**МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ**

**КЫРГЫЗСКОЙ РЕСПУБЛИКИ**

**ОШСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ**

**МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ ФАКУЛЬТЕТ**

**Кафедра «Патологии, базисной и клинической фармакологии»**

 **«УТВЕРЖДЕНО»**

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 **«СОГЛАСОВАНО»**

 Председатель УМС

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**Exam mcq’s in general pathological anatomy**

1. Necrosis it is death:

a) of cells due to metabolic disorders;

b) of parenchymatous cells only;

c) of cells and tissues in a living organism;

d) programmed, genetically determined death of cells;

2. Call morphological type of necrosis:

a) vascular;

b) allergic;

c) coagulative;

d) traumatic;

3. Dry necrosis has following colour:

a) whitish-yellowish;

b) black;

c) dark-red;

d) cyanotic;

4. Show wrong characteristic of wet necrosis:

a) it has black colour;

b) it contains a lot of fluid;

c) it disturbs function of organ;

d) it develops in the brain only;

5. What colour does gangrene have?

a) yellow;

b) whitish-grayish;

c) black;

d) dark-red;

6. What morphological type of necrosis in the myocardium does develop?

a) wet gangrene;

b) dry gangrene;

c) wet necrosis;

d) dry necrosis;

7. What is the most often localization of colliquative necrosis?

a) spleen;

b) kidney;

c) liver;

d) brain;

8. Wet gangrene usually develops in:

a) bowel;

b) kidney;

c) liver;

d) brain;

9. Show the example of wet necrosis:

a) caseous necrosis;

b) fibrinoid necrosis;

c) ischemic infarction of the spleen;

d) ischemic infarction of the brain;

10. Piece of dead tissue without any changes is calling:

a) petrifacate;

b) bedsore;

c) infarction;

d) sequester;

11. Complication of necrosis is:

a) resorption;

b) organization;

c) encapsulation;

d) rupture of cavitary organ wall;

12. Inflammatory reaction accompanies:

a) necrosis;

b) apoptosis;

c) proliferation;

d) cytoplasm vacuolization;

13. Apoptosis it is:

a) death of cells in a living organism;

b) controlled process of cellular self-destruction;

c) death of tissues in a dead organism;

d) death of parenchymatous cells.

14. Usually apoptosis takes:

a) single cells;

b) foci of organ’s parenchyma;

c) a part of organ;

d) whole organ.

15. At the light microscopy apoptosis bodies look like:

a) basophilic, round small bodies;

b) eosinophilic, round small bodies;

c) vacuoles;

d) crystals;

16. What does happen with the chromatin in apoptosis?

a) lyses;

b) dispersion;

c) condensation;

d) geterochromism.

17. The component of the apoptosis bodies is:

a) nuclei with nucleoli;

b) vacuoles filled with lipids inside;

c) giant mitochondria;

d) tightly packed cellular organelles;

18. What is the outcome of apoptosis?

a) phagocitosis;

b) organization;

c) encapsulation;

d) tissue repair;

19. Genetically programmed cellular death is called:

a) necrosis;

b) autolysis;

c) apoptosis;

d) mummify;

20. Caseous necrosis develops in:

a) rheumatic fever;

b) tuberculosis;

c) arterial hypertension;

d) Schigella dysentery;

21. What is the most often morphological type of the brain necrosis?

a) gangrene;

b) wet necrosis;

c) dry necrosis;

d) cyst;

22. Cyst it is a:

a) focal growing of connective tissue;

b) capsule formation on peripheral zone of pathological focus;

c) pathological cavity with walls and different containment;

d) calcium salts deposition;

23. Deposition of calcium salts into necrotic focus it is a:

a) organization;

b) ossification;

c) petrifaction;

d) bedsore;

24. The injury characterizes by the intra- and extracellular accumulations of abnormal quantities ofa substances is calling:

a) necrosis;

b) apoptosis;

c) degeneration;

d) atrophy;

25. The cause of the liver fat degeneration (steatosis) is:

a) increased blood circulation;

b) hypoxia;

c) hypertension;

d) acute rheumatic fever;

26. The fat degeneration of the myocardium is characterized by the:

a) appearance of connective tissue septas;

b) enlargement of myocites;

c) decreasing of myocites’ sizes;

d) accumulation of lipids in cytoplasm of several cardiomyocites only;

27. The clinical manifestation of the myocardial fat degeneration is:

a) decreasing of systolic function;

b) increasing of systolic function;

c) hypertension;

d) rupture of the heart wall.

28. The liver steatosis is possible in:

a) alcoholism;

b) hypertension;

c) viral hepatitis A;

d) viral hepatitis B;

29. The fat degeneration of myocardium is possible in:

a) hypertension;

b) infectious diseases;

c) protein starvation;

d) acute rheumatic fever;

30. Accumulation of protein masses into tubular epithelium in kidney can be in:

a) hydropic degeneration;

b) mucoid degeneration;

c) steatosis;

d) hyaline-drop degeneration;

31. Reversible stage of the connective tissue disorganization it is:

a) sclerosis;

b) fibrinoid swelling;

c) mucoid swelling;

d) granulomatousis;

32. Hyalinosis of the heart valves’ casps there is in:

a) hereditary defective valvular heart diseases;

b) rheumatic fever;

c) arterial hypertension;

d) diabetes mellitus;

33. Amyloid it is the protein which can deposit:

a) into cells;

b) into cellular nuclei;

c) between cells;

d) into necrotic focus;

34. At the histological investigation amyloid can be recognized with help of:

a) hematoxylin and eosin;

b) congo-red;

c) sudan III;

d) method of Van Geison;

35. Amyloid can be the complication of:

a) bronchiectases;

b) arterial hypertension;

c) atherosclerosis;

d) acute pneumonia;

36. What is the name of etiopathogenetic variant of amyloidosis which develops as complication of

another disease?

a) primary;

b) secondary;

c) elderly;

d) hereditary;

37. What is typical there in appearance of organ in amyloidosis at visual inspection?

a) flabby consistency;

b) dense consistency;

c) granular picture at incision;

d) nodular surface;

38. What is typical there in appearance of organ in amyloidosis at visual inspection?

a) flabby consistency;

b) granular picture at incision;

c) sebaceous view at incision;

d) small-nodular surface;

39. The most often cause of death in secondary amyloidosis it is:

a) chronic cardiac failure;

b) acute cardiac insufficiency;

c) chronic renal failure;

d) acute renal insufficiency;

40. Obesity it is a predisposing factor of:

a) brown atrophy of heart development;

b) myocarditis development;

c) ischemic heart disease development;

d) acute pancreatitis development;

41. In obesity in heart there is:

a) appearance of lipids into myocites’ cytoplasm;

b) appearance of fat tissue septas in myocardium;

c) appearance of connective tissue septas in myocardium;

d) calcium salts deposition;

42. Group of endogen pigments includes:

a) lipids in hepatocites’ cytoplasm;

b) proteins in tubular epithelium in kidney;

c) bilirubin in hepatocites’ cytoplasm;

d) calcium salts in connective tissue;

43. Call hemoglobin derivate:

a) melanin;

b) hemosiderin;

c) lipofuscin;

d) lipochromine;

44. What does Perl’s test show?

a) hemosiderin;

b) bilirubin;

c) porphirin;

d) melanin;

45. What pigment does accumulate in the liver in cachexia?

a) hemosiderin;

b) bilirubin;

c) melanin;

d) lipofuscin;

46. Pigments they are substances:

a) changing colour;

b) can be receptive to stains;

c) of protein nature;

d) soluble in lipids.

