МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ
КЫРГЫЗСКОЙ РЕСПУБЛИКИ
ОШСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ
МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ ФАКУЛЬТЕТ
Кафедра анатомии, гистологии и нормальной физиологии

"РАССМОТРЕНО и СОГЛАСОВАНО"
на заседании кафедры протокол № 3
от «4» 10 2022 года
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"УТВЕРЖДАЮ"
Председатель УМС ММФ,
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ФОНД ТЕСТОВЫХ ЗАДАНИЙ

для итогового контроля по дисциплине
«Топографическая анатомия и оперативная хирургия»
на 2022-2023 учебный год

Направление: 560001 – лечебное дело (GMR)
Курс – 2, семестр – 3

Наименование дисциплины	Всего	Кредит	Аудиторные занятия		СРС
			Лекции	Практические	
Топографическая анатомия и оперативная хирургия	150 часов	5 кр.	30 часов	45 часов	75 часов
Количество тестовых вопросов	**383 вопросов**				

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Ош, 2022

Экзаменационные тестовые вопросы для итогового контроля по дисциплине «Топографическая анатомия и оперативная хирургия»

1. State anterior wall of the axilla.
a. great and small pectoral muscles;
b. subscapularis, teres major and latissimus dorsi;
c. serratus anterior muscle;
d. humerus, coracobrachialis and short head of the biceps.

2. State posterior wall of the axilla.
a. great and small pectoral muscles;
b. subscapularis, teres major and latissimus dorsi;
c. serratus anterior muscle;
d. humerus, coracobrachialis and short head of the biceps.

3. Name interrelation of axillary vein and axillary artery in clavipectoral triangle of the axilla.
a. vein lies higher and laterally;
b. vein lies higher and
c. vein lies lower and medially;
d. vein lies lower and laterally.

4. Name interrelation of brachial plexus and axillary artery in clavipectoral triangle of the axilla.
a. plexus lies higher and laterally;
b. plexus lies higher and
c. plexus lies lower and medially;
d. plexus lies lower and laterally.

5. Name the branches of posterior fascicle of brachial plexus.
a. median nerve;
b. radial nerve;
c. musculocutaneous nerve;
d. ulnar nerve;
e. medial cutaneous nerve of arm;

6. State the contents of triangular foramen.
a. axillary artery;
b. axillary nerve;
c. circumflex scapular artery;
d. anterior circumflex humeral vessels;
e. posterior circumflex humeral vessels.

7. What branches arise from the axillary artery in pectoral triangle?
a. superior thoracic artery;
b. thoracoacromial artery;
c. lateral thoracic artery;
d. subscapular artery;
e. anterior circumflex humeral artery;

8. What are the elements of neurovascular fascicle of the anterior surface of the arm?
a. axillary artery, nerve and vein;
b. profunda brachii artery, vein and radial nerve;
c. radial recurrent artery, vein and radial nerve;
d. ulnar artery, vein and nerve;
e. brachial artery, vein and median nerve.

9. What are the elements of neurovascular fascicle of the arm posterior surface?
a. axillary artery, nerve and vein;
b. profunda brachii artery, vein and radial nerve;
c. radial recurrent artery, vein and radial nerve;
d. ulnar artery, vein and nerve;
e. brachial artery, vein and median nerve.

10. What is the relation between median nerve and brachial artery in the upper third of the arm?
a. nerve is located laterally to the artery;
b. nerve is located medially to the artery;
c. nerve is located in front of the artery;
d. nerve is located behind the artery.

11. What is the relation between median nerve and brachial artery in the lower third of the arm?
a. nerve is located laterally to the artery;
b. nerve is located medially to the artery;
c. nerve is located in front of the artery;
d. nerve is located behind the artery.

12. Between what muscles is musculocutaneos nerve on the arm located?
a. biceps and triceps muscles;
b. triceps and coracobrachialis muscles;
c. coracobrachialis and brachialis muscles;
d. biceps and brachialis muscles.

13. Into' what branches is radial nerve in cubital fossa divided?

a. anterior and posterior;
b. medial and lateral;
c. superficial and deep;
d. superior and inferior.

14. How many muscular compartments are formed by deep fascia on the forearm?
a. one;
b. two;
c. three;
d. four;
e. five.

15. How many layers of muscles are located on anterior surface of the forearm?
a. one;
b. two;
c. three;
d. four;
e. five.

