes in the epithelium of the respiratory tract in parainfluenza? P = 3
56. In which parts of the respiratory tract morphological changes in parainfluenza are most pronounced: a)...,b)...,c)... P= 3
57. List the most common complications of parainfluenza. P = 6
58. Name a dangerous pathological condition that occurs with parainfluenza. Explain its development. Give me the cause of death. P = 8
59. What is the morphological feature of changes in the epithelium of the respiratory tract in RS infection? P=2
60. What kind of damage to the respiratory tract is characteristic of MS infection? P = 5
61. Name the diagnostic morphological marker of adenovirus infection P = 3
62. Name the manifestations of a mild form of adenovirus infection. P = 4
63. List the organs that are affected by the generalized form of adenovirus infection. P=5
64. Specify the entrance gate of the measles virus. P=2
65. List the common changes in uncomplicated measles: a) ..., b) ..., c) ... P= 3
66. Describe the pathogenesis of bronchiectasis in complicated measles. P=4
67. What are the most severe extrapulmonary complications of measles: a) ..., b) ... P=2

TASKS

1.The patient suffered from polydrug addiction for 32 years. She was admitted to the hospital with the diagnosis: "ARI. Right-sided pneumonia." Against the background of the state of moderate severity on the 7th day of stay in the hospital, the patient was found dead in bed in the morning. At autopsy: the lower lobe of the right lung is slightly airy, dense, gray in color. On the leaflets of the mitral valve - growths in the form of cauliflower, whitish color, soft consistency, easily crumbling. (a) Your diagnosis? b) How to evaluate changes on the valve? P=4

2. A woman of 30 years old developed weakness, shortness of breath, pain when breathing in the right half of the chest, an increase in body temperature to 38.5 °. On examination: bronchial breathing in the lower parts of the right lung, crepitation, pleural friction noise.

Ongoing therapy without effect. The patient died 6 days later with the phenomena of pulmonary heart failure. At autopsy: the lower lobe of the right lung of a dense consistency, with the imposition of fibrin threads on the pleura. On the incision, the tissue of this lobe is gray in color, airless \ with a rounded cavity with a diameter of 2 cm, filled with yellowish creamy masses. Your diagnosis. Specify the stage of the disease. What complication did the patient develop? What is the reason for the noise of pleural friction? P=6

3. The patient suffered from chronic pyelonephritis for many years, was admitted to the hospital with respiratory failure. In a blood test, an increase in the level of urea, creatinine. With auscultation, the noise of friction of the pericardium. The day after admission, he died. At autopsy: on the mucous membrane of the trachea and bronchi, grayish filamentous overlays, light edematous, in the middle lobe of the right and lower lobe of the left lung dense gray foci. Pieces of lung tissue from these foci drown in water. Describe changes in the trachea, bronchi and lungs, taking into account the etiology, the nature of the pathological process. P=7

4. A young woman fell ill suddenly, amidst full health. Fever, chills. Radiological darkening of the middle lobe. The patient's condition progressively worsened, and on the 6th day the patient died. At autopsy: the middle lobe of the right lung is dense, gray in color, its surface of the incision is fine-grained. The interlobular pleura is thickened. The visceral pleura has thread-like gray overlays. Regional lymph nodes are enlarged, juicy.

a) Your diagnosis. P=1

b) Give a definition. P = 5

c) Indicate the possible etiology. P = 1

d) What can be detected in exudate by microscopy? P=2

5. A patient of 52 years was sick with the flu for 2 weeks. He was admitted to the hospital 3 days before his death. Complained of difficulty breathing, cough with sputum, fever. At the autopsy: edema, full-bloodedness, hemorrhages, imposition of fibrin films on the mucous membrane of the trachea and bronchi. The lungs are enlarged in volume, sharply full-blooded, on a variegated incision, 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 we 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

6. During the flu epidemic, a 42-year-old man, who was on sick leave for SARS, fell in the bathroom and died suddenly. The corpse was taken to the pathology department, where an autopsy revealed a hematoma in the subcortical parts of the right hemisphere of the brain

a) Your diagnosis?

b) Cause of death? P=2

7The child fell ill acutely: t rose to 39 º C, cough, runny nose, tachycardia appeared. On the 2nd day - vomiting, became lethargic, complained of a headache, later convulsions were noted. He was hospitalized in serious condition. In an immunofluorescence study of a smear-imprint from the mucous membrane of the nose, a positive glow with serum against the influenza virus was noted. A few hours later, the child died. At the autopsy: hyperemia of the mucous membrane of the trachea and bronchi, fullness of internal organs Brain with swelling, edematous, full-blooded soft meninges. In the region of the tonsils of the cerebellum is the sulcus of the wedge. Micro - in the brain - small hemorrhages, perivascular lymphocytic infiltrates, dystrophic changes in neurons.

a) Your diagnosis. b) Specify the cause of death. P=4

8.In the flu epidemic, the corpse of a 43-year-old man was delivered for autopsy. He fell ill acutely: rise t to 39 º C, headaches, cough for 2 days. Symptoms of intoxication are expressed. The patient died. At autopsy: the mucous membrane of the trachea and bronchi is dull, sharply hyperemic, swollen, with point hemorrhages. Edema and swelling

of the substance of the brain.
a) What disease and its form can we think about?
b) Name the cause of death. c) What kind of study should be done to confirm the diagnosis? P = 3

9. In a child on the 2nd day after an increase in temperature on the mucous membrane of the cheeks, respectively, whitish spots appeared on the mucous membrane of the cheeks. In what disease are they observed? What are the authors' names? The mechanism of their appearance. What complication can develop in the soft tissues with this disease? Give its definition with an indication of localization. P = 9

OBSTRUCTIVE AND RESTRICTIVE LUNG DISEASES. PNEUMOCONIOSES

1. Define chronic bronchitis. P= 5
2.Name the changes in the epithelium preceding lung cancer: a)...,b)...,c).... P=3
3.List the segments of the lungs in which bronchitis develops most frequently. Can you explain why? P=7
4. What cells are called coniophages? P=2
5. Name the main obstructive pulmonary diseases : a)...,b)...,c)...,d)...d)... P=4
6. Define emphysema. P=3
7. List the microscopic changes in the wall of bronchiectasis: a)...,b)...,c)...,d)...,e).... P = 5
8.Name the main forms of bronchial asthma according to the etiological sign: a)...,b)... P=2
9. List HDL : a)...,b)...,c)...,d)...,e)....,e).... P=6
10 Define lung atelectasis. P=5
11. Name the types of bronchiectasis by pathogenesis (P = 2) and by form (P = 2) P = 4
12. Name the main microscopic varieties of lung cancer: a)...,b)...,c)...,d)..... P=4
13. What is "black consumption"? Its morphological and clinical manifestations. P=5
14. Name the forms of silicosis : a)...,b).... P=2
15. Name the morphological types of emphysema: a)...,b)....,c)...,d).... P=4
16. List the main morphological changes in the lungs in anthracosis:
a)...,b)...,c)...,d)...,e).... P=5
17. Give a definition of silicosis P = 3
18. Name the morphogenetic mechanisms of CDL: a)...,b)...,c).... P=3
19. Give a morphological characteristic of diffuse reticulated pneumosclerosis P = 4
20. Name the stages of interstitial lung diseases and the outcome : a)...,b)...,c)..., d).... P=4
21. Name the changes in the epithelium in the wall of bronchiectasis (the name of the process, its characteristics, possible adverse outcome) P = 4
22. Name the most characteristic hematogenous metastases of lung cancer P = 3
23. Name pulmonary and extrapulmonary complications of bronchiectatic disease P=4
24. Name the main function of coniophages P = 1
25. Give a definition of bronchiectasis P = 3
26. Name typical chronic restrictive lung diseases P=3
27. Name two types of diffuse lung lesions: a)...,b)... P=2
28. Give the name non-specific pulmonary cavern according to modern nomenclature (P = 1). Its main pulmonary complications (P = 3) The most characteristic extrapulmonary complication (P = 1). P=5
29. List the principles of classification of bronchitis: a)..., b)...., c)..., d).... P=4
30. List the morphological changes in the arterial bed in pulmonary hypertension:
a)...,b)...,c)...,d)...,e).... P=5
31. Give a definition of bronchiectasis P = 3
32. Describe the morphological signs of emphysema of the lungs: a) the size of the lungs, b) the state of the lumen of the alveoli, c) the state of the alveolar septa, d) the capillary bed P = 4

