

 Phthisiology Examination Tests  
2. Экзаменационные тесты по базисной фармаколо1. Bronchi of the 1st-2nd order different from other bronchial branches

a) the presence of a fibrocartilaginous layer

b) their extrapulmonary localization

c) the absence of the fibrocartilaginous layer and its replacement with muscle

d) intrapulmonary localization

2. Bronchi of the 1st-6th (9th) order different from their subsequent generations

a) the presence of a fibrocartilaginous layer

b) close anatomical and functional relationship with the lung parenchyma

c) extrapulmonary localization

d) the absence of the fibrocartilaginous layer and its replacement with muscle

3. The inflammatory process in the bronchi of the 1st-2nd order does not directly spread to the lung parenchyma

a) due to the presence of a fibrocartilaginous layer

b) due to their extrapulmonary localization

c) due to their close anatomical and functional relationship with the lung parenchyma

4."Primary tuberculosis" is

a) tuberculosis of the intrathoracic lymph nodes

b) primary tuberculosis complex

c) a disease that arose shortly after infection

d) A disease that occurs after treatment and cure

5. Optimum temperature regime for active reproduction of mycobacteria

tuberculosis:

a) 20 - 25°C

b) 37 - 38°C

c) 42 - 45°C

d) 50 - 55°C

6. Temperature regime at which the death of mycobacterium tuberculosis occurs

with 15 minutes exposure:

a) - 140°C

b) 0°C

c) + 60°C

d) + 10°C

7. The type of radiant energy to which mycobacterium tubercle is highly sensitive

Laser when exposed for an hour:

a) infrared solar radiation

b) ultraviolet solar radiation

c) constant and variable magnetic field

d) radioactive radiation

8. Mucus is removed from the respiratory tract into the oropharynx with the help of

a) coughing impulse

b) respiratory movements of air

c) bronchial peristalsis

d) the movement of the cilia of the ciliated epithelium

9. The following factors ensure good function of the mucociliary apparatus, except

a) the number of functioning cells of the ciliated epithelium

b) the length and number of cilia in the cell

c) rheological properties of mucus (viscosity, adhesion)

d) functional activity of ciliated epithelial cells

10. Detection of cases of tuberculosis in adults is carried out:

a) By applying for medical care in connection with the appearance of clinical signs of the disease

b) By the method of mass fluorographic examinations of the population

c) Based on biopsy materials (instrumental examination, surgery)

d) All of the above

11. The following biologically active substances of respiratory mucus provide antiviral, antimicrobial and antiparasitic protection, except

a) interferons

b) lysozyme

c) prostaglandins

d) immunoglobulins

12. Immunoglobulins predominate in the mucus of the respiratory tract

a) class A

b) class E

c) class G

d) class M

13. Inhibitors of proteolytic enzymes of bronchial secretion, which protect the supporting apparatus of the wall of the bronchus and lung from destruction are

a) interleukins

b) alpha-1-antitrypsin and alpha-1-antichymopsin

c) prostaglandins

d) interferons

14. The most important function of the upper airways is

a) conduction of air

b) air conditioning

c) air distribution

d) accumulation of air

15. The most important function of the lower respiratory tract (bronchi of the 7th-10th order and smaller) are

a) conduction of air

b) air conditioning

c) air distribution

d) accumulation of air

16. Protection of the alveoli from damaging agents is carried out

a) removing them with phases of respiratory movements

b) removal of ciliated epithelium by cilia

c) phagocytosis by neutrophils

d) phagocytosis by alveolar macrophages

17. Prevents adhesion of the walls of the alveoli

a) alpha-1 antitrypsin

b) prostaglandin

c) surfactant

e) prostaglandins

18. The opinion that has developed in recent decades about the low significance of clinical research methods in recognizing tuberculosis and assessing the form of the disease can be associated with:

a) With the increased attention of doctors in the age of technological progress to laboratory and diagnostic tools

b) With defects in the collection of anamnesis due to poor command of the methods of clinical examination of the patient

c) In the frequent detection of chronically current forms of tuberculosis in the phase of remission of the disease

d) All of the above

19. Lymphoid tissue in the respiratory organs in healthy people is localized 1) in the parenchyma of the lung 2) in the lymph nodes of the root of the lung 3) in the bronchial mucosa 4) in the pleura

a) 1 and 2 are correct

b) 1 and 3 are correct

c) 1 and 4 are correct

d) 2 and 3 are correct

20. The function of the lymphoid tissue of the intrathoracic lymph nodes is

a) filtration of lymph from the lungs

b) retention of agents toxic to the body, their phagocytes or isolation

c) synthesis of immunoglobulins

d) all of the above

21. The duration of tuberculosis disease, its onset and course can be judged from the following data:

a) Carefully collected anamnesis

b) Fluorotec analysis

c) In the X-ray examination of the patient

d) A, B and C are correct

22. Pleural sheets perform all of the following functions except

a) barrier

b) maintaining a capillary layer of fluid in the pleural space

c) participation in the elastic recoil of the lung

d) ensuring uniform blood flow in the system of bronchial arteries

23. The objects of research for Mycobacterium tuberculosis are:

a) Sputum, bronchial washings ,Blood

b) Punctate from closed cavities, biopsy

c) Urine, purulent discharge from fistulas, cerebrospinal fluid

d) All of the above

24. Qualitative and quantitative methods for determining Mycobacterium tuberculosis are:

a) Ziehl-Neelsen Method

b) Luminescent method

c) Culture on nutrient media

d) All of the above

25. Air conditioning in the upper airways contributes to

a) moving fast

b) moving slowly

c) vortex movement

d) its slow movement

26. Gas exchange in the lung is carried out

a) in the lung parenchyma

b) in the lung lobule

c) in the acinus of the lung

D) in the bronchi

27. Acinus drains

a) 12th order bronchus

b) membranous bronchus

c) terminal bronchiole

d) respiratory bronchiole

28. The type of mycobacteria that most often causes tuberculosis in humans:

a) M. tuberculosis

b) M. bovis

c) M. avium

d) M. Cansassi

29. The causative agents of mycobacteriosis:

a) Mycobacterium BCG

b) atypical mycobacteria

c) L-forms of Mycobacterium tuberculosis

d) M. bovis

30. The optimal period for the growth of a culture of Mycobacterium tuberculosis on dense nutrition

Levenshtein-Jensen solid medium:

a) 2 - 3 days

b) 2 weeks

c) 1 month

d) 3 months

31. Types of MBT drug resistance:

a) slow, fast

b) primary, secondary

c) latent, current

d) inactive, active

32. BCG vaccine received;

a) Koch

b) Calmette

c) Bering

d) Erlich

33. Mycobacterium tuberculosis is discovered by:

a) Pasteur

b) Virchow

c) Wilmen

d) Koch

34. The main source of infection for humans is:

a) Animals;

b) food;

c) A sick person

d) Birds

35. The main way of human infection with tuberculosis:

a) aerogenic

b) Contact

c) food

d) water

36. For the diagnosis of tuberculous meningitis, it does not matter:

A) Mantoux test

B) Inspection of the fundus

C) Examination of the cerebrospinal fluid

D) Blood test

37. Questioning the patient allows:

A) Suspect the disease

B) Determine the amount of bacteria released into the environment

C) Rule out the disease

D) Recognize the type of bacteria

38. More often than others of all animals, the source of infection is:

A) birds

B) Cats and dogs

C) Cattles

D) Wild animals

39. People are more likely to become infected through contact with a bacillicarrier:

A) Children of the first two years of life

B) teenagers

C) middle-aged people

D) Schoolchildren

40. Tuberculin was obtained for the first time:

a) Laennec

b) Koch

c) Calmette

d) Mechnikov

41. What social factor contributes to the spread of tuberculosis:

a) material well-being

b) Hectic lifestyle

c) Favorable living conditions

d) Social blogging

42. Persons infected with tuberculosis subsequently become ill with this infection

a) in 0.1% of cases

b) in 4-5% of cases

c) in 10-15% of cases

d) in 15-25% of cases

43. Pulmonary localization of primary tuberculosis is

a) Gon's focus

b) pulmonary tuberculosis, occurring with damage to the intrathoracic lymph nodes

c) tuberculosis of middle-aged people

d) pulmonary tuberculosis that arose shortly after infection with Mycobacterium tuberculosis

44. The modern domestic classification of tuberculosis is built

a) on a clinical basis

b) on the pathogenetic principle

c) on the morphological principle

d) on the clinical and radiological principle

45. The most common mechanism for the occurrence of secondary tuberculosis is

a) exogenous superinfection

b) exogenous reinfection

c) endogenous reinfection

d) exogenous infection

46. Secondary forms of tuberculosis usually occur as a result of reinfection of latent foci of tuberculosis infection.

a) in the lung parenchyma

b) in the wall of membranous and cartilaginous bronchi

c) in the lymph nodes of the mediastinum

e) in all the listed organs and tissues

47. Storage of an open BCG vaccine should not be more than:

a) 5 hours

b) 3 hours

c) 1 hour

d) 8 hours

48. A positive Mantoux reaction is considered if the size of the infiltrate is more than:

a) 5-10 mm

b) 1 mm

c) 2 mm

d) 3.5 mm

49. Which category of people does not belong to the risk group for infection:

a) smokers

b) go in for sports

c) who had previously had local tuberculosis

d) those who have had pleurisy

50. Activities carried out by the TB dispensary:

a) Record keeping

b) Carrying out chemoprophylaxis

c) Clinical and laboratory examination

d) All of the above are correct

51. the main method for detecting tuberculosis in children:

a) X-ray of the lungs

b) Mantoux test

c) Questioning a specialist

d) Urinalysis

52. Fluorographic examination of adolescents should be carried out:

a) Depending on the epidemiological situation

b) Once a year

c) Once every two years

d) Every 6 months

53. Specify the drugs used for tuberculosis, which affect the functioning of the liver:

a) Isoniazid, rifampicin

b) Isoniazid, streptomycin

c) PASK, amoxiclav

d) Rifampicin, amoxiclav

54. At the initial manifestation of the disease in patients:

a) There is a dystrophic change in the skin

b) There are no pronounced changes

c) There is a lack of weight

d) There is bleeding

55. Chemoprophylaxis is carried out for how long during a turn:

a) Three months

b) Three years

c) one month

d) one year

56. X-ray tuberculoma is:

a) an annular shadow

b) Rounded shadow more than 12 mm

c) Shadow no more than 1 mm

d) Round shadow less than 12 mm

57. Specific prevention of tuberculosis is:

a) Fresh air, hardening

b) BCG vaccination

c) Social prevention

d) Chemoprophylaxis

58. What are the best disinfectants for tuberculosis:

a) acids

b) alkalis

c) chlorine

d) alcohols

59. Polymerase chain reaction (PCR) in tuberculosis is:

a) Detection of Mycobacterium Tuberculosis DNA Breaks Using Immunological Techniques

b) Detection of antibody titer to tuberculin

c) Detection of antibody titer to phytohemagglutinin

d) Reaction of spontaneous rosette formation

60. A person who has had tuberculosis before and has residual X-ray changes (archive) has a higher risk of developing tuberculosis compared to the rest of the population:

a) 2 times

b) 3 times

c) 5-10 times

d) No risk

61. Tuberculosis in adults is most often detected:

a) By seeking medical help

b) With mass fluorography of the population

c) Tuberculin diagnosis

d) Biopsy during instrumental examination or surgery

62. Mass tuberculin diagnostics among children should be carried out:

a) 1 time every 6 months

b) 1 time in 1 year

c) 4 times in 1 year

c) 1 time in 2 years

63. Fluorographic examination of adolescents should be carried out:

a) 1 time per 1 year

b) 1 time in 2 years

c) 2 times in 1 year

d) Depending on the epidemiological situation and career guidance of a teenager

64. The causative agent of tuberculosis is resistant to external influences due to:

a) Presence of a fat-wax capsule

b) Increased reproduction of bacterial bodies

c) Ability to adapt to changing environmental conditions

d) Factors A and B

65. Transformation of mycobacterium tuberculosis occurs under the influence of:

a) Vaccinations

b) Effects of enzymes and biologically active substances

c) Chemotherapy

d) All of the above

66. Material for the detection of mycobacteria can be:

a) Blood and biopsy

b) Wash water of the stomach and bronchi

c) Sputum, urine and discharge from the fistula

d) All of the above

67. Mycobacteriosis of the lungs in humans is more often caused by mycobacteria of the type:

a) M. avium, M. xenopei

b) m. kansasii

b) M. aquae, M. scrofulaceum

d) A and B are correct

68. Method of smear staining for the detection of Mycobacterium tuberculosis:

a) according to Gram

b) according to Ziel-Nielsen

c) hematoxylin-eosin

d) Giemsa-Romanovsky

69. Immunity is:

a) Immunity to infectious diseases

b) Resistance to external factors

c) Method of protection against living bodies and substances bearing signs of genetic alienness