16. Between what layers of muscles is Pirogov-Paron fat space situated?
a. first and second;
b. second and third;
c. third and fourth;
d. fourth and fifth.

17. State neurovascular fascicles of posterior compartment of the forearm.
a. ulnar artery, vein and nerve;
b. median artery, vein and nerve;
c. radial artery, vein and superficial branch of the radial nerve;
d. posterior interosseus artery, vein and deep branch of the radial nerve;
e. anterior interosseus artery, vein and nerve.

18. How many layers of muscles are located on anterior surface of the forearm?
a. one;
b. two;
c. three;
d. four;
e. five.

19. What structures pass through radial carpal canal?
a. median nerve;
b. ulnar vessels and nerve;
c. tendons of flexor digitorum superficialis and profundus;
d. radial vessels and nerve:
e. tendon of flexor carpi radialis.

20. What structures pass through ulnar carpal canal?
a. median nerve;
b. ulnar vessels and nerve;
c. tendons of flexor digitorum superficialis and profundus;
d. radial vessels and nerve:
e. tendon of flexor pollicis longus;

21. How many fascial compartments are located on the palmar surface of the
a. one;
b. two;
c. three;
d. four;
e. five.

22. How many osteofascial compartments are formed on the back of the wrist?
a. one;
b. two;
c. three;
d. five;
e. six.

23. What forms of deep whitlow do you know?
a. cutaneous;
b. subcutaneous;
c. subungual;
d. articular;
e. tendovaginitis.

24. State muscles of the second layer of gluteal region.
a. gluteus medius;
b. gluteus minimus;
c. piriformis;
d. obturator externus;
e. obturator internus;

25. State muscles of the third layer of gluteal region.
a. gluteus medius;
b. gluteus minimus;
c. obturator externus;
d. obturator internus;
e. quadratus femoris.

26. By what structures is the muscular lacuna bounded?
a. inguinal ligament;
b. caxal bone;
c. pectineal ligament;
d. iliopectineal arch;
e. femoral vein.

27. What structures pass through the vasorum lacuna?
a. femoral artery;
b. femoral nerve;
c. femoral vein;
d. lateral cutaneous nerve of the thigh;
e. iliopsoas muscle;

28. By what structures is the femoral ring bounded?
a. inguinal ligament;
b. caxal bone;
c. pectineal ligament;
d. lacunar ligament;
e. iliopectineal arch;

29. State the walls of obturator canal.
a. obturator muscles;
b. obturator groove of horizontal branch of pubic bone;
c. adductor magnus;
d. obturator membrane;
e. vastoadductoria membrane.

30. State lateral ligaments of the ankle joint.
a. deltoid ligament;
b. anterior talofibular ligament;
c. posterior talofibular ligament;
d. calcaneofibular ligament;
e. interosseus tibiofibular ligament.

31. By what muscles is the deep layer of the arm anterior surface presented?
a. biceps muscle;
b. triceps muscle;
c. coracobrachialis;
d. brachialis.

32. What muscles by function are situated in posterior compartment of the forearm?
a. flexors;
b. extensors;
c. pronators;
d. supinators.

33. What time in summer is allowed to hold tourniquet?
a. not more than 2 hours;
b. not more than 1 hour;
c. not more than 3 hour;
d. not more than 5 hour;
e. not more than 4 hour.

41. What time in winter is allowed to hold tourniquet?
a. not more than 2 hours;
b. not more than 1 hour;
c. not more than 3 hour;
d. not more than 5 hour;
e. not more than 4 hour.

42. Name the typical site of compressing of the brachial artery.
a. to the 1st rib;
b. to the biceps;
c. to the medial side of the humeral bone;
d. to the lateral side of the humeral bone;
e. to the clavicle.

43. Name the typical site of compressing of the subclavian artery.
a. to the 1st rib;
b. to the biceps;
c. to the medial side of the humeral bone;
d. to the lateral side of the humeral bone;
e. to the clavicle.

44. How many ligatures are applied on proximal end of the artery for the vessel ligation in wounds?
a. one;
b. two;
c. three;
d. four;
e. five.

45. Where is the best level of ligation of the axillary artery located?
a. distally to superior thoracic artery;
b. proximally up to superior thoracic artery;
c. distally to subscapular artery;
d. proximally up to subscapular artery;
e. distally to the deep brachial artery.