33. Name the types of bronchitis by localization of inflammatory infiltrate in the wall of the bronchus: a)...,b)...,c)....,d)... P=4
34. Name the types of pneumosclerosis by localization: a)...,b)...,c)... P=3
35. List the main causes of death of patients with lung cancer: a)...,b)...c).... P=3
36. Name two groups of chronic interstitial lung diseases by etiology: a)...,b)... P=2
37. What is another name for dust cells? P=1
38. Name the types of lung cancer by localization: a)...,b)...,c)... P=3
39. Describe morphologically interstitial lung diseases P=3
40. What are the clinical stages of chronic bronchitis? a)...,b)... P=2
41. Name the macroscopic forms of lung cancer: a)...,b)....,c)....,d)....e)..... P=6
42. Name the types of pulmonary heart along the stream: a)...,b)... P=2
43. Name the morphological substrate of bronchiectasis P = 2
44. Name the types of bronchitis along the stream: a)...,b)... P=2
45. What term did I.V. Davidovsky propose to refer to some CNDL? (P=1)
Why? (P=3) P=4
46. Name the most important etiological factors for the development of chronic bronchitis: a)...,b)... P=2
47.Name the types of chronic bronchitis depending on the nature of the inflammation: a)...,b)... P=2
48. Name the types of atelectasis of the lungs depending on the mechanism of development: a)...,b)...,c).... P=3
49. Name the types of lung cancer by the nature of growth: a)...,b)... P=2
50. Explain why vicarious and senile emphysema cannot be considered true emphysema P=2
51. Name the "favorite" hematogenous metastases of lung cancer. (P = 1)
52. List the organs whose cancer also metastasizes (P = 4) P = 5
53. Name the types of pulmonary hypertension by etiology: a)..., b)... P=2
54. Explain the development of renal amyloidosis in patients with bronchiectasis. P=2
55.Name the types of pulmonary hypertension by etiology: a)..., b)... P=2
56.Explain the development of renal amyloidosis in patients with bronchiectasis P = 3.
57. Explain the destruction of alveolar septa in emphysema P = 2
58. What type of emphysema occurs most often P = 1 57. Explain the development in patients with chronic pulmonary pathology of "drumsticks" and "watch glasses" P = 3
59. Name the main sources of lung cancer: a)...,b)... P=2
60. Name the types of squamous cell lung cancer by the degree of cell differentiation a)...,b)...,c).... P=3
61. Name two types of undifferentiated lung cancer: a)...,b)... P=2
62. Name the types of lung adenocarcinoma by the degree of cell differentiation: a)...,b)...,c).... P=3
63. The main morphological sign of undifferentiated lung cancer P = 1 63. What type of lung cancer is classified as "endocrine" cancers. Name the diagnostic morphological sign of such cancer. What research method is used. P=4
64. Name the disease and its synonym, in which the primary inflammatory process develops in the alveolar septa: a)...,b)... P=2
65. List the diseases that lead mainly to hypertrophy of the myocardium of the right ventricle: a)...,b)..., c)...,d)...,e)...,e).... g)... P=7
66. How morphologically manifests the "pulmonary heart" P = 3
67. Name the clinical and morphological stages of the "pulmonary heart": a)...,b)... P=2
68. Name the cause of death of a patient with a decompensated pulmonary heart P = 2.
The main morphological sign of undifferentiated lung cancer P = 1
69. What type of lung cancer is classified as "endocrine" cancers. Name the diagnostic morphological sign of such cancer. What research method is used. P=4
70. What is typical for chronic obstructive pulmonary disease in the acute stage P = 1

71. What are the important background diseases for central lung cancer: a)...,b)... P=2
72. What are the important background diseases for peripheral lung cancer: a)...,b).... P=2
73. Which is precancerous for lung cancer. P=1
74. What is the morphological substrate of COPD: a)...,b)...,c)... P=3
74. Explain the protracted course of pneumonia. What term is used for such pneumonia P = 4
75. Name the outcome of morphological changes in the lungs with CDDL R = 2
76. Name the disease, for which, with a complicated course, the development of sac-like bronchiectasis is characteristic. What is represented by the morphological substrate P = 3
77. Name the characteristic extrapulmonary complication in the outcome of all CRLD P = 2
78. Name chronic lung diseases without impaired ventilation: a) ..., b) ..., c) ... P=3
79. Name the forms of chronic bronchitis depending on the level of bronchial damage:
a) ... b) ... P=2
80. Name the forms of bronchitis depending on the state of the lumen of the bronchi:
a) ... b) ... P=2
81. List what can be caused by the obstruction of the lumen of the bronchi: a) ... , b) ... c) ... .
d) ... P=5
82 Name the non-destructive forms of pulmonary emphysema: a) ..., b) ..., c) ... P=3
83. Name the destructive forms of emphysema: a) ..., b) ..., c) ..., d) ... P=4
84. List the layers of the wall of a chronic lung abscess: a) ..., b) ..., c) ... P=3
85. List the complications of silicosis: a)..., b)..., c)..., d)..., e)... P=5
86. What changes can be detected in the wall of the bronchi and in the lungs outside of an attack of bronchial asthma? P=5
87. Name the types of bronchiectasis by origin: a)..., b)... P=2
88. Name the forms of chronic bronchitis by prevalence: a)..., b)... P=2
89. List the complications of chronic bronchitis: a)..., b)..., c)..., d)... P=4

TASKS

1 The patient, who suffered from chronic bronchitis for a long time, died with the phenomena of chronic venous stagnation in the internal organs. List the most important stages in the pathogenesis of the disease and its complications. Name the changes in the liver and kidneys. P=7
2 A patient with bronchial asthma died at night, the cause of death was asthmatic status. List the main macro (p = 2) and microscopic signs of this state (P = 4) P = 6
3. At the autopsy of the patient in the lungs, it was found: the bronchi with compacted walls are expanded in places, contain pus-like contents. The lungs are diffusely swollen, of a doughy consistency, with diffuse whitish heaviness on the incision. Give the full detailed name of the disease (P = 4). What process naturally develops in the small circle of blood circulation? (P=1). The state of the heart in this process, its name (P = 2). P=7
4. Radiologically, the patient was diagnosed with protracted pneumonia. During bronchoscopy in the bronchoalveolar flush - layers of glandular epithelium with hyperchromic polymorphic nuclei, with a shift of the nuclear-cytoplasmic index towards the nucleus, pathological mitosis. Name the disease taking into account hystogenesis. P=3
5. At autopsy: in the lungs under the pleura bulla, the walls of the bronchi are whitish thickened, like a "writing feather" protrude above the surface of the incisions, the lumens are narrowed. A diffuse whitish mesh pattern can be traced through the surface of the incisions. In the lumens of the bronchi viscous purulent sputum. In 2-4 segments there are dense gray airless foci. Pulmonary edema is pronounced. He was diagnosed with pneumonia. What disease led to death? P= 3
6. During a routine examination of the patient in the 3rd segment of the right lung under the pleura, a rounded formation with a diameter of 2 cm was found. Name the disease. Specify the histological form P = 3