d) Resistance to all diseases

70. The main links of immunity are all of the following, except:

a) Cell link

b) Humoral link

c) Neuroendocrine link

d) Macrophage-phagocytic system

71. Patho-morphosis of tuberculosis is:

a) Reducing the incidence of tuberculosis in the population

b) Change in the clinical course and morphological manifestations of the infectious process

c) Reducing tuberculosis mortality

d) Reducing the incidence of tuberculosis in the population

72. Secondary forms of tuberculosis usually occur as a result of reactivation of latent foci of tuberculous inflammation:

a) In the pleura and other organs

b) In the wall of the membranous bronchi

c) In the lymph nodes of the mediastinum

d) In all listed organs and tissues

73. The modern domestic classification of tuberculosis is built primarily on:

a) Clinical principle

b) Pathogenetic principle

c) Morphological principle

d) Clinical and radiological principle

74. The lung is sequentially subdivided into the following anatomical units:

a) Lobe, lobule, segment, acinus

b) Lobe, segment, acinus, lobule

c) Segment, lobe, lobule, acinus

d) Lobe, segment, lobule, acinus

75. The main anatomical functional unit of the lung is:

a) Share

b) Dolka

c) Zone

d) Segment

76. Lung lobe is drained by bronchus:

a) 1 branch order

b) 2 orders

c) 3 orders

d )4 orders

77. Lung segment is drained by bronchus:

a) 1 branch order

b) 2 orders

c) 3 orders

d) 4 orders

78. The most resistant to damage and penetration of MBT was the epithelial lining:

a) Main, lobar, segmental bronchi

b) Subsegmental and membranous bronchi

c) Bronchioles (terminal and respiratory)

d) Alveolus

79. Predispose to the defeat of tuberculosis of certain organs and structures:

a) Hereditary-genetic factor

b) Age factor (period of growth and restructuring of individual organs and their structures)

c) Functional Defects

d) All of the above

80. In children, the least resistant to tuberculosis infection were:

a) Respiratory and terminal bronchioles

b) Lymph nodes and endothelium of blood vessels at the level of non-microcirculation

c) Pleural sheets

d) Capillaries of the renal vessels

81. Forms of tuberculosis that occur with a small accumulation of mycobacterium tuberculosis in the focus (foci) of the lesion and are characterized by a predominantly productive inflammatory reaction, are more often detected:

a) Clinical research method

b) Fluorographic research method

c) Laboratory research method

d) When applying to the general medical network

82. Patients with pulmonary tuberculosis with massive bacterial excretion complain of malaise, fever, cough with sputum:

a) In 20-30% of cases

b) Rarely

c) In 90-95% of cases

d) In 10% of cases

83. Percussion of the chest wall allows diagnosing:

a) Bronchitis, Spontaneous pneumothorax

b) Bronchiectasis

c) Emphysema

d) Correct C and D

84. The general function of all sections of the airways will be:

a) Air conduction

b) Conditioning (warming, humidifying)

c) Cleansing of foreign bodies

d) All of the above

85. Foci of tuberculosis infection along the migration routes and direct elimination of the pathogen are more often found in the following organs and tissues, except:

a) Lymph nodes

b) Lung tissue and bronchial tree

c) Pleura and joints

d) Subcutaneous adipose tissue

86. The main role in the transport of mucus from the respiratory tract to the oropharynx is played by:

a) Cough push

b) Respiratory movement of air

c ) Difference in osmotic pressure of mucus

d) Movement of ciliated epithelium cilia

87. The tasks of mass tuberculin diagnostics are:

a) Identification of children with tuberculosis

b) Identification of a high-risk group among children for their examination in an anti-tuberculosis dispensary

c) Selection of populations for BCG revaccination

d) All of the above

88. Tuberculin diagnostics in children with tuberculosis is carried out for:

a) Tuberculosis diagnosis

b) Determining the activity of the tuberculosis process

c) Differential diagnosis of post-tuberculosis and post-pneumonic residual changes

d) All of the above

89. Persistent cough with sputum is caused by:

a) Inflammatory process in the lung parenchyma

b) Acute bronchitis

c) Chronic bronchitis

d) functional insufficiency of mucociliary clearance

90. Forms of pulmonary tuberculosis that occur with massive multiplication of mycobacterium tuberculosis in tissues and a pronounced exudative reaction in the lesion(s) of the lesion are detected using:

a) Clinical research methods when applying to the general educational network

b) Fluorographic research methods

c) Laboratory research methods

d) Preventive examinations

91. Clinically oligosymptomatic and without changes, detected using physical methods of research, proceeds:

a) Focal pulmonary tuberculosis

b) Infiltrative pulmonary tuberculosis

c) Disseminated pulmonary tuberculosis

d) Fibrous-cavernous pulmonary tuberculosis

92. Clinical symptoms are usually accompanied by

a) Focal pulmonary tuberculosis

b )Tuberculoma of the lungs

c) Infiltrative pulmonary tuberculosis

d) Lymphogenic disseminated pulmonary tuberculosis

93. Acinus is drained:

a) Broncho 12th order

b) Membrane bronchus

c) Terminal bronchiole

d) Respiratory bronchiole

94. A high risk of damage to lung tissue structures by toxic products and microorganisms coming from the air is due to:

a) The wide connection of this body with the external environment

b) Features of blood circulation in the organ

c) The structure of the lymphatic system of the lung

d) The functioning of the epithelial lining of the airways of the lung

95. Penetration of MBT into the human body most often occurs:

a) Through the respiratory system (airborne droplets)

b) Through the digestive tract (with water and food)