47. The group of exogenic pigment includes:

a) melanin;

b) lipofuscin;

c) hemosiderin;

d) iron sulfide.

48. What pigment does accumulate in brown enduration of the lung?

a) hydrochloride acid hematin;

b) bilirubin;

c) hemosiderin;

d) lipofuscin;

49. What is the one of morphological features of brown enduration of the lung?

a) lungs are dark-red;

b) lungs are dense;

c) bronchi lumens are extended;

d) alveolar spaces are extended;

50. The example of degenerative calcification is:

a) calcium salts into healthy gastric mucosa;

b) calcium salts metastases in kidneys;

c) petrifaction of necrosis;

d) calcium salts into healthy lungs;

51. Choose the type of the pathological calcification:

a) metabolic;

b) focal;

c) diffuse;

d) metastatic;

52. Metastatic calcification develops in:

a) anemia;

b) hypoxia;

c) hyperlipidemia;

d) hypercalcaemia;

53. Call example of degenerative calcification:

a) calcium salts deposition in gastric mucosa in hypercalcaemia;

b) calcium salts deposition in heart valvulars in rheumatic fever;

c) calcium salts deposition in myocardium in hypercalcaemia;

d) calcium salts deposition in healthy kidneys;

54. Where calcium salts do deposit in metastatic calcification?

a) in connective tissue scars;

b) in connective tissue adhesions;

c) in thrombus;

d) in kidneys, lungs in hypercalcaemia.

55. What pigment can appear in zone of hemorrhage?

a) adrenochromine;

b) melanin;

c) lipofuscin;

d) hemosiderin;

56. What process is the result of melanin metabolism disturbances?

a) vitiligo;

b) leukoplakia;

c) hemochromatosis;

d) jaundice;

57. Keratinization there is in:

a) vitiligo;

b) leukoplakia;

c) widespread melanosis;

d) skin melanoma;

58. Choose the name of an arterial hyperemia type:

a) obstructive;

b) postanemic;

c) ischemic;

d) hydrostatic;

59. Vacate arterial hyperemia develops in:

a) capping glasses applying;

b) an artery forceps removing off;

c) obstruction of magistral artery lumen by thrombus;

d) paralysis of vascular constrictor nerve;

60. What is for the venous congestion development necessary?

a) increasing of blood flow;

b) decreasing of blood flow;

c) increasing of blood outflow;

d) decreasing of blood outflow.

61. Local venous congestion develops in:

a) obstruction of an artery lumen by thrombus;

b) obstruction of a vein lumen by thrombus;

c) compression of an artery by tourniquet;

d) myocardial infarction;

62. General venous congestion develops in:

a) decompensation of heart in its hypertrophy;

b) a vein compression;

c) obstruction of a vein lumen by thrombus;

d) narrowing of vein lumen by growing tumour;

63. Acute general venous congestion develops in:

a) myocardial infarction;

b) cardiosclerosis;

c) chronic heart aneurysm;

d) defective valvulars heart diseases;

64. Chronic general venous congestion develops in:

a) myocardial infarction;

b) acute myocarditis;

c) severe myocardial degeneration;

d) cardiosclerosis;

65. What does develop in tissues in acute venous congestion?

a) sclerosis;

b) atrophy;

c) petrifaction;

d) edema;

66. What does develop in organs and tissues in acute venous congestion?

a) sclerosis;

b) atrophy of parenchymatous cells;

c) hypertrophy of parenchymatous cells;

d) diapedesis of erythrocytes;

67. What does develop in organs and tissues in chronic venous congestion?

a) atrophy of parenchymatous cells;

b) calcium salts deposition;

c) amyloid accumulation;

d) inflammation;

68. What does develop in lung in chronic venous congestion?

a) necrotic foci;

b) inflammation;

c) sclerosis;

d) amyloidosis;

69. What does develop in lung in acute venous congestion?

a) hemosiderosis;

b) edema;

c) sclerosis;

d) hyalinosis;

70. What is the figurative name of the liver in chronic venous congestion?

a) sebaceous;

b) sago;

c) brown;

d) nutmeg;

71. The liver was called “nutmeg” in:

a) acute venous congestion;

b) chronic venous congestion;

c) anemia;

d) shock;

72. The liver has nutmeg appearance due to:

a) hemorrhages into centers of lobules:

b) atrophy of hepatocites in centers of lobules;

c) hypertrophy of hepatocites of peripheral parts of lobules;

d) beginning of connective tissue growth;

73. The result (outcome) of the nutmeg liver is:

a) hepatitis;

b) liver cirrhosis;

c) steatosis;

d) massive necrosis;

74. What does develop in general chronic venous congestion?

a) nutmeg liver;

b) hydrocephalus;

c) big white kidney;

d) big sebaceous kidney;

75. Accumulation of hemosiderin in lung is observed in:

a) acute venous congestion;

b) chronic venous congestion;

c) acute pneumonia;

d) emphysema;

76. What can develop in myocardial infarction of left heart ventricle?

a) acute venous congestion in large circulation;

b) acute venous congestion in lesser circulation;

c) chronic venous congestion in large circulation;

d) chronic venous congestion in lesser circulation.

77. Acute venous congestion in lesser circulation can develop in:

a) decompensation of heart hypertrophy;

b) valvular heart diseases;

c) cardiosclerosis;

d) myocardial infarction;

78. What does develop in lung in decompensation of mitral stenosis?

a) pneumonia;

b) brown enduration;

c) hematoma;

d) amyloid deposition;

79. What does develop in lung in left ventricle myocardial infarction?

a) brown enduration;

b) pneumosclerosis;

c) edema;

d) hemosiderosis;

80. In nutmeg liver there is:

a) decreasing of the organ sizes;

b) particoloured view at incision;

c) flabby consistency;

d) nodular surface;

81. In nutmeg liver there is:

a) enlargement of the organ;

b) dense consistency

c) particoloured view at incision;

d) rounded low margin;

82. What cannot develop in organs and tissues in acute venous congestion?

a) edema;

b) plasmorrhagia;

c) sclerosis;

d) erythrocytes diapedesis;

83. What is observed in central parts of lobules in nutmeg liver?

a) hemorrhage;

b) hyperemia;

c) hepatocites atrophy;

d) all enumerated.