46. Who was the first surgeon applying vessel's suture?
a. Morozova;
b. Sapozhnikov;
c. Solovyov;
d. Schmieden;
e. Carrel.

47. Name the operation for removal of varix dilatatated great saphenous vein on the hip by means of special director.
a. by Madelung;
b. by Troyanov-Trendelenburg;
c. by Babckock;
d. by Kockett;
e. by Narate;

48. Name the operation for subfascial ligation of communicants in case of varix dilatation of veins of the lower limbs.
a. by Madelung;

b. by Troyanov-Trendelenburg;
c. by Babckock;
d. by Kockett;
e. by Linthon.

49. After what type of regeneration will not be the function of nerve restored?
a. true;
b. heterotopic;
c. hypertrophic;
d. heterogeneous.

50. What diastasis should remain between the ends of a nerve while suturing?
a. 1 cm;
b. 1 mm;
c. 5 cm;
d. 5 mm;
e. should not be diastasis.

51. Name the operation directed on the opening of joint cavity.
a. arthrotomy;
b. arthrolysis;
c. arthrorisis;
d. arthrodesis;
e. arthroplasty.

52. Name the operation directed to mobilize an immobile joint.
a. arthrotomy;
b. arthrolysis;
c. arthrorisis;
d. arthrodesis;
e. arthroplasty.

53. Name the operation directed to restriction of the amplitude of movement or mobility in the joint.
a. arthrotomy;
b. arthrolysis;
c. arthrorisis;
d. arthrodesis;
e. arthroplasty.

54. What is the level of amputation?
a. site of bone section;
b. site of soft tissue section;
c. site of muscle section;
d. site of nerves and vessels section.

55. How many ligatures are applied on large arteries at amputations?
a. one;
b. two;
c. three;
d. four;
e. five.

56. At what distance above the level of amputation should the nerve be cut?
a. 0-1 cm;
b. 0-1 mm;
c. 2-3 cm;
d. 4-5 cm;
e. 4-5 mm.

57. Name the classification of vessels' sutures according to their circumference.
a. lateral;
b. manual;
c. medial;
d. mechanical;
e. circular.

58. Name the classification of vessels' sutures according to the approach.
a. lateral;
b. medial;
c. mechanical;
d. circular.

59. What types of osteotomy by purpose are distinguished?
a. correcting;
b. closed;
c. open;
d. oblique;

61. How does the boundary between the brain and facial parts of the head pass?
a. through mental protuberance, lower jaw, external acoustic meatus, mastoid process, the upper nuchal line, external occipital tuber;
b. through nose bridge, upper edge of eyepit, zygomatic arch, external acoustic meatus;
c. through angle of mouth, zygomatic arch, external acoustic meatus;
d. through nose bridge, wing of nose, upper edge of eye-pit, zygomatic arch, external acoustic meatus.

62. Where does the lateral border of the frontoparietooccipital region pass?
a. along the inferior temporal line;
b. along the upper nuchal line;
c. along the lower nuchal line;
d. along the superior temporal line.

63. Enumerate the layers of the frontoparietooccipital region in succession.
a. skin, subcutaneous fat, periosteum, subperiosteal fat, galea aponeurotica, bone;
b. skin, subcutaneous fat, galea

aponeurotica, periosteum, subperiosteal fat, bone;

c. skin, subcutaneous fat, galea aponeurotica, subaponeurotic fat, periosteum, subperiosteal fat, bone;

d. skin, subcutaneous fat, galea aponeurotica, subperiosteal fat, periosteum, subaponeurotic fat, bone.

64. What tissues are included in the scalp structure?

a. skin and subcutaneous fat;

b. skin, subcutaneous fat and epicranial aponeurosis (galea aponeurotica);

c. all soft tissues and periosteum;

d. all soft tissues of the frontoparietooccipital region and fragments of bones of the skull fornix.

65. What is the characteristic feature of hematoma of subcutaneous fat in the frontoparietooccipital region?

a. it has the form of a bump;

b. it is distributed within the limits of one bone;

c. it has diffuse character and freely moves in limits of the frontoparietooccipital region;

d. it is freely distributed into subcutaneous fat of the temporal region and region of the face.