In contact way

c) Iatrogenic way (infection with instruments during medical manipulations)

d) Transplantentally

96. In adults, the least resistant to tuberculosis infection were:

a) Respiratory and terminal bronchioles

b) Lymph nodes and endothelium of blood vessels at the level of microcirculation

c) Pleural sheets

d) Capillaries of the renal vessels

97. The nature of the course of tuberculosis of the respiratory organs primarily determines:

a) Quantity and quality of infection in the lesion

b) The severity of the nonspecific component of the inflammatory reaction of the lung tissue

c) Specific component of the inflammatory response

d) Prevalence of caseous necrosis

98. Secondary forms of tuberculosis are

a) tuberculosis in middle-aged people

b) pulmonary localization of tuberculosis

c) a disease that occurs some time after infection, more often due to endogenous reactivation of unhealed foci of primary infection and is characterized mainly by organ damage

d) tuberculosis in the elderly

99. Negative tuberculin skin tests may indicate:

a) Not infected with MBT organism

b) Absence of skin sensitization to tuberculin in the presence of foci of tuberculosis infection

c) Macroorganism anergy to MBT antigens in severe disease

d) All of the above are correct

100. Tuberculin diagnostics is divided into:

a) provocative

b) Individual

c) Clinical

d) All of the above

101. In the outpatient setting of a tuberculosis dispensary, the following should be used:

a) Mantoux test with 2 TU

b) Skin graduated test

c) Mantoux test with 100 TU, Koch's test

d) A and B are correct

102. Tuberculins must have:

a) Specificity

b) biological activity

c) The ability to standardize

d) All of the above

103. The concept of "para-allergy" includes:

a) Slight increase in overall sensitivity to tuberculin

b) A complex of non-specific factors that change skin sensitivity to tuberculin

c) Perversion of sensitivity to tuberculin as a result of the disease

d) Allergy to tuberculin

104. Additional criteria for infectious allergy are:

a) Papule coloration,the presence of hyperemia

b) The clarity of its contour, the presence of pigmentation

c) Size of the infiltrate

d) All of the above

105. Skin graduated test is evaluated:

a) By the size of the infiltrate and the type of reaction

b) By comparing the results of the reaction after 24 and 48 hours

c) The intensity of the reaction after 48 hours

d) Comparing it with the Mantoux test

106. The main methods of X-ray examination in diseases of the respiratory organs include all of the following, except:

a) Fluorography and fluoroscopy

b) Radiography in direct projection

c) Lateral X-rays

d) Frontal projection tomography

107. Additional methods of X-ray examination in diseases of the respiratory organs include all of the following except:

a) Bronchography

b) Angiography

c) Radiography and tomography

d) Computed tomography

108. X-ray examination in diseases of the respiratory system should be started:

a) From fluorography in direct and lateral projections

b) From fluoroscopy in various projections

c) With figurative radiography in frontal and lateral projections

d) From the tomography of the lungs in frontal and lateral projections

109. As a result of the X-ray protocol for tuberculosis of the respiratory organs, it is necessary to display:

a) Process localization

b) Prevalence of the process

c) Mold process, Possible pathogenesis

d) All of the above

110. Bronchoscopy in phthisiology is indicated for:

a) Patients with all forms of respiratory tuberculosis or with suspicion of it, if there are no obstacles to its implementation and concomitant pathology

b) Patients with bacterial excretion, the source of which could not be established

c) Patients with destructive tuberculosis, tuberculosis of intrathoracic lymph nodes, tuberculous pleurisy

d) Correct B, C, D

111. Biopsy material obtained by aspiration catheterization biopsy is subjected to:

a) Histological and cytological examination

b) Cytological and biochemical examination

c) Biochemical and morphological examination

d) Cytological and bacteriological examination

112. Pleuroscopy with biopsy is indicated for:

a) Pleurisy of unknown etiology

b) Pleurisy of a cancerous nature

c) Metapneumatic effusion pleurisy

d) Any pleurisy of unclear etiology

113. Tuberculosis of intrathoracic lymph nodes is:

a) Tuberculosis of the respiratory organs with obligatory involvement of the intrathoracic lymph nodes

b) Tuberculosis of the primary period with lesions of the intrathoracic lymph nodes

c) Tuberculosis with localization in intrathoracic lymph nodes

d) Tuberculosis disease of the primary or secondary period of the infectious process, the main localization of which is the intrathoracic lymph nodes

114. Tumorous variant of tuberculosis of intrathoracic lymph nodes is characterized by:

a) Large lymph node lesions

b) Severe caseous necrosis

c) Tendency to complicated course

d) All of the listed features

115. Tuberculosis of intrathoracic lymph nodes can be complicated by:

a) Tuberculosis of the bronchi

b) Atelectasis (bronchopulmonary lesion)

c) Dissemination (lymphogenic and bronchogenic)

d) All of the above

116. In uncomplicated infiltrative tuberculosis of the intrathoracic lymph nodes, all of the following radiological signs are observed, except:

a) The shadow of the root is displaced, its outer contour is clear, bumpy

b) Root shadow expanded

c) Root shadow structure blurred

d) The outer contour of the shadow of the root of the lung is indistinct

117. Infiltrative variant of tuberculosis of intrathoracic lymph nodes differs from tumorous by the following radiological sign:

a) The shadow of the root is usually located

b) Root shadow expanded

c) Root shadow structure blurred

d) The outer contour of the shadow is fuzzy

118. Infiltrative variant of tuberculosis of intrathoracic lymph nodes differs from tumorous:

a) More pronounced symptoms of intoxication

b) Less pronounced symptoms of intoxication

c) More often complicated course

d) Less pronounced symptoms of intoxication and less frequent complications

119. Tuberculosis of intrathoracic lymph nodes requires differential diagnosis:

a) Nonspecific lymphadenitis

b) Lymphogranulomatosis

c) Sarcoidosis

d) All of the above

120. In the differential diagnosis of tuberculosis of the intrathoracic lymph nodes (ITLN) with sarcoidosis, the following are of the greatest importance:

a) Presence of symptoms of intoxication

b) Limited damage to the lymph nodes

c) Moderate lymph node involvement

d) Presence of pronounced clinical symptoms of the disease in case of damage to the lymph nodes