84. Hemorrhage it is:

a) blood accumulation in cavities;

b) blood accumulation in tissues;

c) blood running out from blood vessel;

d) running out of blood in environmental surrounding;

85. Accumulation of blood inside anatomical cavity is called:

a) hydrothorax;

b) hydroperitoneum;

c) hematoma;

d) hemorrhage.

86. Call a possible mechanism of bleeding:

a) stasis;

b) plasmorrhagia;

c) hemorrhage;

d) diapedesis;

87. Call morphological variant of hemorrhage:

a) hematoma;

b) hemorrhagia;

c) ascitis;

d) edema;

88. Rapid massive bleeding can result as:

a) venous congestion;

b) edemas;

c) stasis;

d) acute ischemia;

89. What pigment in zone of a hemorrhage can appear?

a) melanin;

b) lipofuscin;

c) hemosiderin;

d) lipochromine;

90. “Rusty” cyst in brain develops on the place of:

a) necrosis;

b) hematoma;

c) ischemic infarction;

d) tumour;

91. What does form on hematoma place in the brain usually?

a) cyst;

b) scar;

c) tumour;

d) calcium salts deposition;

92. Unfavorable outcome of hemorrhage is:

a) cyst;

b) suppuration;

c) scar;

d) petrifaction;

93. What is hematoma?

a) accumulation of blood inside serous cavities;

b) accumulation of blood in tissues without their destruction;

c) accumulation of blood in tissues with their destruction;

d) bruise;

94. When does bleeding develop due to blood vessel wall erosion?

a) in purulent inflammation;

b) in chronic venous congestion;

c) in acute venous congestion;

d) in hypertensive crisis;

95. When does bleeding develop due to blood vessel rupture?

a) in purulent inflammation;

b) in chronic venous congestion;

c) in acute venous congestion;

d) in hypertensive crisis;

96. Hemorrhage which is associated with tissue necrosis is called:

a) hemorrhagia;

b) hematoma;

c) hemorrhagic saturation;

d) petechia;

97. What can be outcome of hemorrhage?

a) hematoma;

b) organization;

c) necrosis;

d) petechia;

98. Choose the definition of the stasis:

a) decreased arterial blood flow;

b) blood viscous increasing;

c) difficulties of blood outflow;

d) stopping of blood flow in microcirculatory bed;

99. The most severe result of long stasis is:

a) sludge phenomenon;

b) perivascular edema;

c) plasmorrhagia;

d) necrosis of parenchymatous cells.

100. What does develop in stasis?

a) sludge phenomenon;

b) erythrocytes diapedesis;

c) perivascular edema;

d) all enumerated.

101. What does sludge phenomenon mean?

a) adhesion of blood cells to each other;

b) erythrocytes agglutination;

c) increasing of blood cells number;

d) increasing of blood viscous;

102. Edema it is:

a) increased blood filling of organ, tissue;

b) increased containment of interstitial fluid;

c) difficulties of venous blood outflow;

d) exudate accumulation;

103. In nephrotic syndrome edemas are:

a) hydrostatic;

b) oncotic;

c) membranogenic;

d) electrolyte;

104. In acute glomerulonephritis edemas are:

a) hydrostatic;

b) oncotic;

c) membranogenic;

d) electrolyte;

105. What is leading there in edemas development in chronic cardiac failure?

a) increased hydrostatic pressure;

b) decreasing of colloid-osmotic pressure;

c) increased aldosterone secretion;

d) damage of endothelium and basement membranes of capillars;

106. What is observed in lung edema?

a) increasing of lungs sizes;

b) increasing of lungs weight;

c) flabby consistency of lungs;

d) flowing down of foamy fluid at the incision;

107. What is observed in lung edema?

a) increasing of lungs sizes;

b) decreasing of lungs weight;

c) increased air filling of lungs;

d) all enumerated.

108. What does develop in lung edema?

a) extension of alveolars spaces;

b) accumulation of edematous fluid in alveolars spaces;

c) sclerosis of interalveolarseptas;

d) deposition of hemosiderin;

109. What does develop in lung edema?

a) hyperemia of capillars;

b) accumulation of edematous fluid in alveolars spaces;

c) narrowing of alveolars spaces;

d) erythrocytes diapedesis;

110. A transudate is characterized by the fallowing feature:

a) muddy;

b) bad smelling;

c) contains proteins less than 2%;

d) there is lot of cells;

111. Call the certain variant of edematous fluid containment increasing:

a) hematoma;

b) ascitis;

c) petechia;

d) exicosis;

112. Brain edema is characterized by the:

a) volume decreasing in association with convolutions flattening;

b) volume increasing in association with cerebellum wedge in major occipital hole;

c) extension of brain ventricles by transparent fluid;

d) extension of brain ventricles by muddy fluid;

113. Choose the cause of acute ischemia:

a) obturation of vein by thrombus;

b) obturation of artery by thrombus;

c) embolism;

d) compression of artery by tumour;

e) all enumerated.

114. What is important result of acute ischemia possible?

a) sclerosis;

b) necrosis;

c) hemosiderosis;

d) atrophy;

115. What is the reversible change of cell in ischemia?

a) kariopicnosis;

b) kariorrhexis;

c) plasmolysis

d) disappearance of glycogen.

116. What is the cause of thrombus formation?

a) damage of blood vessel wall;

b) slow blood flow;

c) turbulent blood flow;

d) all enumerated.

117. What morphological type of thrombus is non-existent?

a) red;

b) white;

c) mixed;

d) white with red rim;

118. More often white thrombi form in:

a) veins;

b) arteries;

c) aneurysm cavity;

d) capillars.

119. More often red thrombi form in:

a) veins;

b) arteries;

c) capillars;

d) heart chambers;

120. One of unfavorable thrombus formation outcomes is:

a) organization;

b) thromboembolism;

c) petrifaction;

d) vascularization;

121. Obstructive thrombus of artery can cause:

a) venous congestion;

b) arterial hyperemia;

c) infarction;

d) thromboembolism;

122. Obstructive thrombus of vein can cause:

a) venous congestion;

b) arterial hyperemia;

c) infarction;

d) petrifaction;

123. Favorable outcome of thrombus formation is:

a) septic autolysis;

b) suppuration;

c) organization;

d) thromboembolism;

124. Thrombus which is consisting of alternating red thrombus particles with white thrombus

particles is called:

a) red;

b) white;

c) mixed;

d) hyaline;

125. Thrombus which contains lot of erythrocytes is called:

a) red;

b) white;

c) mixed;

d) flaky;

126. Thrombus which contains lot of leukocytes and fibrin is called:

a) red;

b) white;

c) mixed;

d) flaky;

127. What does develop in low extremity in artery femoralisobturation by thrombus?

a) dry necrosis;

b) wet necrosis;

c) gangrene;

d) infarction;

128. Call a type of embolism:

a) ischemic;

b) air;

c) angioneurotic;

d) vacate;

129. Thromboembolism of small brunches of pulmonary artery can cause:

a) pulmonocoronary reflex;

b) lung infarction;

c) athelectasis;

d) shock;