66. What is the characteristic feature of subperiosteal hematoma in the frontoparietooccipital region?

a. it has the form of a bump;

b. it is distributed within the limits of one bone;

c. it has diffuse character and freely moves in limits of the frontoparietooccipital region;

d. it is freely distributed into subcutaneous fat of the temporal region and region of the face.

67. What is the characteristic feature of subaponeurotic hematoma in the frontoparietooccipital region?

a. it has the form of a bump;

b. it is distributed within the limits of one bone;

c. it has diffuse character and freely moves in limits of the frontoparietooccipital region;

d. it is freely distributed into subcutaneous fat of the temporal region and region of the face.

68. The bone of the skull fornix consists of:

a. one layer;

b. two layers;

c. three layers;

d. four layer.

69. How can you explain massive hemorrhage in the lesion of the vessels of the frontoparietooccipital region?

a. fixation of vessels to fascial intersections;

b. radial direction of vessels;

c. big lumen of vessels;

d. none of these features.

70. What structures does the diploe contain?

a. arteries;

b. veins;

c. lymph vessels;

d. arteries and veins.

71. What is connected by diploic veins?

a. venous sinuses and brain veins;

b. superficial and brain veins;

c. superficial veins and venous sinuses.

72. Enumerate the layers of the temporal regions in succession.

a. skin, subcutaneous fat, galea aponeurotica, subaponeurotic fat, periosteum, subperiosteal fat, bone;

b. skin, subcutaneous fat, superficial fascia, galea aponeurotica, subaponeurotic fat, temporal muscle, periosteum, subperiosteal fat, bone;

c. skin, subcutaneous fat, superficial fascia, temporal fascia, interaponeurotic fat, subaponeurotic fat, temporal muscle, osteomuscular space, periosteum, bone.

73. How many fat spaces in the the temporal region do you know?

a. one;

b. two;

c. three;

d. four.

74. Where is the interaponeurotic fat space of the temporal region located?

a. between the superficial and deep sheets of the temporal fascia;

b. between the superficial and temporal fascia;

c. between the temporal fascia and temporal muscle;

d. between the temporal muscle and

periosteum.

75. Where is the subaponeurotic fat space of the temporal region located?

a. between the superficial and deep sheets of the temporal fascia;

b. between the superficial and temporal fascia;

c. between the temporal fascia and temporal muscle;

d. between the temporal muscle and periosteum.

76. What vessel passes in subcutaneous tissue of the temporal region?

a. superficial temporal artery;

b. medial temporal artery;

c. deep temporal artery;

d. occipital artery.

77. How is the anterior vertical line of Kronlein scheme drawn?

a. through the upper edge of the eye-pit;

b. through the lower edge of the eye-pit, zygomatic arch, upper edge of external acoustic meatus;

c. through the middle of zygomatic arch;

d. through the middle of the head of mandible;

e. through the posterior edge of the base of mastoid process.

78. How is the inferior horizontal line of Kronlein scheme drawn?

a. through the upper edge of the eye-pit;

b. through the lower edge of the eye-pit, zygomatic arch, upper edge of external acoustic meatus;

c. through the middle of zygomatic arch;

d. through the middle of the head of mandible;

e. through the posterior edge of the base of mastoid process.

79. Where is the trunk of the middle meningeal artery determined on the scheme of Kronlein?

a. on crossing of anterior vertical and superior horizontal lines;

b. on crossing of anterior vertical and inferior horizontal lines;

c. on crossing of posterior vertical and superior horizontal lines;

d. on crossing of median vertical and superior horizontal lines;

e. on crossing of median vertical and inferior horizontal lines.

80. Where is the anterior branch of the middle meningeal artery determined on the scheme of Kronlein?

a. on crossing of anterior vertical and superior horizontal lines;

b. on crossing of anterior vertical and inferior horizontal lines;

c. on crossing of posterior vertical and superior horizontal lines;

d. on crossing of median vertical and superior horizontal lines;

e. on crossing of median vertical and inferior horizontal lines.

81. Where is the posterior branch of the middle meningeal artery determined on the scheme of Kronlein?

a. on crossing of anterior vertical and superior horizontal lines;

b. on crossing of anterior vertical and inferior horizontal lines;

c. on crossing of posterior vertical and superior horizontal lines;

d. on crossing of median vertical and superior horizontal lines;

e. on crossing of median vertical and inferior horizontal lines.