7. The patient complains of shortness of breath. In the anamnesis of COPD and previous myocardial infarction. On examination: in the small branches of the pulmonary arteries organized thrombi. Hypertrophy of the right ventricle. Name the cause of cor pulmonale, thrombosis. P= 5

8. At the autopsy of the lungs: the walls of the bronchi are whitish thickened, like a "writing feather" protruding above the surface of the incisions, the lumens are narrowed. A diffuse whitish mesh pattern can be traced through the surface of the incisions. In the lumens of the bronchi viscous purulent sputum. There is a clear liquid in the pericardial cavity. Hypertrophy of the right ventricle. The myocardium is flabby clay-like. The cavities of the heart are expanded, they have a large number of blood coagulations. Name the disease. List the changes in the internal organs: liver, spleen, kidneys. What is the reason for these changes? P=7

9. A tumor was found in the lung. When microscopically examined in a tumor, "nesting" structures of cells of the multilayered squamous epithelium, resembling pearls in appearance, in the center of which there is keratinization. Cellular and tissue atypism. Name the diagnostic microscopic feature. Name the tumor taking into account histogenesis, the source of development, the background pathological process and previous changes in the epithelium. P=8

10. The patient in the clinic has paraneoplastic syndrome. Microscopic examination of a piece of the lung in the bronchioles and alveoli revealed atypical small cells with large hyperchromic nuclei resembling lymphocytes. Name the disease, microscopic variant P = 3

11. At the autopsy of the deceased from uremia, pronounced signs of CDDL were found. What types often lead to uremia? (P = 2) Due to what complication (P = 2) What can naturally be detected in this patient in the stomach, intestines, lungs, pericardium? (P=4) P=8

12. The patient died suddenly from acute cardiovascular failure. Before the opening of the chest, a special test was performed: a puncture of the chest under water. At the same time, air bubbles stood out on the right. At the autopsy, it was found: the right lung is pressed to the root, the organs of the mediastinum are displaced to the left. In the upper lobe of the right lung under the pleura are thin-walled air bubbles, the wall of one of which is damaged. Name the disease and its complication that led to death. Name the condition of the right lung. P=4

INTESTINAL INFECTIONS. POLIOMYELITIS. TYPHUS. SYPHILIS. DIPHTHERIA

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. Name the duration of the incubation period of typhoid fever. P = 1
5. On what week of typhoid fever bacteremia develops, explain why? P= 2
6. At what week of typhoid fever in the blood are antibodies to Salmonella typhi determined and by what reaction? P=2.
7. What processes are associated with bacteremia in typhoid fever? P = 3
8. At what week of the disease is the causative agent of typhoid fever released into the environment? List the organs. P=6
9. In which organ does Salmonella typhi find favorable conditions for reproduction? P = 1
10. List the possible local changes in typhoid fever, depending on their location. P = 3
11. In which part of the intestine are the most characteristic local changes in typhoid fever P=1
12. What structures and which part of the intestine are affected by typhoid fever? P= 3
13. Name the main stages of changes in Peyer plaques in typhoid fever. P=5
14. Describe the microscopic changes in Peyer plaques during the brain-like swelling stage of typhoid fever. P=3
15. Explain the origin of typhoid cells. P= 3
16. How are typhoid granulomas formed? P = 2
17. Guided by morphological signs, determine the type of typhoid granuloma. P= 1

18. Explain the mechanism of formation of typhoid ulcers. P=2
19. List the intestinal complications of typhoid fever. P=3
20. List extraintestinal complications of typhoid fever. P=6
21. Name all the common changes for typhoid fever. P=4
22. Name common typical changes for typhoid fever. P= 2
23. What is the general process associated with the general changes in typhoid fever? P=1
24. List the possible localizations of typhoid granulomas. P=6.
25. At what time after the onset of the disease can fatal complications of typhoid fever occur? P=2
26. List the causes of death in typhoid fever. P=4.
27. Specify the forms of salmonellosis. P=3.
28. What is characteristic of the toxic form of salmonellosis? P=1.
29. What form of salmonellosis corresponds to the figurative name "home cholera"? P=1.
30. What is the characteristic septic form of salmonellosis? P=3
31. Name the possible complications of salmonellosis. P = 3
32. Define dysentery (shigellosis). P = 5
33. Name the causative agent of dysentery (shigellosis) and list its 4 types. P= 5
34. Which type of Shigella causes the most severe form of dysentery (shigellosis), give an explanation why. P = 5
35. Name the source of dysentery (shigellosis) P = 2
36. Name the mechanism and ways of transmission of dysentery (shigellosis). P = 4
37. Name 2 phases in the mechanism of development of dysentery (shigellosis) P = 2
38. Describe the small intestinal phase of the pathogenesis of dysentery. P = 3
39. Describe the colonic phase of the pathogenesis of dysentery. P = 5
40. Name the main mechanisms of action of Shigella in the development of dysentery. P=5
41. Give a morphological characteristic of the stages of dysentery (shigellosis). P=3
42. Describe the microscopic picture of the stage of catarrhal dysentery colitis. P = 3
43. Name the varieties of fibrinous colitis in dysentery. P = 2
44. In which organs, except the intestine, changes develop in dysentery (shigellosis). P=4.
45. List the intestinal complications of dysentery (shigellosis). P=4.
46. List the extraintestinal complications of dysentery (shigellosis). P = 7
47. What outcomes can be observed in the mucous membrane of the colon after suffering dysentery. P=3
48. Define amebiasis. P = 5
49. 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.
50. List the intestinal complications of amebiasis. P = 4
51. List the most dangerous complications of necrotic-ulcerative colitis in amebiasis. P=2
52. Name the most dangerous complication of amebiasis. P = 1
53. Name the forms of colitis in amebiasis. P=3
54. Define diphtheria. P= 5 Name the causative agent of diphtheria. P = 1
55. Name the ways of transmission of the causative agent of diphtheria. P = 2
56. Name the main mechanisms for the development of diphtheria. P = 4
57. What inflammation develops with diphtheria of the pharynx and tonsils? P = 2
58. What inflammation develops with diphtheria of the respiratory tract? P = 2
59. What process develops in the heart with diphtheria of the pharynx and tonsils? P = 2
60. Name 2 forms of toxic myocarditis in diphtheria of the throat. P = 2
61. Name the outcomes of toxic myocarditis in diphtheria. P=2
62. What is early paralysis of the heart in diphtheria of the throat and in what time frame from the onset of the disease does it develop? P = 2
63. What is late paralysis of the heart in diphtheria of the throat and in what time frame from

the onset of the disease does it develop? P=4

64. What is true croup? A complication of what disease is it? P=3
65. Name the causes of death for diphtheria. P=3
66. Define poliomyelitis. P=4
67. Name the stages of poliomyelitis. P=4
68. Name the forms of poliomyelitis. P=5
69. What is the functional reflection of the death of neurons in the anterior horns of the spinal cord in polio? P=2
70. Name the subsequent changes in skeletal muscles after the death of neurons in the anterior horns of the spinal cord in poliomyelitis. P=2
71. Name possible causes of death for polio. P = 2
72. Name the tissue reactions characteristic of each period of syphilis. P=6
73. List the components of the primary syphilitic complex. P = 3
74. What morphological changes are characteristic of the secondary period of syphilis P=2
75. What process reflects the presence of plasma cells in the gumma? P=2
76. What is a gum infiltrate? P = 3
77. Name the localization of syphilitic mesaortitis P = 1
78. With which disease it is necessary to conduct a diff. diagnosis of syphilitic mesaortitis? =1
79. Name the complications of syphilitic mesaortitis. P = 3
80. Name how intrauterine infection of the fetus with syphilis occurs? P=1
81. Name the forms of congenital syphilis. P=3