130. Gross characteristics of a thrombus include:

a) rough surface;

b) smooth surface;

c) contains lot of fluid;

d) it is not attached to blood vessel wall;

131. Thromboembolism of pulmonary trunk and its large brunches results as:

a) pulmonocoronary reflex;

b) lung infarction;

c) athelectasis;

d) shock;

132. Call the localization of thrombi in pulmonary thromboembolism:

a) valvulars of the left part of heart;

b) aorta;

c) arteries of large circulation;

d) veins of large circulation;

133. Call the localization of thrombi in large circulation arteries thromboembolism:

a) valvulars of the left part of heart:

b) valvulars of the right part of heart;

c) veins of lesser circulation;

d) veins of large circulation;

134. Fat embolism is possible in:

a) ulceration and disattachment of atherosclerotic plaque particles;

b) massive traumas of subcutaneous fat tissue;

c) mistaken intramuscular injections of oil-based drugs;

d) amniotic fluid embolism;

135. Infarction it is necrosis:

a) with different etiology;

b) with curtain localization;

c) with vascular genesis (due to blood circulation disturbances);

d) due to microcirculation disturbances;

136. What is not a morphological type of infarction?

a) white;

b) red;

c) mixed;

d) white with red rim.

137. Call the most often cause of infarction development:

a) venous congestion;

b) arterial thrombosis;

c) thrombosis of large veins;

d) microcirculatory bed embolism;

138. Red infarction is usual for:

a) myocardium;

b) lung;

c) spleen;

d) kidney;

139. White infarction with red rim is usual for:

a) intestine;

b) skin;

c) brain;

d) myocardium;

140. White infarction is usual for:

a) spleen;

b) intestine;

c) lung;

d) liver;

141. Infarction of what organ has the most severe results?

a) spleen;

b) kidney;

c) brain;

d) lung;

142. What does develop as myocardial infarction outcome usually?

a) cyst;

b) abscess;

c) scar;

d) hemosiderosis;

143. What does develop as kidney (spleen) infarction outcome usually?

a) cyst;

b) abscess;

c) hemosiderosis;

d) scar;

144. Call the type of shock:

a) acute;

b) hypovolemic;

c) reversible;

d) irreversible;

145. What does develop in kidney in shock?

a) acute tubular necrosis;

b) inflammation;

c) hemosiderosis;

d) petrifaction;

146. What is morphological change in kidney in shock observed?

a) tubular atrophy;

b) tubular necrosis;

c) stromal sclerosis;

d) inflammation;

147. What does develop in lung in shock?

a) necrosis;

b) fat degeneration;

c) disappearance of glycogen;

d) edema;

148. What is morphological change in lung in shock observed?

a) degeneration;

b) necrotic foci;

c) edema;

d) inflammation;

149. What does develop in liver in shock?

a) ischemia;

b) necrotic foci;

c) hemosiderosis;

d) sclerosis;

150. What does develop in myocardium in shock?

a) petrifaction;

b) hemosiderosis;

c) necrosis of cardiomyocites;

d) sclerosis;

151. In what organ ulcers and erosions develop in shock more often?

a) stomach;

b) esophagus;

c) oral cavity;

d) rectum;

152. What is main in DIC-syndrome development?

a) thrombocitopenia;

b) anemia;

c) insufficiency of fibrinogen synthesis;

d) increased intravascular blood coagulation;

153. What is the starting moment in the DIC-syndrome development?

a) coagulation of fibrinogen with the formation of fibrin;

b) appearance lot of thromboplastin in blood;

c) hypofibrinogenemia;

d) increased formation of thrombin from plasma prothrombin;

154. What is shock accompanied with often?

a) nephrotic syndrome;

b) DIC-syndrome;

c) hepatico-renal syndrome;

d) hepatico-lienal syndrome;

155. What is the phase of inflammation?

a) hyperemia;

b) degeneration;

c) exudation;

d) reparation;

156. Show unfavorable result of inflammation:

a) killing of microbes;

b) neutralization of toxins;

c) restitution;

d) massive sclerosis of organ;

157. The basic cells in a focus of acute inflammation are:

a) monocytes;

b) macrophages;

c) histiocytes;

d) neutrophilic leukocytes;

158. What is the morphological appearance of alteration in inflammation?

a) atrophy;

b) necrosis;

c) hyperplasia;

d) apoptosis;

159. What is exudate?

a) edematous fluid;

b) inflammatory fluid;

c) pathological fluid with protein containment;

d) inflammatory fluid with erythrocytes containment;

160. Call morphological type of inflammation:

a) specific;

b) proliferative;

c) immune;

d) acute;

161. Call morphological form of exudative inflammation:

a) serous;

b) granulomatous;

c) interstitial;

d) mucoid;

162. The most often outcome of serous exudate is:

a) organization;

b) petrifaction;

c) resolution;

d) coming to purulent;

163. Call the form of fibrinous inflammation:

a) purulent;

b) putrificant;

c) croupous;

d) catharal;

164. In what localization does croupous form of fibrinous inflammation develop only?

a) pleura;

b) tonsils;

c) colon;

d) urinary bladder;

165. In what localization is diphtheroid form of fibrinous inflammation possible only?

a) pleura;

b) peritoneum;

c) pericardium;

d) tonsils;

166. What morphological type of fibrinous inflammation does on oral mucosa develop?

a) phlegmonous;

b) interstitial;

c) hemorrhagic;

d) diphtheroid.

167. Call the localization where both types of fibrinous inflammation can develop:

a) tonsils;

b) oral cavity;

c) pleura;

d) colon.

168. Development of croupous or diphtheroid form of fibrinous inflammation in colon is

defined by:

a) type of infectious agent;

b) form of clinical course;

c) strength of blood circulation disturbances;

d) depth of necrosis;

169. The most often outcome of fibrinous inflammation is:

a) resolution;

b) coming to purulent;

c) organization;

d) mucoidazation;

170. Heart was named “hairy” (“bread and butter”) in following changes of pericardium:

a) organization of exudate;

b) fibrin sedimentation;

c) pus appearance;

d) development of connective tissue adhesions;

171. Heart was named “testaceous” in following changes of pericardium:

a) fibrin sedimentation;

b) pus appearance;

c) growth of tumour;

d) organization and petrifaction of exudate;

172. What is the most often cause of purulent inflammation?

a) viruses;

b) protozoa;

c) chemical substances;

d) staphylococci.

173. At microscopic investigation purulent exudate is diagnosing on to lot of:

a) fibrin;

b) neutrophyls;

c) macrophages;

d) lymphocytes;

174. The basic part of purulent exudate is:

a) water;

b) neutrophyls;

c) necrotic debris;

d) fibroblasts;

175. Call the form of purulent inflammation:

a) abscess;

b) granuloma;

c) gangrene;

d) cyst;

176. What morphological form of inflammation does develop on tonsils in diphtheria?

a) diphtheroid;

b) croupous;

c) catharal;

d) purulent;

177. What morphological form of inflammation does develop in larynx and trachea in

diphtheria?

a) diphtheroid;

b) croupous;

c) catharal;

d) purulent;

178. Call non-individual form of exudative inflammation which was emerged on the base of

topography:

a) purulent;

b) putrificant;

c) hemorrhagic;

d) catharal.