82. What passes through spinous foramen?

a. facial nerve;

b. mandibular nerve;

c. internal jugular vein;

d. maxillar nerve;

e. middle meningeal artery.

83. What does the foramen rotundum transmit?

a. facial nerve;

b. mandibular nerve;

c. internal jugular vein;

d. maxillar nerve;

e. middle meningeal artery.

84. What does the foramen ovale transmit?

a. facial nerve;

b. mandibular nerve;

c. internal jugular vein;

d. maxillar nerve;

e. middle meningeal artery.

85. What passes through the foramen lacerum?

a. facial nerve;

b. mandibular nerve;
c. internal jugular vein;
d. maxillar nerve;
e. middle meningeal artery.

86. What does subarachnoid space contain?
a. venous blood;
b. arterial blood;
c. lymph;
d. liquor.

87. What does venous sinuses contain?
a. venous blood;
b. arterial blood;
c. lymph;
d. liquor.

88. Where is the middle meningeal artery located?
a. in epidural space;
b. in subdural space;
c. in epiarachnoid space;
d. in subaponeurotic space.

89. How does the border between head and neck pass?
a. through mental protuberance, lower jaw, external acoustic meatus, mastoid process, the upper nuchal line, external occipital tuber;
b. through nose bridge, upper edge of eye-pit, zygomatic arch, external acoustic meatus;
c. through angle of mouth, zygomatic arch, external acoustic meatus;
d. through nose bridge, wing of nose, upper edge of eye-pit, zygomatic arch, external acoustic meatus.

90. Where are the superficial mimic muscles of the face located?
a. in skin;
b. in subcutaneous fat;
c. under superficial fascia;
d. under deep fascia.

91. The mimic muscles attached to:
a. the skin;
b. the superficial fascia;
c. the deep fascia.

92. By what nerve are all the mimic muscles of the face supplied?
a. vagus nerve;
b. facial nerve;
c. trigeminal nerve;
d. greater occipital nerve;
e. great auricular nerve.

93. By what means is the capsule of the parotid gland formed?
a. superficial fascia;
b. buccopharyngeal fascia;
c. parotidomasseteric fascia;
d. second fascia of the neck.

94. Where is projection of excretory duct of the paritid gland located?
a. on the middle of a body of the bottom jaw;
b. from the base of ear hircus up to a corner of the mouth;
c. from external acoustic meatus up to middle of distance between a wing of nose and corner of the mouth;
d. from the base of ear hircus up to a wing of nose;
e. from a corner of the jaw to a corner of the mouth.

95. Into what vein does blood from facial department of the face outflow?
a. external jugular vein;
b. internal jugular vein;
c. anterior jugular vein;
d. inferior cava vein.

96. Facial vein has anastomoses with:
a. superior orbital vein;
b. inferior orbital vein;
c. medial meningeal vein;
d. pterygoid venous plexus.

97. The retropharyngeal space is located between:
a. the pharynx and prevertebral fascia;
b. the larynx and prevertebral fascia;
c. the pharynx and endocervical fascia;
d. the larynx and endocervical fascia;

98. In what direction is it necessary to make a section of soft tissues at initial surgical d-bridement of wounds of the fronto-parieto-occipital region?
a. in the longitudinal;
b. in the cross;
c. in the radial concerning the top point of the head;
d. the wound is dissected crosswisely;
e. choice of a direction has no importance.

99. What form is it necessary to give to a wound at initial surgical d- bridement of

the soft tissues of the fronto-parieto-occipital region?

a. round;
b. fusiform;
c. Z-shaped;
d. horseshoe;
e. the form has no importance.

100. What actions should be taken at the initial surgical d-bridement of the frontoparietooccipital region, if the wound large bony fragment is connected to bones of the skull fornix by periosteum?

a. such fragment should be removed;
b. such fragment should be saved;
c. fragment is saved at penetrating wound of the head;
d. fragment is saved at not penetrating wound of the head;
e. tactics depends on experience of the surgeon.

101.What ways are used for arrest of bleeding from diploic veins of the frontoparietooccipital region?

a. digital pressing of soft tissues to the bone;
b. putting on hemostatic forceps;
c. use of pins;
d. rubbing-in wax paste.