TASKS

1. At the autopsy, ulcers with a dirty gray or greenish bottom were found in the cecum. The necrosis zone penetrates deep into the submucosal and muscular layers. The edges of the ulcer are dug up and hang over the bottom. With microscopic examination in the areas of ulceration, the local cellular reaction is weakly expressed. (a) What disease are we talking about? P = 1 b) How can the diagnosis be confirmed? P = 2 c) Name the changes in the cecum. P=2

2. In a patient with a positive Vidal reaction in the study of the spleen, it was found that it was enlarged by 3 times. The capsule is tense, the pulp is dark red in color, gives a copious scraping. Microscopically noted hyperplasia of the red pulp, the presence of large cells with a light cytoplasm (macrophages) forming granulomas located under the capsule. (a) What disease are we talking about? P = 1 b) What is the name of the accumulation of light cells in the pulp? P=2 c) What is a granuloma? P = 2 d) What complication can this lead to? P= 2

3. 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 smooth, slightly rounded, the bottom is formed by a 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 in this stage? P=1

4. A patient with typhoid fever, confirmed by bacteriological studies, died from an extraintestinal complication associated with damage to the respiratory system at the 4th week of the disease.

a) Name the characteristic manifestations of respiratory damage. P = 1
b) Describe the macroscopic changes in the intestine in this stage. P = 2
c) Name the type of muscle damage (localization, macroscopic changes). P= 2
d) List other extraintestinal complications. P=4

5. With microscopic examination of the rectum, areas of necrosis penetrating to different depths are visible, necrotic masses are permeated with fibrin filaments. The mucous membrane along the periphery of necrotic foci is infiltrated by leukocytes. In the submucosal and intermuscular plexuses, vacuolization, karyolysis of nerve cells, disintegration of nerve fibers are detected.

a) What disease are we talking about? P=1 b) About its stage? P = 1 c) Give a name to the changes in the rectum at this stage. P = 2 d) What is the general pathological process of changes in the mucous membrane of the rectum? P=1

e) What pathological process do changes in the nerve plexuses indicate? P = 1 f) Indicate the possible course of regeneration in the outcome of the described process. P=2

6. In the study of the sigmoid colon, it was found that it is spasmodic, its lumen is narrowed. The mucous membrane of the intestine is dull, hyperemic, swollen, covered with mucus, there are superficial focal necrosis and hemorrhages. In the sowing of the contents of the sigmoid colon, Shigella bacteria were found. a) Make a diagnosis. P = 1 b) Determine the stage of the disease and give its name. P=2

7. The patient was admitted to the department of intestinal infections with abdominal pain, tenesmus. Sigmoidoscopy revealed: the mucous membrane of the rectum and lower sigma is swollen, hyperemic, with point hemorrhages and ulcerative defects on the tops of the folds, the shape and depth of the ulcers is diverse. a) Make a diagnosis. P=1

b) Name the stage of the disease and explain the mechanism of ulcer formation. P=2

8. In a young man after suffering in early childhood, poliomyelitis has a violation of the function of the musculoskeletal system. a) Name the typical localization of the pathological process and determine the clinical form of poliomyelitis P = 2 b) Name the morphological changes in the recovery stage. In a young man after suffering in early childhood, poliomyelitis has a violation of the function of the musculoskeletal system. a) Name the typical localization of the pathological process and determine the clinical form of poliomyelitis P = 2 b) Name the morphological changes in the recovery stage

P=2

c) Name the subsequent changes in skeletal muscles after the death of neurons of the anterior horns of the spinal cord P = 2

9. The child fell ill acutely, with a rise in body temperature to 38-39C and a sharp pain when swallowing. On examination, the soft tissues of the neck are swollen. 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 ulcerative defects are detected. Signs of general intoxication are pronounced. a) Make a diagnosis. P = 1 b) Indicate the form of inflammation of the tonsils. P = 2 c) List possible complications from the heart, peripheral nerves, kidneys. P=3

10. A 3-year-old child has a moderate increase in body temperature to 38 ° C, malaise, decreased appetite. Hoarseness of the voice appeared, the cough acquired a rough, barking character, inhalation is difficult, signs of asphyxia are increasing. Bronchoscopy revealed yellowish-white films lining the larynx and upper third of the trachea. The films are freely separated from the mucous membrane in places, closing the lumen airway.

a) Make a diagnosis. P = 1 b) Indicate the form of inflammation in the mucous membrane of the larynx, trachea P = 2. c) Explain the mechanism of development of asphyxia. P=2

11. During a post-mortem examination of the corpse of a newborn child, early congenital syphilis was diagnosed. Name the main macroscopic manifestations of congenital syphilisne on the skin, in the lungs, in the liver. P = 3 12.A patient suffering from syphilis was admitted to the surgical department with a diagnosis of "Syphilitic aneurysm of the ascending section and aortic arch". a) Describe the macroscopic changes in the aorta and give a figurative name for the process. P = 2 b) Name the period and form of the disease. P=2

12.During a post-mortem examination of the corpse of a newborn child, early congenital syphilis was diagnosed. Name the main macroscopic manifestations of congenital syphilis on the skin, in the lungs, in the liver. P = 3

13.A patient suffering from syphilis was admitted to the surgical department with a diagnosis of "Syphilitic aneurysm of the ascending section and aortic arch". a) Describe the macroscopic changes in the aorta and give a figurative name for the process. P = 2 b) Name the period and form of the disease. P=2

14. At a large enterprise, there was an outbreak of salmonellosis associated with food intake. The disease took severe forms with fatal outcomes. a) Name the options for the generalized form of the disease. P= 2 b) Name the possible causes of death. P=2