121. Calcifications in the intrathoracic lymph nodes indicate that:

a) Tuberculous process has lost activity

b) Tuberculous process is active

c) Tuberculosis has passed into the chronic stage

d) It is necessary to clarify the activity of tuberculous changes

122 . Bronchopulmonary lesion is characterized by the following features:

a) Tuberculosis of the large bronchus

b) Atelectasis

c) Nonspecific inflammation in the atelectatic area of ​​the lung

d) All of the above

123. In hematogenous disseminated pulmonary tuberculosis, the following are affected:

a) Capillaries

b) Small veins

c) Small arteries

d) All of the above

124. The most frequent localizations of the pathological process in acute miliary tuberculosis are:

a) Lungs and liver

b) Lungs and spleen

c) Liver and spleen

d) Spleen and kidneys

125. Outcomes with favorable dynamics of mild acute miliary tuberculosis are:

a) Complete resorption

b) Seal

c) Calcification

d) Development of fibro-sclerotic changes

126. The size of foci in the lungs in subacute hematogenous disseminated tuberculosis is mainly:

a) Small

b) Medium

c) Large

d) A and B are correct

127. The outcome of subacute hematogenous disseminated pulmonary tuberculosis with favorable dynamics is more often:

a) Complete resorption

b) Seal

c) Calcification

d) B and D are correct

128. Chronic hematogenous disseminated pulmonary tuberculosis, when detected, is characterized by the following symptoms:

a) Sharp

b) Subacute

c) Asymptomatic

d) All of the above

129. In chronic hematogenous disseminated tuberculosis, the size of foci in the lungs:

a) Small

b) Medium

c) Large

d) Miscellaneous

130. X-ray changes in chronic hematogenous disseminated tuberculosis are characterized by:

a) Uniformity of changes

b) Polymorphism of focal structures

c) The presence of fibrotic changes and areas of emphysema

d) B and C are correct

131. Exacerbation of chronic hematogenous disseminated pulmonary tuberculosis is characterized by:

a) The appearance of fresh lesions

b) The development of perifocal inflammatory changes

c) Appearance of decay cavities

d) All of the above

132. Leading morphological changes in lymphogenous disseminated pulmonary tuberculosis are:

a) Exudative

b) Productive

c) Caseous

d) Only B and C

133. X-ray of the lung in lymphogenous disseminated tuberculosis can show:

a) Only focal changes

b) Only interstitial changes

c) Combination of focal and interstitial changes with a predominance of the latter

d) All answers are correct

134. X-ray of the lungs with bronchogenic dissemination in pulmonary tuberculosis reveals:

a) Small lesions

b) Medium foci

c) Large lesions

d) Foci of various sizes with peribronchial changes

135. Bronchogenic disseminated pulmonary tuberculosis often affects:

a) Upper lobes

b) Lower and middle lobes

c) Anterior segments

d) B and C are correct

136. The outcome of bronchogenic disseminated pulmonary tuberculosis with favorable dynamics is more common:

a) Resorption of lesions

b) Compaction of foci

c) Calcification of the walls of the bronchi, the formation of fibro-sclerotic changes

d) A and D are correct

137. Radiological focal shadow in the lungs is defined as:

a) Any shadow of anatomical formations up to 1 cm in diameter.

b) Shadow in the lung, which is a reflection of the inflammatory process, within the lung lobule

c) Shadow of the tumor formation up to 1 cm.

d) All of the above

138. Mutual arrangement of foci in focal pulmonary tuberculosis is often represented by:

a) Uniform lesion

b) Dense arrangement of foci

c) Their chaotic arrangement

d) Group location of foci

138. Reliable signs of activity of focal pulmonary tuberculosis are:

a) Complaints of weakness, increased fatigue, slight cough with scanty sputum

b) Detection of Mycobacterium tuberculosis

c) Positive radiological changes during trial chemotherapy

d) Correct answers b and c

139. The causes of disease recurrence in patients who have had focal pulmonary tuberculosis can be:

a) The nature of residual changes in the lungs

b) Inadequate nature of the main course of chemotherapy

c) Drug resistance of Mycobacterium tuberculosis

d) All of the above

140. Clinical and radiological variants of infiltrates are based on:

a) Damage to the bronchus

b) Severity of specific inflammation

c) Presence of atelectatic changes

d) Volume of the lesion

141. Clinical and radiological syndrome of round infiltrate primarily requires differential diagnosis with:

a) Pneumonia

b) Lung cancer

c) Benign tumor

d) A and B are correct

142. Cloud-like infiltrate is characterized by:

a) Clinical signs of pneumonia

b) Clinical symptoms of bronchitis

с) Absence of clinical manifestations

d) Increased body temperature

143. Lobit undergoes disintegration:

a) Never

b) rarely

c) Often

d) Very often

144. In case of lobitis, the excretion of Mycobacterium tuberculosis is observed:

a) Never

b) rarely

c) Often

d) Always

145. Effective treatment of lobitis often results in:

a) Area of ​​pneumosclerosis

b) Large foci

c) Area of ​​pneumosclerosis with foci

d) Area of ​​cirrhosis

146. The main morphological difference between caseous pneumonia and variants of infiltrative tuberculosis is:

a) Large lesion volume

b) Predominance of caseous necrosis

c) More frequent breakdown

d) Absence of morphological signs of delimitation of caseous necrosis

147. Caseous pneumonia is characterized by:

a) Lean allocation of MBT

b) Abundant allocation of MBT

c) Rare isolation of MBT

d) Single isolation of MBT

148. The formation of tuberculoma is possible in all of the following cases, except:

a) Cavity scarring

b) Cavity filling

c) Progression of focal form of tuberculosis

d) Progression of the tuberculous process in the bronchi

149.Exacerbation of tuberculous process in tuberculoma is manifested:

a) The appearance of symptoms of intoxication

b) Perifocal reaction around tuberculoma

c) The appearance of decay in it

d) All of the above

150.The main distinguishing radiological symptoms of aspergilloma from tuberculoma can be considered:

a) Sickle symptom, rattle symptom

b) The presence of a level in the cavity

c) Clarity of the contour of the shadow

d) Fuzziness of the contour of the shadow

151. Cavernous pulmonary tuberculosis is formed from the listed forms of tuberculosis, except for:

a) Focal tuberculosis in the decay phase

b) Infiltrative tuberculosis in the decay phase

c) Disseminated tuberculosis in the decay phase

d) Fibrous-cavernous pulmonary tuberculosis

152. The most reliable methods for verification of cavernous form of tuberculosis and cavity form of cancer are:

a) Radiological

b) Bronchological

c) Biochemical and immunological

d) Bacteriological and cyto-histological

153. The transition of "fresh" destructive tuberculosis to fibrous-cavernous is facilitated by:

a) Serious comorbidities

b). Poor patient tolerance to drugs and drug resistance of Mycobacterium tuberculosis