179. Phlegmone it is the form of:

a) catharal inflammation;

b) croupous inflammation;

c) diphtheroid inflammation;

d) purulent inflammation;

180. Choose the complication of purulent inflammation:

a) hyperemia;

b) atrophy;

c) erosive bleeding;

d) edema;

181. At visual inspection purulent exudate looks like:

a) transparent fluid;

b) muddy fluid;

c) creamy, greenish-yellowish fluid;

d) coloured by blood fluid;

182. Localized (focal) purulent inflammation with the tissues necrosis and cavity formation

is called:

a) abscess;

b) phlegmone;

c) empyema;

d) cyst;

183. The most often outcome of acute abscess is:

a) coming to chronic;

b) pus resorption and walls constriction;

c) pus condensation and its petrifaction;

d) pus condensation and its organization;

184. What does develop in abscess wall in its chronization?

a) necrotic debris;

b) tissue of organ infiltrated by leukocytes;

c) epithelial tissue;

d) fibrous tissue;

185. Show the complication of chronic purulent inflammation:

a) hyperemia;

b) edema;

c) cellular proliferation;

d) secondary amyloidosis;

186. Show the complication of acute purulent inflammation:

a) hyperemia;

b) edema;

c) severe intoxication;

d) secondary amyloidosis;

187. Multiply small abscesses were found in organs of the dead patient with a purulent

wound of the femur and regional thrombophlebitis. How had being named the developed

complication?

a) abscess;

b) phlegmone;

c) gangrene;

d) septicopiemia.

188. What is the most often outcome of purulent inflammation?

a) organization;

b) petrifaction;

c) ossification;

d) vascularization;

189. What layer does form into chronic abscess wall?

a) necrotized tissue with leukocytes;

b) purulent exudate;

c) fibrous tissue;

d) epithelial tissue;

190. The duration of acute rinitis is about:

a) 24 hours;

b) 2-3 days;

c) 7 days;

d) 2-3 weeks;

191. Call the change of a mucosa which is specific for chronic catharal inflammation:

a) edema;

b) hyperemia;

c) sclerosis;

d) desquamation of epithelium;

192. Call the change of a mucosa which is specific for chronic catharal inflammation:

a) edema;

b) hyperemia;

c) atrophy;

d) desquamation of epithelium;

193. Chronic catharal inflammation is dangerous because:

a) narrowing of lumen can develop;

b) malignant tumour development is possible;

c) ulcers with their following perforation can develop;

d) massive bleeding is possible;

194. Catharal inflammation is characterized by:

a) discharge and flowing of exudate;

b) formation of membrane;

c) formation of ulcers and erosions;

d) deformation of lumen.

195. Precanceromatous change of epithelium in chronic catharal inflammation is:

a) atrophy;

b) degeneration;

c) desquamation;

d) displasia;

196. Usual outcome of acute catharal inflammation is:

a) sclerosis and deformation;

b) organization and petrifaction;

c) resolution and tissue repair;

d) ulceration and perforation;

197. Exudate which is containing little of leukocytes and lot of fluid is calling:

a) serous;

b) purulent;

c) fibrinous;

d) hemorrhagic;

198. Exudate which is containing lot of neutrophils is calling:

a) serous;

b) purulent;

c) fibrinous;

d) hemorrhagic;

199. Exudate which is containing lot of fibrin is calling:

a) serous;

b) purulent;

c) fibrinous;

d) hemorrhagic;

200. What is hematogenic cell of inflammatory infiltration?

a) endothelial;

b) tissue basophils;

c) fibroblast;

d) lymphocyte;

201. What is histiogenic cell of inflammatory infiltration?

a) monocytes;

b) lymphocytes;

c) epithelioid;

d) neutrophils;

202. What is usual outcome of chronic inflammation?

a) suppuration;

b) sclerosis;

c) petrifaction;

d) ossification;

203. Call the morphological type of proliferative inflammation:

a) granulomatous;

b) purulent;

c) hemorrhagic;

d) anaerobic;

204. Proliferative inflammation it is inflammation with:

a) acute alteration;

b) granulomas formation;

c) predomination of proliferation;

d) growing of connective tissue;

205. Usual clinical course of proliferative inflammation is:

a) acute;

b) subacute;

c) chronic;

d) rapid progressive.

206. What cells can multiply in focus of proliferative inflammation?

a) macrophages;

b) reticulocytes;

c) erythrocytes;

d) neutrophils;

207. What is specific for the proliferative interstitial myocarditis?

a) foci of dry necrosis;

b) abscess formation;

c) acute clinical course;

d) round-cell infiltration there is in the stroma;

208. Usual outcome of proliferative interstitial inflammation is:

a) edema;

b) sclerosis;

c) suppuration;

d) petrifaction;

209. Granuloma it is focus of:

a) purulent inflammation;

b) accumulation of lymphoid cells;

c) accumulation of cells can do phagocitosis;

d) caseous necrosis;

210. What type of granuloma does not present?

a) epithelioid;

b) giant-cellular;

c) immune;

d) neutrophilic.

211. Show the type of granuloma according to the cellular composition:

a) specific;

b) giant-cellular;

c) immune;

d) lipogranuloma;

212. Choose non-infectious granuloma:

a) tuberculous;

b) oleogranuloma;

c) syphilitic;

d) in scleroma;

213. Choose infectious granuloma:

a) oleogranuloma;

b) lipogranuloma;

c) syphilitic;

d) around of foreign body;

214. Non-immune granuloma develops in:

a) in alveococcosis;

b) in tuberculosis;

c) in syphilis;

d) in scleroma;

215. Immune granuloma develops in:

a) in alveococcosis;

b) in asbestosis;

c) around of foreign body;

d) in tuberculosis;

216. In what acute infectious disease granulomas are usual?

a) Schigella dysentery;

b) diphtheria;

c) scarlet fever;

d) yersiniosis.

217. What cells are there in tuberculous granuloma?

a) Aschoff cells;

b) Hodgkin cells;

c) Reed- Schternberg cells;

d) Pirogov-Langhance cells.

218. What granuloma’s type does develop around of suture material?

a) immune;

b) specific;

c) giant-cellular;

d) injections;

219. What is the outcome of granuloma?

a) sclerosis;

b) suppuration;

c) mucoidazation;

d) resolution;

220. What is favorable outcome of tuberculous granuloma?

a) suppuration;

b) hemorrhagic infiltration;

c) putrefaction;

d) scaring;

221. What is the complication of syphilitic mesaortitis?

a) aneurysm of abdominal aorta;

b) aneurysm of thoracic aorta;

c) myocardial infarction;

d) aortic valve defect.