SEPSIS. MENINGOCOCCAL DISEASE

1. Define sepsis. P= 11
2. What distinguishes sepsis from other infectious diseases: a).., b).., c).., d).., e)... P=5
3. Name the epidemiological features of sepsis: a)..., b).... P= 2
4. List the clinical features of sepsis: a)..., b)..., c)..., d)..... P=4
5. List the immunological features of sepsis: a)..., b)..., c).... P=3
6. List the local changes in sepsis: a)..., b)..., c)..., d)..., e)..., e)..., e).... P = 6
7. What local changes leads to the spread of infection through the circulatory system (through the veins) in sepsis: a).., b)... P=2
8. What local changes leads to the spread of infection through the lymphatic in sepsis: a).., b)...,c).... P=3
9. What type of embolism is observed in sepsis: a).., b)... P=2
10. What is the entrance gate of infection? P=1
11. What is a septic focus? P = 3
12. List the general processes in sepsis P = 8 Give examples of inflammatory changes in sepsis: a). .., b). .., c). .., d). P = 5
13. What explains the hemorrhagic syndrome in sepsis: a).., b).., c).., d)... P=4
14. What changes are observed in the spleen in sepsis? P=3
15. Describe the appearance of the septic spleen. a) dimensions, b) consistency, c) color, d) the nature of pulp scraping. P=4
16. What does the abundant scraping of pulp in sepsis indicate? P = 3
17. Name the types of sepsis depending on the location of the septic focus: a).., b).., c).., d).., e).., e).., g).., g).., z)... P=8
18. What is cryptogenic sepsis? P=2
19. What is ottogenic sepsis? P=2
20. Name the clinical and anatomical forms of sepsis a)..., b)..., c).... P=3
21. What is septicemia? Characterize the changes in septicemia. P = 8
22. Give a description of the septic focus in septicemia. P=2
23. What is the nature of jaundice in sepsis? P=1
24. What is septicopyemia and what are its morphological features? P= 4
25. Name four signs characteristic of septicopyemia: a).., b).., c).., d)... P = 4
26. Where the first hematogenous metastatic foci are observed in uterine sepsis: a).., b)... P = 2
27. Where should I look for hematogenous metastatic foci in the presence of a septic focus in the lungs? a)..., b)..., c)..., d)..., e)..., e).... P=6
28. What is purulent-resorptive fever (according to I.V. Davidovsky)?
29. Is it a clinical and anatomical form of sepsis? P=6
30. What morphological changes occur in organs and tissues with purulent-resorptive fever? P= 1
31. Name the changes in the entrance gate and the features of the clinical and anatomical forms of umbilical sepsis. P = 4
32. What is urogenic sepsis: Name the most common pathogen. P= 3
33. Name the clinical and anatomical forms of gynecological sepsis. When does it occur? P = 4
34. What causes the organ changes observed in bacterial endocarditis? P = 2
35. List the types of bacterial endocarditis depending on the nature of the course. P=3
36. How is bacterial endocarditis classified along the stream? Please provide the relevant timelines. P=6

37. How is bacterial endocarditis classified by the presence or absence of background diseases? a)..., b).... P = 4
38. Give a definition of primary infective endocarditis. P=1
39. What is Chernogubov's disease? P = 1
40. Define secondary infectious endocarditis. P=1
41. What changes can be detected in the microvasculature in bacterial endocarditis? a)..., b)..., c)... P = 3
42. List the peripheral signs of infective endocarditis: P = 6
43. Give a definition of meningococcal infection; name the predominant nature of inflammation in it. P=5
44. What age groups are susceptible to meningococcal infection? P=2
45. Name the causative agent of meningococcal infection, the source of infection, the route of transmission. P= 4
46. Name the forms of meningococcal infection: a).., b).., c)... P=3
47. Name the forms of meningococcal infection and the typical nature of inflammation in meningococcal meningitis. P= 4
48. Characterize meningococcal nasopharyngitis. P= 1
49. Name the stages of development of meningococcal meningitis. P = 3
50. Name the main stages of the pathogenesis of meningococcal infection. P = 5
51. What pathological processes occur in the brain when inflammation spreads from the soft meninges to the ventricular ependyma, vascular plexuses, brain tissue? P=3
52. What are the possible outcomes of leptomeningitis with meningococcal disease? P= 2
53. Name the cause of death in the acute period of purulent meningitis. P = 1
54. Indicate the localization of inflammatory changes in the central nervous system in meningococcal infection: a).., b).., c)... P = 3
55. What changes occur with meningococcemia: a) in the skin, b) in small joints, c) in the membranes of the eye, d) in the pericardium. P = 4
56. What changes occur with meningococcemia: a) in the soft meninges, b) in the kidneys, c) in the adrenal glands. P=3
57. What is Waterhouse-Frederiksen syndrome? P=4
58. List the causes of death in meningococcemia. P=5 ...
59. What is chronic dropsy of the brain? The consequence of what process is it? Which disease most often underlies its occurrence? P=3
60. What is bacteremia? P= 2
61. Give the nosological identification of sepsis. P = 4
62. In what cases is sepsis a complication of the underlying disease? P= 7
63. In what cases is sepsis an underlying disease? P=6
64. Name the main clinical and pathological forms of sepsis. P=3
65. What is a primary septic focus? P=6
66. What are secondary (metastatic) septic foci? P=5
67. What is the leading criterion for the post-mortem diagnosis of sepsis? P = 2
68. List the main syndromes that develop in sepsis. P=6
69. Name the clinical forms of sepsis. P= 2
70. In what cases does septic shock occur? P=5
71. Define septic shock. P=7
72. Define refractory septic shock. P=5
73. List the clinical and laboratory signs of systemic inflammatory reaction syndrome. P=4
74. Characterize septicopyemia. P=7
75. What is septicemia? P = 4
76. Define bacterial (infectious) endocarditis. P = 5
77. Give a characteristic notebook of damage in bacterial endocarditis. P = 4

78. Give a classification of sepsis along the course with the appropriate timing. P=8
79. Which microorganisms are more often associated with the development of septicemia? P = 1
80. Which microorganisms are more often associated with the development of septicopyemia? P = 1
81. Name the features of inflammatory infiltration in bacterial endocarditis. P = 4
82. Name the mechanisms of formation of metastatic foci in sepsis. P= 2
83. Name the morphological manifestations of metastatic septic foci. P = 2
84. Define tonsilogenic sepsis. P= 2
85. Define odontogenic Sepsis. P=2
86. Does bacteremia always lead to the development of sepsis? P = 1
87. Is sepsis immune system developed? P=1
88. Is it possible to develop a sepsis epidemic? P = 1
89. Is the immune response to the microorganism in sepsis adequate? P=1
90. Is sepsis characterized by a certain period of incubation period? P = 1
91. Do purulent metastases occur during septicopyemia? P = 1
92. Do purulent metastases occur during septicemia? P = 1
93. Can sepsis develop recurrent warty endocarditis? P=1
94. Is septicemia characterized by a protracted course? P=1
95. Is the clinical and anatomical form of sepsis currently distinguished as chroniosepsis? P= 1
96. Is nasopharyngitis a form of meningococcal disease? P=1
97. Are epidemic outbreaks characteristic of meningococcal disease? P = 1
98. Is meningococcal infection characterized by localization of inflammation in brain tissue? P=1
99. Is meningococcal infection characterized by localization of inflammation in the dura mater? P = 1
100. Is meningococcal infection characterized by localization of inflammation in the peripheral nervous system? P = 1
101.Is meningococcal infection characterized by localization of inflammation of the soft meninges of the spinal cord? P = 1
102. Do generalized forms of meningococcal infection P = 1
103. Can the causative agent of meningococcal infection be detected in the cerebrospinal fluid? P=1

TASKS

1. The uterus is sharply enlarged in size, its wall is thickened, the cavity is expanded, the mucous membrane is impregnated with yellowish-greenish exudate and hardly removable films with the formation of ulcers at the site of their rejection. Name the disease of the uterus, taking into account its size. What can complicate this process? P=5
2. A patient suffering from nodular prostatic hyperplasia died of urosepsis. Explain the pathogenesis of urosepsis. P=5
3. The patient died with the phenomena of chronic cardiovascular insufficiency. From the anamnesis it is known that he was treated for sepsis lenta 3 years ago. Name the most typical changes in the heart detected by the pathologist at the autopsy, and associate them при перенесенном сепсисе лента. P=4
4. The woman suddenly on the second day after childbirth developed chills, the temperature rose to 41 ° C, then there were point hemorrhages on the skin and mucous membranes, jaundice. Two days later, the patient died. At the autopsy: in addition to the described changes, the picture of pronounced dystrophy of the internal organs, an enlarged, flabby spleen with abundant scraping of the pulp. The uterus is enlarged, flabby, the endometrium is ulcerated, with loose grayish overlays. In the lumen of the veins of the uterus there are dense gray-red blood masses that cover their lumen. Make a diagnosis

indicating the clinical and anatomical form of the disease. Name the changes in the entrance gate. P=4