c) Tuberculosis infection of the wall of dysontogenetic bronchiectasis and congenital cysts

d) A and B are correct

154. Fibrous-cavernous tuberculosis is not formed from:

a) Focal tuberculosis

b) Infiltrative tuberculosis

c) Tuberculoma of the lung

d) Tuberculosis of the bronchi

155. The most common specific complication of fibrous-cavernous pulmonary tuberculosis are:

a) Tuberculosis of the bronchi

b) Tuberculosis of the larynx

c) Intestinal tuberculosis

d) Miliary tuberculosis, tuberculous meningitis

156. The rarest specific complication of fibrous-cavernous tuberculosis is:

a) Tuberculosis of the large bronchus (main, lobar)

b) Tuberculosis of the larynx

c) Intestinal tuberculosis

d) Miliary tuberculosis, tuberculous meningitis

157. The most common cause of death in patients with fibrous-cavernous pulmonary tuberculosis is:

a) Pulmonary heart failure

b) Progression of pulmonary tuberculosis

c)Accession of extrapulmonary tuberculosis (meningitis, etc.)

d) Pulmonary bleeding and amyloidosis of internal organs

158. In patients younger than 30 years, the following is more often observed:

a) Metapneumonic pleurisy

b) Tumor pleurisy

c) Tuberculous pleurisy

d) Pleurisy associated with cardiovascular pathology

159. Tuberculosis of the oropharynx and upper respiratory tract is more often localized:

a) In the pharyngeal mucosa

b) In the mucous membrane of the tongue

c) In the mucous membrane of the uvula

d) In the mucous membrane of the larynx

160. Pulmonary tuberculosis in elderly and senile persons at the time of its detection is often localized:

a) In the apical and posterior segments of the upper lobe

b) In the lower lobes and anterior bronchopulmonary segments

c) In both lungs

d) True B and C

161. All the following organs are more often affected by amyloidosis, except:

a) Liver

b) Kidney

c) Adrenal

d) Hearts

162. The source of pulmonary hemorrhage in a patient with a fresh and limited form of tuberculosis can usually be identified using:

a) Clinical method (subjective sensations of the patient, percussion, auscultation)

b) X-ray tomography of the lungs

c) Bronchography

d) Bronchoscopy

163. The most reliable sign of the activity of tuberculous changes in the lungs is:

a) Intoxication

b) Bacillus excretion

c) Change in hemogram

d) The nature of auscultatory changes in the lungs

164. The activity of tuberculous changes with the greatest reliability can be judged by:

a) Clinical research methods

b) Bacteriological research methods

c) X-ray methods of examination

d) Instrumental methods with cyto-histological and bacteriological examination of the material

165. With simultaneous loss of blood due to pulmonary hemorrhage in the amount of 500-600 ml, the patient is most often threatened by:

a) Cardiovascular collapse

b) Hemorrhagic shock

c) Acute anemia

d) Asphyxia

166. The main pathognomonic clinical symptoms of early tuberculosis intoxication in children and adolescents are:

a) Increase in body temperature.

b) Stop in weight or decrease in body weight.

c) Pale skin.

d) Absence of a pathognomonic symptom.

167. The purpose of preventive treatment in the early period of primary tuberculosis infection is to influence:

a) Paraspecific reactions.

b) Sensitivity to tuberculin.

c) Syndrome of intoxication.

d) Mycobacterium tuberculosis.

168. The most typical morphological change in tuberculosis of the intrathoracic lymph nodes in the active phase is:

a) Perifocal inflammation.

b) Hyperplasia of lymphoid tissue.

c) Caseous necrosis.

d) Fibrous degeneration of the lymph node tissue.

169. Tuberculosis in young children is detected mainly:

a) Tuberculin diagnostics method.

b) With a fluorographic study.

c) According to the clinical symptoms of the disease.

d) When examined by contact.

170. Tuberculosis of intrathoracic lymph nodes in children is most often complicated by:

a) Damage to the bronchi.

b) Lymphogenic screenings.

c) Bronchopulmonary seeding.

d) Bronchopulmonary lesion.

171. In case of primary infection, the following way of spreading the infection in the body is the leading one:

a) Bronchogenic.

b) Lymphohematogenous.

c) Contact.

d)All of the above.

172. Forms of predominant location of the office in a healthy infected organization

nizme:

a) fast growing

b) slow breeding

c) persistent

d) dead

173. What structure of the granuloma should be considered:

a) tuberculosis

b) sarcoidosis

c) epithelioid cell with Pirogov-Langgans giant cells without necrosis

d) connective tissue nodular seals along the small vessels

174. Cells that capture MBT in the respiratory tract and lungs:

a) T-lymphocytes

b) B-lymphocytes

c) neutrophils

d) macrophages

175. The main route of MBT elimination in cellular immunity:

a) reaction of an antigen with an antibody

b) phagocytosis

c) MBT destruction by interleukin mediators

d) Impact on the MBT of factors of bactericidal activity of blood

176. What type of reaction is delayed-type hypersensitivity?

a) humoral immunity

c) cellular immunity

d) productive inflammation

177. Immunity in tuberculosis is mainly

a) cellular

b) humoral

c) non-specific

d) natural

178. The most characteristic cells for tuberculous granuloma:

a) fibroblasts

b) histiocytes

c) Berezovsky-Shterenberg cells

d) Pirogov-Langhans cells

179. Pathological reaction characteristic of the progression of tuberculous

process:

a) dystrophic

b) caseous necrosis

c) tissue atrophy

d) productive inflammation

180. Features of immunity in tuberculosis

a) absolute

b) non-sterile

c) sterile

d) congenital

181. Tuberculous process according to morphological essence is:

a) dystrophic

b) atrophic

c) inflammatory

d) tumor

182.The main morphological manifestations of the active tuberculosis process

are:

a) development of hyalinosis

b) calcination

c) fatty degeneration

d) the occurrence of areas of cheesy (caseous) necrosis

183. The main method of X-ray diagnostics of diseases

of the chest organs in the pulmonological and phthisiological clinic:

a) stationary medium-format fluorography

b) survey radiography in 2 projections / direct and lateral/

c) fluoroscopy

d) tomography

184. X-ray parameters of focal shadows of large sizes:

a) up to 3 mm

b) 3 to 6 mm

c) 6 to 10 mm

d) 15 to 20 mm

185. The most common clinical form of tuberculosis at present is mild.

among newly diagnosed patients:

a) focal

b) disseminated

c) infiltrative

d) tuberculoma

186.What form of pulmonary tuberculosis is intermediate between

fresh and advanced chronic forms?