222. Granuloma with unknown etiology develops in:

a) rheumatic fever;

b) tuberculosis;

c) syphilis;

d) sarcoidosis (Besnier-Boeck-Schaumann’s disease);

223. Usual localization of inflammatory polyps is:

a) serous membranes;

b) meningeas;

c) anal-genital area mucosa;

d) nasal mucosa;

224. Usual localization of pointed condilomas is:

a) serous membranes;

b) meningeas;

c) anal-genital area mucosa;

d) bronchial mucosa;

225. Choose non-immune granuloma:

a) in tuberculosis;

b) in syphilis;

c) in scleroma;

d) around of foreign body.

226. What granuloma does in tuberculosis develop?

a) macrophagal;

b) epithelioid;

c) giant-cellular;

d) necrotic;

227. Specific granuloma develops in:

a) rheumatic fever;

b) tuberculosis;

c) yersiniosis;

d) echinococcus;

228. Intensive metabolism is observed in:

a) granuloma around of foreign body;

b) lipogranuloma;

c) tuberculous granuloma;

d) granuloma around of suture material;

229. What is the one of characteristics of granulomatous diseases?

a) acute clinical course;

b) total recovery is often;

c) accompanied with immunity disorders;

d) exudation develops always;

230. What is it proliferation?

a) cellular death;

b) cellular injury;

c) result of inflammation;

d) multiplication of cells;

231. Increasing of functional elements volume is accompanied with increasing of function is

called:

a) degeneration;

b) displasia;

c) hypertrophy;

d) atrophy;

232. Hypertrophy it is:

a) restoration of tissues after injury;

b) increasing of cellular, tissue or organ’s volume;

c) decreasing of cellular, tissue or organ’s volume;

d) changing type of tissue;

233. Increased number of cellular elements is called:

a) degeneration;

b) displasia;

c) hypertrophy;

d) hyperplasia;

234. Choose the type of hypertrophy:

a) working (compensatory);

b) neurotic;

c) compressive;

d) cerebral;

235. Glandular hyperplasia of endometrium it is:

a) working hypertrophy;

b) vicar hypertrophy;

c) correlative hypertrophy;

d) neurohumoral hypertrophy.

236. What type of myocardial hypertrophy does in defective valvular heart disease develop?

a) working hypertrophy;

b) vicar hypertrophy;

c) correlative hypertrophy;

d) neurohumoral hypertrophy.

237. What type of myocardial hypertrophy does in arterial hypertension develop?

a) working hypertrophy;

b) vicar hypertrophy;

c) correlative hypertrophy;

d) neurohumoral hypertrophy.

238. Myocardial hypertrophy develops as result of:

a) cardiomyocites sizes increasing;

b) cardiomyocites number increasing;

c) stromal edema;

d) cardiomyocites intracellular accumulations.

239. The cause of physiological myocardial hypertrophy is:

a) defective valvular heart disease;

b) cardiosclerosis;

c) physical training;

d) arterial hypertension;

240. Myocardial hypertrophy in phase of its compensation is characterizing by fallowing

sign only :

a) decreasing of heart sizes;

b) thickening of ventriculars walls;

c) dilation of chambers;

d) flabby consistency of myocardium;

241. What does develop in hypertrophic myocardium in phase of decompensation?

a) atrophy of cardiomyocites;

b) hyperplasia of cardiomyocites;

c) degeneration of cardiomyocites;

d) tissue repair;

242. What does develop in heart in decompensation?

a) increasing of cardiomyocites number;

b) increasing of cardiomyocites sizes;

c) atrophy of cardiomyocites;

d) degeneration of cardiomyocites.

243. What is the manifestation of hypertrophic heart decompensation?

a) myogenic dilation of chambers;

b) brown atrophy of myocardium;

c) rheumatic myocarditis;

d) fibrinous pericarditis;

244. In what organ does vicar hypertrophy develop?

a) heart;

b) stomach;

c) kidney;

d) uterus;

245. The phase of hypertrophic heart decompensation is characterizing by the fallowing sign:

a) flabby consistency of myocardium;

b) paleness of myocardium;

c) thickening of ventricles walls;

d) increasing of heart mass;

246. Neurohumoral hypertrophy develops in:

a) heart in arterial hypertension;

b) breasts in pregnancy;

c) urinary bladder in prostatic hyperplasia;

d) kidney in removing of second one;

247. Decreasing of structural elements volume in living organism is called:

a) hypertrophy;

b) hyperplasia;

c) atrophy;

d) hypoplasia;

248. What is the example of local atrophy?

a) dysfunctional;

b) canceromatous cachexia;

c) hypophysial cachexia;

d) cerebral cachexia;

249. What is the example of general atrophy?

a) alimentary emaciation;

b) neurotic atrophy;

c) atrophy due to long time compression;

d) dysfunctional;

250. What is the example of local atrophy?

a) vicar;

b) carcinomatous;

c) ischemic;

d) cerebral;

251. The example of atrophy due to long time compression is:

a) atrophy of bone marrow in radial illness;

b) atrophy of kidney in urolithiasis;

c) atrophy of muscles in bone fracture;

d) atrophy of myocardium in coronary atherosclerosis.

252. The example of atrophy due to influence of physics factors is:

a) atrophy of bone marrow in radial illness;

b) atrophy of kidney in urolithiasis;

c) atrophy of muscles in bone fracture;

d) atrophy of adrenals cortex in corticosteroid hormones using.

253. The example of atrophy due to chronic ischemia is:

a) focal atrophy of myocardium in coronary atherosclerosis;

b) atrophy of adrenals cortex in corticosteroid hormones using;

c) atrophy of muscles in bone fracture;

d) atrophy of optic nerve after eyeball removing.

254. Brown atrophy can develop in:

a) stomach;

b) lung;

c) prostate;

d) liver.

255. What does in brain develop as result of liquor outflow difficulties?

a) edema and swelling;

b) hydrocephalus;

c) tumour;

d) meningitis;

256. Changing of tissue type on related one is called:

a) displasia;

b) anaplasia;

c) hyperplasia;

d) metaplasia;

257. Metaplasia of connective tissue is possible in:

a) osseous;

b) muscular;

c) nerve;

d) epithelial;

258. What epithelium does develop in metaplasia of bronchial mucosa?

a) columnar;

b) prismatic;

c) squamous-cell;

d) atrophic;

259. Metaplasia of bronchial epithelium develops as result of:

a) lymphostasis;

b) hyperemia;

c) necrosis;

d) chronic inflammation.

260. Metaplasia of bronchial epithelium can come to:

a) degeneration;

b) atrophy;

c) necrosis;

d) carcinoma;

261. What is the synonym of general atrophy?

a) hypoplasia (aplasia);

b) emaciation (cachexia);

c) hypertrophy (hyperplasia);

d) dwarfism.