102. What wounds of the head are called penetrating?

a. connected with the damage of bones of the skull fornix;
b. connected with the damage of the brain substance;
c. connected with the damage of dura mater;
d. connected with the damage of pia mater;
e. are determined by gaping of a wound.

103. What bones layers of the skull fornix are more inclined to the damage in skull traumas?

a. all layers;
b. external plate;
c. internal plate;
d. diploe;
e. the rule is absent.

104. How trepanation with preserving of the fragment of the bone is called?

a. osteoplastic;
b. decompressive;
c. laminectomy;
d. single-stage;
e. double-stag.

105.In what direction should sections be done at purulent parotiditis?

a. in any direction through the point of greatest fluctuation;
b. radialy from ear hircus taking into account the course of branches of the facial nerve;
c. vertically, 1 cm anteriorly from the ear hircus;
d. arcuate incision.

106. Where is the point of digital pressing of the facial artery located?

a. 1 cm lower than the ear hircus;
b. 0,5-1 cm inferiorly to the middle of the lower edge of the eye-pit;
c. behind the corner of the lower jaw;
d. on the middle of the body of the lower jaw at superior edge of masseter muscle;
e. 1 cm lower than the middle of zygomatic arch.

107.What is anthrotomy?

a. opening of the joint;
b. resection of the joint;
c. puncture of the joint;
d. trepanation of the mastoid process.

108.Where is the trepanation of the mastoid process made?

a. in temporal region;
b. in the base of the mastoid process;
c. in the apex of the mastoid process;
d. in the middle of the mastoid process;
e. in the projection of the triangle Shipo.

109.In what way skin, subcutaneous fat and glands capsule are dissected performing operation at purulent parotiditis?

a. by the scalpel;
b. by forceps;
c. by the finger;
d. by the medical saw.

110.How are the trepanations of the skull classified?

a. osteoplastic;
b. laminectomy;
c. single-stage;
d. double-stag.

111.How does the boundary between the neck and head pass?

a. through the edge and angle of the lower jaw, mastoid process, the upper nuchal line, external occipital tuber;

b. through the jugular incisure, upper edge of the clavicle, acromion, spinous process of C7 vertebra;

c. through the nose bridge, upper edge of eye-pit, zygomatic arch, external acoustic meatus;

d. through the angle of mouth, zygomatic arch, external acoustic meatus.

112. How does the boundary between the neck and chest pass?

a. through the edge and angle of the lower jaw, mastoid process, the upper nuchal line, external occipital tuber;

b. through the jugular incisure, upper edge of the clavicle, acromion, spinous process of C7 vertebra;

c. through the nose bridge, upper edge of eye-pit, zygomatic arch, external acoustic meatus;

d. through the angle of mouth, zygomatic arch, external acoustic meatus.

113.How many fasciae are there on the neck according to Shevkunenko?

a. 1;

b. 2;

c. 3;

d. 4;

e. 5.

114.What does the superficial fascia contain anteriorly?

a. arcus venosus juguli;

b. sternocleidomastoid muscle;

c. trapezius muscle;

d. platysma muscle;

e. sternohyoid muscle.

115.Where is the projection of the cervical plexus located?

a. in the middle of the clavicle;

b. Between the middle and lower 1/3 of the posterior edge of the sternocleidomastoid muscle;

c. in the middle of the posterior edge of the sternocleidomastoid muscle;

d. by the upper edge of the thyroid cartilage 1 cm outside;

e. from the point in the middle of distance between the angle of lower jaw and mastoid process to sternoclavicular joint.

116. Where is the projection of the brachial plexus located?

a. in the middle of the clavicle;

b. Between the middle and lower 1/3 of the posterior edge of the sternocleidomastoid muscle;

c. in the middle of the posterior edge of the sternocleidomastoid muscle;

d. by the upper edge of the thyroid cartilage 1 cm outside;

e. from the point in the middle of distance between the angle of lower jaw and mastoid process to sternoclavicular joint.

117. Where is the projection of the carotid sinus located?

a. in the middle of the clavicle;

b. Between the middle and lower 1/3 of the posterior edge of the sternocleidomastoid muscle;

c. in the middle of the posterior edge of the sternocleidomastoid muscle;

d. by the upper edge of the thyroid cartilage 1 cm outside;

e. from the point in the middle of distance between the angle of lower jaw and mastoid process to sternoclavicular joint.