a) cavernous

b) disseminated

c) infiltrative

d) fibrous-cavernous

187. Tuberculous pleurisy is characterized by exudate:

a) predominantly neutrophilic

b) predominantly lymphocytic

c) predominantly eosinophilic

d) chylous

188. Exudative pleurisy is characterized by:

a) bronchial breathing

b) pleural friction noise

c) weakened breathing

d) hard breathing

189. The main method for detecting tuberculosis recommended by WHO (DOTS system):

a) chest x-ray

b) tuberculin diagnostics according to the Mantoux test

c) Simple bacterioscopy of sputum smear in institutions of the general medical network

d) computed tomography

190. What is tuberculin?

a) suspension of killed Mycobacterium tuberculosis

b) suspension of killed mycobacteria of BCG vaccine

c) specially isolated mycobacterial antigen

d) waste products after filtration of the culture of mycobacteria

191. What is the dosage of tuberculin in the mass setting of the Mantoux test

in children and adolescents?

a) 1 TE

b) 2 TU

c) 5 TU

d) 10 units

192. What method of tuberculin administration is currently generally accepted

time for mass tuberculin diagnosis?

a) dermal

b) intradermal

c) subcutaneous

d) intravenous

193. From what size of papule is a Mantoux test with 2 TU PPD-L considered positive?

body?

a) with 2mm

b) with 5mm

c) with 12mm

d) with 17mm

194. Regularity of mass tuberculin diagnostics in children and

adolescents:

a) 1 time in 6 months

b) annually

c) 1 time in 2 years

d) 1 time in 5 years

195. At what age is mass tuberculin diagnostics performed?

a) from 6 months

b) from 1 year

c) from 2 years

d) from 5 years

196. Up to what age is mass tuberculin diagnostics carried out?

a) up to 7 years old

b) up to 12 years old

c) up to 15 years old

d) up to 18 years old

197. The purpose of the Koch test:

a) determination of infection of the population

b) detection

c) detection of hyperergic reactions

d) diagnosis and differential diagnosis

198. A 5-year-old child has a tuberculin test. Where is it needed

direct?

a) to the children's clinic

b) to the children's hospital

c) to the children's office of the anti-tuberculosis dispensary

d) to a tuberculosis sanatorium

199. Tuberculosis vaccination in the maternity hospital of clinically healthy under-

worn children weighing more than 2 kg:

a) do not vaccinate

b) vaccinated with BCG-M vaccine

c) vaccinated with BCG-1 vaccine

d) Delay vaccination until reaching normal weight

200. Normal timing of the appearance of a vaccination infiltrate for vaccination

BCG-1 vaccine:

a) after 4 - 6 weeks

b) in a week

c) after 72 hours

d) by the end of 2 months

201. Normal terms for the final formation of post-vaccination

scar for the BCG-1 vaccine in a newborn:

a) in a week

b) in a month

c) after 3 - 4 months

d) after 6 - 8 months

202. From what type of mycobacteria was the BCG vaccine obtained?

a) M. tuberculosis

b) M. bovis

c) M. avium

d) M. Cansassi

203. BCG vaccine dose?

a) 0.05 mg

b) 0.1 mg

c) 0.5 mg

d) 1 mg

204. Terms of isolation of newborns vaccinated with BCG vaccine from contact:

a) 1 month

b) 2 months

c) 4 months

d) 6 months

205. Contraindications for BCG vaccination of newborns are:

a) the presence of tuberculosis in the mother

b) the presence of tuberculosis in the father

c) body weight less than two kilograms

d) body weight over 4 kilograms

206. If the body weight of a newborn is 1.7 kilograms:

a) no vaccination

b) Vaccination is carried out with the usual BCG vaccine

c) BCG-M vaccination is carried out

d) Vaccination is delayed until a body weight of 2 kg is reached

207. How long does it take for a Mantoux test to be given to unvaccinated children in the maternity hospital?

during their primary vaccination in the clinic?

a) 1 month

b) 2 months

c) 4 months

d) 6 months

208. Criteria for good quality vaccination are:

a) negative Mantoux test

b) hyperergic Mantoux reaction

c) Hypo- or normergic Mantoux reaction

d) Pandey's positive reaction

209. BCG revaccination is carried out:

a) with a negative Mantoux test

b) with a negative or questionable Mantoux test

c) with a positive Mantoux test

d) Mantoux test is not required

210. The BCG vaccine was received:

a) Zechnovitzer and Gerard

b) Koch and Behring

c) Canetti and Zorini

d) Calmette and Guérin

211. Which anti-tuberculosis drugs are usually given medication?

effective prophylaxis to prevent tuberculosis?

a) streptomycin

b) isoniazid or ftivazid

c) rifampicin

d) ethambutol

212.Who needs mandatory medical prophylaxis of iso-

niazid?

a) persons with small residual tuberculous changes in the lungs without aggravation

forgiving circumstances

b) adults who are in contact with a patient with a closed form of tuberculosis

c) children and adults who are in contact with MBT bacteria excretor

d) children with a positive Mantoux test / 12 mm / within 3 years

213. When prescribing which hormones, patients undergo chemoprophylaxis of tumors?

berculosis?