262. Growth of connective tissue into pathological focus is called:

a) metaplasia;

b) encapsulation;

c) organization;

d) petrifaction;

263. Growth of connective tissue around of pathological focus is called:

a) metaplasia;

b) encapsulation;

c) organization;

d) petrifaction;

264. Massive sclerosis of organ with its reorganization and deformation is called:

a) scar;

b) diffuse sclerosis;

c) cirrhosis;

d) diffuse fibrosis;

265.Restoration of structural tissue elements instead dead is called:

a) organization;

b) tissue repair;

c) metaplasia;

d) displasia;

266. Compensatory heart hypertrophy develops in:

a) DIC-syndrome;

b) shock;

c) acute myocarditis;

d) arterial hypertension;

267. What is classified as atrophy?

a) agenesia (absence) of organ;

b) aplasia (staing of organ as embrional rudiment) of organ;

c) hypoplasia of organ (underdeveloped organ);

d) decreasing of organ’s sizes in living organism;

268. What is classified as physiological atrophy?

a) atrophy of sexual glands in elderly age;

b) atrophy due to long time compression;

c) dysfunctional atrophy;

d) ischemic atrophy;

269. Tumour it is pathological process characterized by:

a) no adequate multiplying of immature cells;

b) proliferation and hyperplasia of cells;

c) hyperplasia and metaplasia of cells;

d) multiplying and differentiation of cells.

270. The one of the tissue atypia appearances in tumour is:

a) different forms of cells;

b) different sizes of cellular nuclei;

c) different forms of cellular nuclei;

d) disturbed alignment of fibers and cells;

271. Choose the type of tumour growth into tissues:

a) unicentric;

b) infiltrative;

c) exophytic

d) endophytic

272. Choose the type of tumour growth in cavitary organ:

a) unicentric;

b) multicentric;

c) appositional;

d) exophytic;

273. Call the pathway of metastatic spreading:

a) implantation;

b) infiltrative;

c) expansive;

d) appositional;

274. Morphological atypia of tumour can be:

a) antigenic and histochemical;

b) exophytic and histochemical;

c) expansive and infiltrative;

d) tissue and cellular.

275. Organoidtumour has:

a) good developed parenchyma;

b) good developed stroma;

c) two components: parenchyma and stroma:

d) two same volume components: stroma and parenchyma.

276. Histioidtumour has:

a) good developed parenchyma;

b) good developed stroma;

c) two components: stroma and parenchyma;

d) two same volume components: stroma and parenchyma.

277. What is not there in metastatic spreading process:

a) disattachment of tumour cells from basic tumour node;

b) carrying of tumour cells;

c) development of secondary tumour nodes;

d) development of necroses and hemorrhages into tumour nodes.

278. Choose the definition of sarcoma:

a) immature tumour from fibrous tissue;

b) immature tumour from mesenchymal tissues;

c) mature tumour from mesenchymal tissues;

d) mature tumour from fibrous tissue.

279. Choose the type of tumour growth into tissues:

a) exophytic;

b) endophytic;

c) expansive;

d) unicentric;

280. What is the basic structural element of a tumour?

a) stroma;

b) parenchyma;

c) blood vessels;

d) necrosis;

281. What is the tumour with local destructive growth?

a) malignant tumour with infiltrative growth;

b) tumour with only one feature of malignancy – infiltrative growth;

c) tumour which is never spreading;

d) tumour with appositional growth.

282. Choose the tumour with local destructive growth:

a) venous hemangioma;

b) cavernous hemangioma;

c) capillary hemangioma;

d) chondroma;

283. Choose the tumour with local destructive growth:

a) chondroma;

b) lipoma;

c) fibroma of skin;

d) nasopharingealangiofibroma;

284. Call mesenchymaltumour:

a) adenoma;

b) angiosarcoma;

c) papilloma;

d) hepatoma;

285. Call benign mesenchymaltumour:

a) nasopharingealangiofibroma;

b) fibroma of skin;

c) leiomyosarcoma;

d) desmoid;

286. What can be classified as benign mesenchymaltumour?

a) fibromyoma;

b) leiomyosarcoma;

c) osteosarcoma;

d) desmoid;

287. What can be classified as malignant mesenchymaltumour?

a) fibromyoma;

b) leiomyosarcoma;

c) nasopharingealangiofibroma;

d) desmoid;

288. Cavernous hemangioma of liver is characterized by the following feature only:

a) tissue and cellular atypia;

b) immature cells;

c) malignant;

d) consists of venous type blood vessels;

289. The benign tumour from muscular tissue is:

a) fibroma;

b) fibrosarcoma;

c) hemangioma;

d) leiomyoma;

290. What is the favorite pathway of spreading in sarcomas?

a) lymphogenic;

b) hematogenic;

c) perineural;

d) contact.

291.What is wrong about capillary hemangioma?

a) it is mature tumour;

b) it has local destructive growth;

c) it has metastatic spreading;

d) it develops from blood vessels;

292. What is the most often localization of leiomyoma?

a) skin;

b) heart;

c) uterus;

d) soft tissues;

293. Choose the histological type of fibrosarcoma:

a) soft;

b) dense;

c) undifferentiated;

d) youthful;

294. What is the precancer disease in melanoma development?

a) nevus;

b) displasia of melanocytes;

c) pigment spot;

d) vitiligo;

295. Choose the mature tumour which develops from squamous-cell epithelium:

a) adenoma;

b) papilloma;

c) carcinoma;

d) cystic adenoma;

296. Choose the morphological type of adenoma:

a) papilloma;

b) hemangioma;

c) cystadenoma;

d) adenocarcinoma;

297. What is right there in the characteristic of papilloma?

a) immature tumour;

b) exophitic growth is typical;

c) it can malignize;

d) rapid growth;

298. What is the most often papilloma’s localization?

a) stomach;

b) esophagus;

c) skin;

d) urinary tract;

299. Squamous-cell carcinoma is especially typical for:

a) thyroid gland;

b) pancreas;

c) uterine cervix;

d) uterine body;

300. The morphological sign of well-differentiated squamous-cell carcinoma is:

a) keratinization;

b) mucus formation;

c) solid structures;

d) pathological mitoses;

301. Usually primary malignant tumour of esophagus it is:

a) adenocarcinoma;

b) squamous-cell carcinoma;

c) undifferentiated carcinoma;

d) melanoma;

302. Adenogenic carcinoma more often develops in:

a) stomach;

b) esophagus;

c) bronchi;

d) uterine cervix;

303. What does not define as poorly-differentiated carcinoma?

a) adenocarcinoma;

b) solid carcinoma;

c) colloid carcinoma;

d) medullar carcinoma;

304.Colloid carcinoma is characterized by the fallowing feature only:

a) cellular atypia in association with mucus hyperproduction;

b) expansive growth;

c) absence of relapse;

d) late metastatic spreading;

e) good prognosis.

305. Fibrous (cirrhous) carcinoma is characterized by the fallowing feature only:

a) mild malignancy;

b) late metastatic spreading;

c) lot of stroma with complexes of atypical cells;

d) absence of relapse;

e) good prognosis.