118. Where is the projection of the basic neurovascular fascicle located?

a. in the middle of the clavicle;

b. Between the middle and lower 1/3 of the posterior edge of the sternocleidomastoid muscle;

c. in the middle of the posterior edge of the sternocleidomastoid muscle;

d. by the upper edge of the thyroid cartilage 1 cm outside;

e. from the point in the middle of distance between the angle of lower jaw and mastoid process to sternoclavicular joint.

119.The previsceral fat space is communicated with:

a. anterior mediastinum;

b. posterior mediastinum;

c. scapular region;

d. axillary region.

120. The retrovisceral space is communicated with:

a. anterior mediastinum;

b. posterior mediastinum;

c. scapular region;
d. axillary region.

121.What does pretracheal fat space contain?
a. jugular venous arch;
b. superficial neck veins;
c. vessels of the thyroid gland;
d. anterior jugular vein;
e. sympathetic trunk.

122.What does the submental triangle contain?
a. submandibular gland;
b. parotid gland;
c. lingual artery;
d. lymph nodes.

123.Where is the larynx located (skeletotopy)?
a. from the lower edge of C6 to the upper edge of Th5 vertebra;
b. from skull base to the lower edge of C6 vertebra;
c. from C4 to the lower edge of C6 vertebra;
d. from the lower edge of C6 to Th11 vertebra.

124. What is the skeletotopy of the esophagus?
a. from the lower edge of C6 to the upper edge of Th5 vertebra;
b. from skull base to the lower edge of C6 vertebra;
c. from C4 to the lower edge of C6 vertebra;
d. from the lower edge of C6 to Th11 vertebra.

125. What is the skeletotopy of the pharynx?
a. from the lower edge of C6 to the upper edge of Th5 vertebra;
b. from skull base to the lower edge of C6 vertebra;
c. from C4 to the lower edge of C6 vertebra;
d. from the lower edge of C6 to Th11 vertebra.

126. State the skeletotopy of the trachea.
a. from the lower edge of C6 to the upper edge of Th5 vertebra;
b. from skull base to the lower edge of C6 vertebra;
c. from C4 to the lower edge of C6 vertebra;
d. from the lower edge of C6 to Th11 vertebra.

127.By what is the trachea supplied in the neck?
a. superior thyroid arteries;
b. inferior thyroid arteries;
c. ascending pharyngeal arteries;
d. facial artery.

128. By what nerve is the trachea supplied?
a. phrenic nerve;
b. glossopharyngeal nerve;
c. vagus nerve;
d. recurrent laryngeal nerve;
e. sympathetic trunk.

129.Name the position of the patient in vagosympathetic blockade of the cervical plexus?
a. lateral recumbent position;
b. prone position with head rotation into opposite side from place of injection;
c. supine position with head rotation into opposite side from place of injection;
d. sitting position with head rotation into side of injection.

130. In what place is the needle inserted in vagosympathetic blockade of the cervical plexus?
a. on crossing of anterior edge of sternocleidomastoid muscle with external jugular vein;
b. on crossing of anterior edge of sternocleidomastoid muscle with internal jugular vein;
c. on crossing of posterior edge of sternocleidomastoid muscle with external jugular vein;
d. on crossing of posterior edge of sternocleidomastoid muscle with internal jugular vein.

131.What is the upper tracheostomy?
a. section of trachea over the thyroid cartilage;
b. section of trachea over the isthmus of thyroid gland;
c. section of trachea over the cricoid cartilage;
d. section of trachea over the hyoid bone.

132.What vessels are ligated in upper

tracheostomy?

a. median vein of the neck;
b. brachiocephalic trunk;
c. arcus venosus juguli;
d. impar venous plexus of thyroid gland;
e. ima thyroid artery.

133.Name the approach for ligation of carotid arteries.

a. along the posterior edge of sternoclaidomastoid muscle;
b. on midline of the neck;
c. 2 cm up to jugular incisure of sternum;
d. along the anterior edge of sternoclaidomastoid muscle.

134.Where the place of ligation of external carotid artery located?

a. proximally from the origin of superior thyroid artery;
b. distally from the origin of superior thyroid artery;
c. 1-1.5 cm. indent from carotid bifurcation;
d. nearby carotid bifurcation.