a) insulin

b) anabolic steroids

c) glucocorticoids

b) thyroxine

214. Frequency of chemoprophylaxis in cases of tuberculin reaction:

a) 2 times a year for 2 years

b) 1 time per year for 3 years

c) one course upon registration

d) chemoprophylaxis is not necessary

215. Chemoprophylaxis for children from contact with bacterial excretors is carried out:

a) 1 time per year

b) 1 time in 2 years

c) according to indications for concomitant diseases fifteen

d) 2 times a year in spring and autumn

216. Chemoprophylaxis of tuberculosis is carried out:

a) with an active tuberculous process

b) with alcohol abuse

c) with chronic hepatitis and pancreatitis

d) after acute pneumonia

217. Specific prevention of tuberculosis includes:

a) BCG vaccination

b) BCG vaccination and chemoprophylaxis

c) chemoprophylaxis

d) the first 3 months of treatment with antibacterial drugs

218. Chemoprophylaxis can be:

a) primary, secondary

c) initial, final

d) single, multiple

d) therapeutic, epidemiological

219.The most important criterion determining the degree of epidemiological

dangers of the focus of tuberculosis infection:

a) living conditions of this family

b) financial security of the family

c) sanitary and cultural level of the family

d) Massive bacterial excretion in patients with tuberculosis

220. Who performs the current disinfection in the foci of tuberculosis infection:

a) local general practitioner with a nurse

b) district phthisiatrician with a nurse

c) anti-epidemic department of the health and hygiene center

d) members of this family and the TB patient himself

221. Who performs the final disinfection in the foci of tuberculosis

infections?

a) local general practitioner with a nurse

b) district phthisiatrician with a nurse

c) Disinfection Department of the Center for Hygiene and Epidemiology

d) members of this family and the TB patient himself

222. Work in a tuberculosis focus is carried out by:

a) polyclinic - district therapist

b) polyclinic and CGE

c) TB dispensary and CGE

d) CGE

223. Frequency of x-ray examination of contacts:

a) 1 time in 6 months

b) Once a year

c) 1 time in 2 years

d) 1 time in 3 years

224. Processing of utensils of a bacterioexcretor is carried out by:

a) soaking in a solution of bleach (chloramine)

b) boiling

c) washing with hot water

d) soaking in carbolic solution

225. The method of public and urgent laboratory diagnosis of MBT, feasible in

any medical institution:

1. flotation method

b) direct bacterioscopy

c) bacteriological examination

d) fluorescent bacterioscopy

226. Name the methods for detecting mycobacteria in the material in descending order

effectiveness:

a) fluorescent microscopy, PCR, bacteriological examination

b) direct bacterioscopy, PCR

c) flotation method, PCR

d) bacteriological examination, PCR

227. Methods of material enrichment in case of MBT detection:

a) flotation, sedimentation

b) absorption, sedimentation

c) filtering, polarization

d) flotation, polarization

228. Source of infection in alimentary infection with human tuberculosis

a) TB patient, cattle

b) domestic cats, dogs

c) rabbits, sheep

d) pigs, poultry

229. How long after the Mantoux test is the results are evaluated?

a) after 12 hours

b) after 24 hours

c) after 48 hours

d) after 72 hours

230. At what indicators of the Mantoux test are children and adolescents subject to revaccination

BCG at 6 - 7 years old and 14 - 15 years old?

a) 17mm and up

b) 12mm and above

c) 5 mm and above

d) 0 mm

231. Specify the main symptoms of pulmonary tuberculosis

а) sore throat when swallowing

b) cough for more than 2 weeks

c) pain all over the body

d) febrile temperature

232. Specify the most characteristic sign of pulmonary tuberculosis

1. sore throat when swallowing

2. cough for more than 2 months

3. chest pain

4. febrile temperature

233. dicate a direct sign of pulmonary tuberculosis

1. sore throat when swallowing

2. cough for more than 2 weeks

3. chest pain on the left

4. febrile temperature

234.What kind of mycobacterium tuberculosis does not exist

a) canine

b) bovine

c) avian

d) human

235. In what year was the causative agent of tuberculosis discovered

a) in 1882

b) in 1919

c) in 1819 c

d) in 1982

236. What time is the World Tuberculosis Day celebrated

a) on March 24

b) on 24 April

c) on 24 may

d) on June 24

237.Tuberculosis is

a) a chronic infectious disease caused by Mycobacterium tuberculosis

b) acute infectious disease caused by mycobacterium tuberculosis

c) a chronic non-infectious disease caused by mycobacterium tuberculosis

d) a disease that has occurred due to prolonged contact with a bacterium separato

238. In what year was the TB vaccine created

a) in 1919

b) in 1882

c) in 1896

d) and 1982

239. The causative agent of tuberculosis is

a) mycobacteria

b) corinobacteria

c) adenoviruses

d) echinococci

240. List the persons subject to bacterioscopic sputum examination for Mycobacterium tuberculosis (MBT)

a) all persons who have complained to the therapist

b) persons with prolonged cough with sputum, as well as chest pains, body temperature, weakness

c) persons arriving for permanent residence in the Republic of Kyrgyzstan

d) persons who have applied to the hospital emergency room with fractures and bruises of the chest

241. How much sputum should the patient collect in a container

a) 3-5 ml.

b) 5-7 million

c) 5-10 ml

d) 2-5 ml

142. How many days can the collected sputum be in a container in a cold place

a) 2 days

b) 12 hours

c) 1 day

d) 8 hours

143. How many days can the collected sputum be in the refrigerator

а) 7 days

и) 10 days

c) 15 days

в) 5 days

144.Which of the listed radiological methods is the most economical

a) fluorography

b) Radiography

c)Tomography

d) Ultrasound

145 How many drugs of the reserve series should a patient take in the intensive phase of treatment according to the standard scheme

a) not less than four h)

b) more than four

c) not less than two

d) more than two

146. Select the main symptoms characteristic of tuberculous meningitis

1. abdominal pain

2. migraine

3. rigidity of the occipital muscles

4. bloating

147.Who belongs to the- I category of tuberculosis patients

1. a patient with a chronic form of tuberculosis

2. a newly diagnosed tuberculosis patient with Mtb- , with major changes in the pulmonary system

3. patient with treatment failure

4. a patient with a relapse of the disease

148. Who belongs to the II category of tuberculosis patients

1. a newly diagnosed tuberculosis patient with Mtb+

2. a patient with a chronic form of tuberculosis

3. a patient with pleurisy

4.a patient with a violation of the regime

149.List the types of specific prevention

1. vaccination, revaccination

2. disinfection

3. isolation of a tuberculosis patient

4. sanitary and educational work

150.In what cases can primary drug resistance be established in a patient with tuberculosis

1. during breaks in treatment due to a violation of the regime

2. in case of intolerance to drugs

3. in case of late diagnosis of tuberculosis, untimely access to a doctor

4. with a pronounced destructive process in the lungs