At the autopsy of the corpse of a patient with a long-term non-healing wound of the thigh, multiple abscesses were found in the internal organs. a) Make a diagnosis. b) Indicate the clinical and anatomical form of the disease. P=2

5. A child born at 32 weeks of pregnancy had suppuration of the umbilical wound. The condition progressively worsened, death occurred on the 10th day after childbirth. At the autopsy - in the lumen of the umbilical vessels, dull grayish-dark red masses were found, obturating their lumen. In the brain, lungs, kidneys, multiple foci of purulent inflammation of various sizes were found. Make a diagnosis depending on the location of the entrance gate, indicate the clinical and morphological form of the disease. Name the changes in the vessels in the entrance gate. P=4
6. A patient of 48 years a few weeks after tooth extraction began to note daily temperature rises, 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 cerebral circulation disorders. On the 2nd day of inpatient treatment, death occurred. At the autopsy, ischemic cerebral infarction, multiple infarctions of the kidneys and spleen were detected. Make a diagnosis taking into account the localization of the pathological focus. What was the this disease complicated? P=4
7. At the autopsy of the corpse of a woman who died shortly after childbirth, it was found: pronounced dystrophy of internal organs, an enlarged flabby spleen with abundant scraping of the pulp. The uterus is enlarged in size, the mucous membrane is dull with a grayish-green coating. In the vessels of the uterus there are dry gray-red blood coagulations fused with the wall. Make a diagnosis. Indicate the clinical and anatomical form of the disease and changes in the entrance gate. What was general pathological processes that characterized this disease? P=7
8. The patient has been operated on for pancreatic cancer for 60 years. After prolonged catheterization of the subclavian veins in the postoperative period, edema of the lower extremities appeared, which then took on a generalized character; signs of ascites, hydrothorax were clinically detected. The patient died with the phenomena of increasing heart failure. Make a diagnosis. What are changes in the liver, spleen, kidneys that can be detected at the autopsy of this patient. P=5
9. During the autopsy of the brain of the corpse, it was found: the cerebral gyrus is smoothed, the ventricles of the brain are sharply expanded, the brain tissue is atrophied. From the history of the disease it is known that the patient suffered an acute infection with damage to the soft meninges. Your diagnosis? P=3

   When opening the cavity of the skull of the corpse of a child at the age of 12 years, it was found: the tension of the dura mater, the soft meninges of the anterior surface of the cerebral hemispheres and the spinal cord are impregnated with pus; the lateral ventricles of the brain contain pus. In a smear of 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

   At the autopsy of the brain of the corpse, smoothed cerebral gyrus was found, sharply dilated ventricles of the brain, overflowing with colorless fluid; atrophy of brain tissue. From history, it is known that the patient suffered an acute infection with damage to the soft meninges of the brain. a) Your diagnosis? b) Name the brain changes. c) Define atrophy. d) What type of atrophy in terms of prevalence and pathogenesis is observed in this case? P=7
10. A child of 3 years old became acutely ill. There was motor agitation, anxiety, repeated vomiting. Then a profuse hemorrhagic star rash appeared on the skin of the trunk and limbs, merging with each other. Death occurred from acute adrenal insufficiency. Make a diagnosis taking into account the clinical and morphological form. What changes can be

detected in the adrenal glands? What is the name of acute adrenal insufficiency syndrome? P=4

11. In a patient with a long-term non-healing suppurating postoperative wound, a febrile condition and weight loss, excision of the edges, bottom and walls of the wound was performed, after which recovery occurred. Make a diagnosis. What changes in internal naturally occur in such patients? P=3
12. At the autopsy of the corpse, the following were found: 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

TUBERCULOSIS

1. Define tuberculosis. P = 4
2. List the features of tuberculosis that distinguish it from other infections. P = 4
3. Name the causative agent of tuberculosis and its types pathogenic to humans P = 3
4. What is the cause of the pathogenicity of Mycobacterium tuberculosis? P=2
5. Name the ways of contracting tuberculosis. P=2
6. Name the sources of tuberculosis infection. P= 2
7. Name the leading factors in the development of tuberculosis. P= 2
8. What tissue reactions are observed in tuberculosis? P=3
9. What is the process of alterative tissue reaction? P=1
10. Name the clinical and morphological forms of tuberculosis. P = 3
11. Name the conditions for the occurrence of primary tuberculosis. P= 2
12. List the characteristic features of primary tuberculosis. P=5
13. What is the morphological expression of primary tuberculosis? P = 1
14. List the components of the primary tuberculosis complex. P=3
15. Describe the morphology of primary affect. P=2
16. What is caseous pneumonia? P= 3
17. In which segments, in which lung can the primary affect be located? P= 5
18. Name the most frequent localization of primary affect in the lungs. P=3
19. What are the possible sizes of caseous pneumonia? P=4
20. Describe the morphology of tuberculous lymphangitis. P=3
21. What is tuberculous lymphadenitis? P= 2
22. Which lymph nodes are involved in the process of primary pulmonary tuberculosis? P = 3
23. What is included in the composition of the primary tuberculosis complex with the alimentary route of infection? P = 3
24. Where is localized and what is morphologically tuberculous affect in the alimentary route of infection? P = 2
25. Name the options for the course of primary tuberculosis. P= 3
26. Name the stages of healing of the primary affect in the lungs. P=5
27. What process underlies the ossification of primary affect? P=1
28. What is the name of the healed primary affect according to the author? P= 1
29. Name the forms of progression of primary tuberculosis. P=4
30. Name the most severe form of progression of primary tuberculosis. P = 1
31. Name the forms of hematogenous generalization of primary tuberculosis. P = 2
32. Name a dangerous complication of the miliary form of hematogenous generalization of primary tuberculosis. P = 2
33. What is the lymphogenous generalization of primary tuberculosis? P = 1
34. Name the clinical significance of tumor-like tuberculosis Broncho adenitis. P= 2
35. How is the growth of primary affect morphologically manifested? P=3
36. What is transient consumption? P=2
37. What is a primary pulmonary cavern? P = 3