1. Dysplasia is:
2. transition of one type of fabric to another, related to it
3. replacement of the site of necrosis or thrombus with connective tissue
4. intravital reduction in cell volume, accompanied by a decrease or termination of their function
5. violation of cell proliferation and differentiation with the appearance of cell atypia and violation of histoarchitectonics
6. Type of healing:
7. by organization
8. by encapsulation
9. by metaplasia
10. primary tension
11. Physiological atrophy relates to:
12. atrophy of the sex glands in old age
13. pressure atrophy
14. atrophy from inaction
15. atrophy from dysfunction
16. all of the above
17. To working hypertrophy relates:
18. compensatory
19. false
20. neurohumoral
21. hypertrophic growth
22. The nature of the growth that prevails in malignant tumors:

a) infiltrating

b) expansive

c) recurrent

d) slow

1. Name of the histological type of fibrosarcoma:

a) leiomyosarcoma

b) fibrous cell

c) fibrous

d) lymphoid cell

1. Name of a benign cartilage tumor:

a) osteoblastoma

b) chondroma

c) osteoma

d) chondrosarcoma

1. Characteristic of fibroids:

a) benign muscle tumor

b) malignant tumor of connective tissue

c) a benign tumor of the nervous tissue

d) benign tumor of connective tissue

1. Characteristics of fibrosarcoma:

a) malignant muscle tumor

b) benign tumor of the nervous tissue

c) malignant tumor from the epithelium

d) malignant tumor of connective tissue

1. Describe the cavernous hemangioma:

a) benign vascular tumor

b) the degree of differentiation is low

c) develops from lymphatic vessels

d) growth pattern - infiltrating

1. Principles of morphological classification of tumors:

a) mixed

b) organ specificity

c) polyetiologic

d) ultrastructural

1. Describe the hemangioma:

a) develops from blood vessels

b) characteristic depending on the degree of differentiation - malignant

c) growth pattern - infiltrating

d) atypism - tissue and cellular

1. Types of anaplasia:

a) chemical

b) physical

c) morphological

d) embryonic

1. Name a benign tumor of striated musculature:

a) adenoma

b) fibroma

c) leiomyoma

d) rhabdomyoma

1. What are the main ways of melanoma metastasis?

a) implantation

b) hematogenous

c) contact

d) mixed

1. Pretumor process:

a) hyalinosis

b) dystrophy

c) necrosis

d) pathological regeneration (dysplasia)

1. Localization of the first metastases of sarcoma of the extremities:

a) brain

b) spleen

c) liver

d) lungs

1. Characteristic of lipomas:

a) a highly differentiated adipose tumor

b) poorly differentiated adipose tissue

c) growth pattern - infibrating

d) gives the first metastases in the lungs.

1. Give a characteristic of melanoma:

a) develops from melanocytes

b) benign

c) grows in a capsule

d) the most frequent localization in the liver

1. Secondary changes in tumors:

a) necrosis

b) chronic inflammation

c) regeneration

d) metastasis

1. Characteristic features of malignant connective tissue tumors:

a) the degree of differentiation is low

b) grow slowly

c) tissue and cell atypism

d) metastasize mainly lymphogenous

1. Secondary changes in tumors:

a) encapsulation

b) metastasis

c) malignancy

d) hemorrhage

1. Where metastasize tumors of the central nervous system:

a) liver

b) lungs

c) brain

d) kidneys

1. Theories of tumor growth:

a) autoimmune

b) polyetiological

c) dishormonal

d) cellular local genesis

1. Describe the leiomyoma:

a) develops from smooth muscles

b) the degree of differentiation is low

c) growth pattern - infiltrating

d) atypism absent

1. Name tumors of muscle tissue with a well-developed stroma:

a) fibroma

b) sarcoma

c) osteoblastoma

d) fibromyoma

1. Characteristics of the tumor process:

a) the transition of one type of fabric to another

b) enhanced reproduction of cells with their subsequent differentiation

c) cell multiplication for tissue defect

d) unrestrained reproduction of cells with the loss of their ability to differentiate

1. Name the histological type of fibrosarcoma differentiation:

a) leiomyosarcoma

b) fibrous cell

c) fibrous

d) mixed

1. Give the characteristic of osteosarcoma:

a) develops from muscle tissue

b) the degree of differentiation is low

c) growth character expansive

d) tissue atypism

1. What is the nature of growth prevails in malignant tumors:

a) infiltrative

b) in a capsule

c) exophytic

d) slow

1. ​​What are the main ways of melanoma metastasis:

a) implantation

b) hematogenous

c) contact

d) mixed

1. Characteristics of benign tumors:

a) the degree of differentiation is high

b) growth pattern - infiltrating

c) cell and tissue atypism

d) gives metastases

1. A variety of fibroma:

a) xanthoma

b) leiomyoma

c) desmoid

d) fibrosarcoma

1. Describe the rhabdomyoma:

a) develops from smooth muscles

b) the degree of differentiation - low

c) growth pattern - infiltrating

d) develops from striated musculature.

1. Describe the fibroids:

a) develops from muscle tissue

b) the degree of differentiation is low

c) growth pattern infiltrating

d) type of tissue and cell atypism

1. Definition of autoimmune diseases:

a) local immunopathological reactions

b) extreme manifestation of a deficient immune system

c) acute immune inflammation

d) the reaction of autoantibodies and sensitized lymphocytes against their own antigen

1. Cell directly

involved in immune responses:

a) epithelial cell

b) endothelial cell

c) neutrophilic leukocyte

d) macrophage

341. A characteristic type of necrosis in immediate-type hypersensitivity reactions:

a) colliquation

b) fibrinoid

c) waxy

d) vascular

342. Organospecific autoimmune disease:

a) rheumatism

b) atopic bronchial asthma

c) liver cirrhosis

d) tuberculosis

343. Type of immediate type hypersensitivity reaction:

a) granulomatosis

b) cell cytolysis

c) cooperation of T and B-lymphocytes

d) cytotoxic and cytolytic reactions

344. What is the general pathological process characteristic of delayed-type hypersensitivity reactions:

a) inflammation

b) hyperplasia

c) chronic immune inflammation

d) atrophy

345. Organ-specific autoimmune disease:

a) encephalomyelitis

b) systemic lupus erythematosus

c) atopic bronchial asthma

d) liver cirrhosis

346. The reason for the development of secondary (acquired) immunodeficiency syndrome:

a) autoimmunization

b) lymphotropic viruses

c) hypersensitivity reaction

d) hyperplasia of lymphoid tissue

347. The mechanism of autoimmunization:

a) hypersensitivity reaction

b) violation of the physiological isolation of organs and tissues

c) the reaction of toxic immune complexes

d) plasmacytic transformation

348. Cells involved in delayed-type hypersensitivity reactions:

a) T-lymphocytes, macrophages

b) B-lymphocytes, T-lymphocytes, macrophages

c) labrocytes, neutrophils

d) plasma cells

349. Type of immunodeficiency syndrome:

a) organ-specific

b) autoimmune

c) organ-specific

d) primary (hereditary)

350. Disease with a vivid manifestation of immediate-type hypersensitivity reactions:

a) lobar pneumonia

b) myocardial infarction

c) encephalomyelitis

d) stomach cancer