38. With what form of tuberculosis is it necessary to conduct a differential diagnosis of primary pulmonary consumption? P=2
39. How does morphologically primary pulmonary consumption differ from secondary fibrous-cavernous tuberculosis? P=2
40. The predominance of what tissue reaction is characteristic of the attenuation of the tuberculous process? P=1
41. Name the extrapulmonary complications of primary tuberculosis. P= 4
42. What processes are manifested by paraspecific reactions in tuberculosis? P=3
43. What is Poncet's rheumatism ? P=3
44. What processes characterize the exacerbation of tuberculosis? P= 3
45. In which organs do Mycobacterium tuberculosis predominantly settle? P=5
46. Name the sources from which mycobacteria enter the bloodstream during hematogenous tuberculosis dissemination. P=2
47. Give a classification of hematogenous tuberculosis. P=3
48. List the structural components of the tuberculous granuloma. P=4
49. Provide a post-mortem characteristic of hematogenous-disseminated pulmonary tuberculosis. P=8
50. In which organs do Mycobacterium tuberculosis predominantly settle? P=5
51. Name the sources from which mycobacteria enter the bloodstream during hematogenous tuberculosis dissemination. P=2
52. Give a classification of hematogenous tuberculosis. P=3
53. List the structural components of the tuberculous granuloma. P=4
54. Provide a post-mortem characteristic of hematogenous-disseminated pulmonary tuberculosis. P=8
55. What processes characterize the exacerbation of tuberculosis? P=8
56. Which parts of the skeletal system are affected by osteoarticular tuberculosis most often? When answering, give special names for the pathological processes of the specified localization. P=6
57. Explain what is reinfection tb? P= 3
58. List the characteristic features of secondary tuberculosis. P=3
59. Name the most common ways of spreading infection in secondary tuberculosis. P=2
60. Name the forms of secondary tuberculosis. P= 8
61. What are the morphological foci of reinfection in secondary tuberculosis? P=4
62. What are they called by author? P=1
63. What is the most frequent localization of foci of Abricosov's reinfection P = 2
64. 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
65. What is morphologically represented by the Abricosov's reinfection? P=5
66. Name the outcome of acute focal tuberculosis. P=2
67. What are the Ashoff-Pule foci? P=1
68. What is morphologically infiltrative tuberculosis? P=4
69. Name the forms of progression of infiltrative tuberculosis. P=2
70. What is tuberculoma? P=2
71. From which form of secondary tuberculosis does tuberculoma most often occur? P=1
72. What is it morphologically? P=2
73. Name the layers of the wall of the sharp cavern. P=2
74. Name the causes of death of patients with acute cavernous tuberculosis. P=3
75. Describe the structure of the wall of the chronic cavern. P = 3
76. Name the outcome of fibro-cavernous tuberculosis P = 1
77. List the complications of fibro-cavernous tuberculosis. P= 5
78. Name the possible causes of death of patients with pulmonary tuberculosis. P=3

TASKS

1. The patient has hemoptysis. Radiologically in the apex of the right lung cavity with dense walls. The lung is deformed with sclerosis fields. The patient is registered in the tuberculosis dispensary. Diagnose and explain hemoptysis. P = 3

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

3. The pathology department received a corpse from the PHC clique. At the autopsy in the right lung, cavities with dense edges were found. The lung is deformed with sclerosis fields. The kidneys are large sebaceous in appearance, sago spleen. What form of tuberculosis, and what kind of complication are we talking about? P=3

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

5. The patient was treated with steroid hormones for systemic lupus erythematosus. During the treatment, weakness, cough with a small amount of sputum appeared, in which mycobacterium tuberculosis was found. (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 reason for the occurrence of the tuberculosis process? P=1

6. When examining the patient on an X-ray of the chest in the subpleural parts, multiple dense foci and emphysema of the lungs, diffuse reticular pneumosclerosis, expansion of the boundaries of the heart to the right, signs of circulatory failure in a large circle of blood circulation. Name the form of tuberculosis. What is the reason for circulatory failure, and how does it manifest itself? Where is the source of the contamination most often localized? P=8

7. The death of a 3-year-old child occurred with a clinical picture of meningoencephalitis. At autopsy: the soft meninges of the base of the brain are thickened, jelly-like, cloudy. In the thickness of the meninges there are small millet-shaped tubercles. a) Indicate the form of tuberculosis and clarify the features of the course of the disease. b) Name possible changes in the child's lungs. P=3

8. During the autopsy of the corpse of a patient suffering from pulmonary tuberculosis, a deformation of the bronchial tree, multiple cavities in both lungs with crumbling white-yellow, in some places - pus-like masses were found. Lung tissue has massive fibrous layers. Name the form of tuberculosis. P=1 Indicate possible causes of death. P=3

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

10. In a child of 3 years old who died of tuberculosis, at the autopsy it was found: the lungs are swollen, "fluffy", their pleura and tissue on the incision are dotted with many prosovid tubercles, palpable as grains of sand; the soft meninges is impregnated with gelatinous exudate with single tubercles of a similar type with lungs. Make a diagnosis taking into account the variant of the course of infection. P= 2 Name the complication that has developed. P = 1

11. A young man who suffered primary tuberculosis in childhood was diagnosed with tuberculous spondylitis. What form of tuberculosis is it a manifestation of? P= 2 What is the direct localization of the process in the vertebrae? P=1

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

HIV INFECTION

Choose one correct answer. P = 1

1. The causative agent of HIV infection is a virus from the family: a) adenoviruses b) retroviruses c) picornaviruses d) paramyxoviruses e) orthomyxoviruses

2. Ways of transmission of HIV infection are all of the above except: a) parenteral b) transmissible c) sexual d) transplacental d) all of the above

3. In which bodily fluids can HIV be detected? a) urine b) blood c) saliva d) sweat e) all of the above
4. The defeat of which cells is the main link in the pathogenesis of HIV infection: a) monocytes b) macrophages c) t-helper d) t-killers e) lymphocytes
5. HIV leukocytes have a glycoprotein gp120, specifically binding to the receptor:
а) CD 8
б) CD 5
в) CD 45
г) CD 4
д) CD 14

6. In which cells is HIV replication possible:
a) macrophages b) erythrocytes c) leukocytes d) intestine epithelium e) platelets

7. Replication of HIV in which cells is accompanied by a pronounced cytopathic effect?:
a) platelets b) macrophages c) c) c-lymphocytes d) t-lymphocytes e) erythrocytes

8. Clinically HIV infection is characterized by: a) fulminant course b) acute course c) subacute course d) recurrent course e) chronic course
9. Clinical variants of AIDS are all of the above, except: a) pulmonary, b) cardiovascular c) CNS syndrome, d) gastrointestinal syndrome, e) fever of unclear genesis
10. The pulmonary variant of AIDS is characterized by all of the above, except: a) pneumocystis pneumonia b) cytomegalovirus pneumonia; c) b-cell lymphoma; d) Kaposi's sarcoma; e) atypical mycobacterial infection
11. What changes in the lymph nodes can be detected during the period of persistent generalized lymphadenopathy? a) necrosis b) follicular hyperplasia c) fullness d) atrophy e) hypertrophy
12. Acquired immunodeficiency syndrome is: a) primary immunodeficiency b) the fourth period of HIV infection c) reactive lymphadenopathy d) lymphoproliferative disease e) opportunistic infection
13. HIV infection in the AIDS stage is characterized by the development of tumors: a) stomach cancer b) osteosarcoma c) T-cell lymphoma d) Kaposi's sarcoma e) uterine leiomyoma
14. In the fourth period of HIV infection, the development of tumors is characteristic: a) B-cell lymphomas b) chondrosarcoma c) hemangiomas d) glioblastoma e)colorectal cancer
15. Which of the above infections are opportunistic?: a) candidiasis b) herpes virus infection c) opisthorchis d) pneumocystosis e) cryptosporidiosis e) all of the above
16. Name the pathological process most characteristic of HIV infection in the AIDS stage: a) increase in body weight b) enlargement of the lymph nodes c) pneumocystis pneumonia d) fever e)decrease in temperature
17. What changes in the organs of the immune system can be detected with HIV infection in the AIDS stage: a) necrosis b) hyperplasia c) fullness d) atrophy d) hypertrophy
18. What changes can be detected in the blood of patients in the fourth period of HIV infection: a) anemia b) leukocytosis c) leukopenia d) lymphopenia e) thrombocytosis
1. Kaposi's sarcoma is of origin: a) epithelial b) from smooth muscle cells c) from the vascular endothelium d) from connective tissue e) from bone tissue
2. Which opportunistic infection is more often associated with the development of diarrhea

in the fourth period of HIV infection: a) atypical mycobacterial infection b) pyoderma c) cytomegalovirus infection d) herpesvirus infection e) cryptosporidiosis

3. What is acquired immunodeficiency syndrome? P=3
4. What are called opportunistic infections? P = 3
5. Indicate the most characteristic malignant tumors in AIDS. a)..., b).... P=2
6. What are the sources of HIV infection? a)..., b).... P=2
7. In which biological fluids is the highest concentration of HIV found? a)..., b)..., c)..... P=3
8. Indicate the main ways of transmission of HIV infection. a)..., b)..., c)..., d).... P=4
9. List the populations at risk for developing HIV infection. a)..., b)..., c)..., d)..., e)..., e).... P=6
10. Name the causative agent of AIDS. P=2
11. In which cells does HIV replicate? a)..., b)..., c)..... P=3
12. Replication of HIV in which cells is accompanied by a pronounced cytopathic effect? P=1
13. In which cells does HIV replication lead to a change in functional activity without a pronounced cytopathic effect? a)..., b).... P = 2
14. Name the leading link in the pathogenesis of the development of immunodeficiency in AIDS. a)... What changes in immune status can be detected in the blood of such patients? b)..., c)..., ? P=3
15. List the mechanisms of death of t-4 (CD4) lymphocytes in AIDS: a)..., b)..., c)..., d)... P=4
16. What process stimulates HIV replication in affected T4 (CD4) lymphocytes? P = 1
17. How is the defeat of cellular immunity manifested in AIDS patients? What laboratory test can confirm this? P=3
18. Name the periods of AIDS. P=4
19. What is the duration of the incubation period for HIV infection? P= 2

How does the amount of virus antigen in the blood change during the incubation period of HIV infection? P=2

38. What is seroconversion in HIV infection? In what terms of the disease is it observed? P=4
39. What results of serological blood tests confirm infection with the HIV virus during the incubation period? P= 2
40. What clinical symptoms can be observed in the incubation period of HIV infection? a)..., b)..., c).....
41. What is the possible duration of these manifestations? P=4
42. What is the name and what is characterized (clinically and morphologically) of the second period of AIDS? P=6
43. Name the morphological manifestations of lymphadenopathy in the second period of AIDS. What is the duration of the second period of AIDS? P = 3
44. What is the duration of the period of persistent generalized lymphadenopathy? P=1
45. What is clinically and morphologically characterized by the third period of AIDS? P=5
46. Peri-phenomenon opportunistic infections that may develop in the third period of AIDS: P=3
47. What is the duration of the third period of AIDS? P=1
48. Name the clinical and morphological manifestations of the fourth period of AIDS. P=4
49. How long is the fourth period of AIDS? P=1
50. What is the serologically characterized by the fourth period of AIDS? P=2
51. List the most typical clinical variants of AIDS. P=4

52. List the characteristic morphological changes in AIDS. P= 4
53. What changes in the lymph nodes are observed in the fourth period of HIV infection? P= 2
54. What does CNS syndrome in AIDS involve? a)..., b)..., c).....
55. What is clinically characterized? d).... P = 4
56. In which structures of the central nervous system are morphological changes detected in HIV-encephalomyelitis? P=3
57. What morphological changes can be detected in the brain and spinal cord in HIV-encephalomyelitis? a)..., b).... P=4
58. List the infectious agents that cause opportunistic infections in AIDS. P=4
59. What features distinguish opportunistic infections in AIDS? P=3
60. Which bacterial opportunistic infection is most characteristic of AIDS? P=1
61. What type of mycobacteria cause atypical mycobacterial infection in AIDS? P=1
62. What is the most common and characteristic opportunistic infection in AIDS caused by protozoa? P=1
63. What is clinically and morphologically characterized by pneumocystis pneumonia? P= 5
64. What are the most common opportunistic AIDS infections caused by the virus? P=1
65. What is Toxoplasma infection in AIDS? P= 3
66. What is the main clinical symptom of cryptosporidiosis? Why is that? P=4
67. What is Kaposi's sarcoma? What characterizes the course of the disease in patients without immunodeficiency? P = 7
68. What are the features of the course of Kaposi's sarcoma in AIDS: P = 2
69. How is Kaposi's sarcoma microscopically constructed? P= 8
70. What types of lymphomas are most common in AIDS? P = 2
71. Give a clinical and morphological characteristic of the pulmonary variant of AIDS. P=4
72. What infections cause the development of gastrointestinal syndrome in AIDS? a)..., b)..., c)..., d).... What is clinically characterized by this syndrome? e)..., e).... P = 6
73. Name the main manifestations of gastrointestinal syndrome in AIDS. P= 2
74. What diseases underlie the development of fever of unknown origin in AIDS? P=2
75. What are the most common causes of death in HIV infection? P=2
76. Define actinomycosis? P=5
77. How is the actinomycotic granuloma constructed? Which cells are pathognomonic? P=6
78. What are macroscopically actinomycotic foci. P = 4
79. Name the most severe complication of actinomycosis. P=1
80. Name the types of HIV: a)..., b).... P=4
81. Describe the macroscopic structure of Kaposi's sarcoma. P= 3
82. What morphological changes can be detected in the salivary gland in cytomegalovirus sialadenitis? P=4
83. Which organs and tissues are the reservoir of HIV in the body? P = 3
84. List the clinical stages of HIV infection: P = 5
85. What factors determine the duration of the incubation period of HIV infection? P=3

86. Name the clinical and morphological features of the course of tuberculosis in HIV-infected patients: a)..., b).... P = 4

87. List the histological features of tuberculosis inflammation in HIV infection: P = 3

TASKS

1. A patient of 30 years for several months notes an increase in the supra- and subclavian, submandibular and occipital lymph nodes. With a biopsy examination - enlarged lymphoid follicles with large light centers are determined in the cortical substance, while foci of lymphocyte disappearance are detected. Name the pathological process in the lymph nodes. Your diagnosis; what kind of study needs to be done to confirm it.
   P=4
2. A patient of 30 years for several months notes an increase in the supra- and subclavian, submandibular and occipital lymph nodes. With a biopsy examination - follicular hyperplasia of lymphoid tissue. Anti-HIV antibodies were found in the blood serum. Name the stage of the disease, what is its duration? P=2
3. In the study of a biopsy taken from an HIV-infected patient, a tumor was found built from numerous newly formed, chaotically arranged thin-walled vessels with a well-defined endothelium, and bundles of spindle cells. Make a diagnosis. P=1
4. A 45-year-old man was admitted to the infectious diseases department with complaints of weakness, sharp weight loss, fever with fever to 38-39 ° C, periodic abdominal pain and loose stools. During the last month, red-bluish spots with a diameter of 0.5 to 6.5 cm appeared on the skin of the right lower leg, and then on the skin of the trunk and head. During the examination, antibodies to HIV and cytomegalovirus were detected in the patient's blood. The number of CD4 lymphocytes is sharply reduced. In biopsy specimens from a spot on the skin, structures of Kaposi's sarcoma were found. Make a diagnosis, name the clinical stage of the disease. List all the clinical stages of the disease. Name the most likely route of infection. P=7
5. During the preparation for the operation, an antibody to HIV was found in the blood of 34-year-old woman. Upon further examination, lymph nodes enlarged to 1-1.5 cm were found in the left axillary, right supraclavicular, cervical and occipital regions. In peripheral blood, the number of CD4 lymphocytes is within normal limits. From the anamnesis it is known that 8 months ago the patient suffered an acute respiratory illness with a short-term increase in body temperature. When interviewed, it was found that the patient has an active sex life, often changes sexual partners, about a year ago had heterosexual contact with a man who visited South Africa. Make a diagnosis, name the clinical stage of the disease. Name the most likely route of infection. List the other ways of infection, the source of infection. P=8