135.What triangles are located in the lateral triangle of the neck?

a. omotrapezoid;
b. submandible;
c. submental;
d. carotid;
e. omotracheal.

136.By what fascia is capsule of mammary gland formed?

a. endothoracic fascia;
b. clavipectoral fascia;
c. axillary fascia;
d. pectoral fascia;
e. superficial fascia.

137. The main way of lymphatic drainage passes from mammary gland into:

a. axillary lymph nodes;
b. lymph nodes along the internal thoracic artery and nodes of the anterior mediastinum;
c. supraclavicular lymph nodes;
d. infraclavicular lymph nodes;
e. lymph nodes of abdominal cavity.

138.What structures pass between the medial and lateral crura of the lumbar part of the diaphragm?

a. azygos vein;
b. hemiazygos vein;
c. sympathetic trunk;
d. splanchnic nerves.

139.Name the syntopy of structures of intercostal neurovascular fascicle (top-down)?

a. artery, vein, nerve;
b. vein, artery, nerve;
c. nerve, vein, artery;
d. vein, nerve, artery;
e. artery; nerve; vein.

140.Enumerate the parts of the lungs root in horizontal plane or from forward backward in succession.

a. vein, artery, bronchus;
b. artery, bronchus, vein;
c. bronchus, artery, vein;
d. vein, bronchus, artery.

141. Enumerate the parts of the right lung root in vertical plane in succession.

a. vein, artery, bronchus;
b. artery, bronchus, vein;
c. bronchus, artery, vein;
d. vein, bronchus, artery.

142. How many segments does the right lung include?

a. 8;
b. 9;
c. 10;
d. 11.

143.What incision is used for treatment of intramammary breast abscesses?

a. arched incision along the underbreast fold;
b. radial incision;
c. paraareolar incision;
d. transverse incision.

144.What incision is used for treatment of retromammary breast abscesses?

a. arched incision along the underbreast fold;
b. radial incision;
c. paraareolar incision;
d. transverse incision.

145.State the place of pleural puncture for removing of fluid.

a. in V-VI intercostal spaces between scapular and posterior axillary lines;
b. in II intercostal space along medial clavicular line;

c. in VII-VIII intercostal spaces between medial clavicular and anterior axillary lines;
d. in VII-VIII intercostal spaces between scapular and posterior axillary lines.

146.State the place of pleural puncture for removing of air.
a. in V-VI intercostal spaces between scapular and posterior axillary lines;
b. in II intercostal space along medial clavicular line;
c. in VII-VIII intercostal spaces between medial clavicular and anterior axillary lines;
d. in VII-VIII intercostal spaces between scapular and posterior axillary lines.

147.What does the prophylaxis of pneumothorax in pleural puncture include?
a. puncture with "closed" needle;
b. puncture with «unclosed» needle;
c. evacuation of fluid by portions of 10-20 ml and no more than 1 liter at once;
d. rapid evacuation of fluid.

148.Enumerate in succession the parts of the root processing (ligation of structures) at pulmonectomy in case of tuberculosis.
a. vein, artery, bronchus;
b. artery, bronchus, vein;
c. bronchus, artery, vein;
d. vein, bronchus, artery;
e. artery, vein, bronchus.

149. Enumerate in succession the parts of the root processing (ligation of structures) at pulmonectomy in case of cancer.
a. vein, artery, bronchus;
b. artery, bronchus, vein;
c. bronchus, artery, vein;
d. vein, bronchus, artery;
e. artery, vein, bronchus.

150.What incision is used for treatment of premammary breast abscesses?
a. arched incision along the underbreast fold;
b. radial incision;
c. paraareolar incision;
d. transverse incision.

151.What structures are removed in an extended sectoral resection of the mammary gland?
a. mammary gland;
b. axillary lymph nodes;
c. parasternal lymph nodes;
d. sector of mammary gland;
e. pectoral muscles.

152. What structures are removed in simple mastectomy?
a. mammary gland;
b. axillary lymph nodes;
c. parasternal lymph nodes;
d. sector of mammary gland;
e. pectoral muscles.

153.Name the classification of the rib resection.
a. aperiostal;
b. supraperiostal;
c. transperiostal;
d. subperiostal.

154.What is the firs medical assistance at treatment of the pneumothorax?
a. treatment of the pleuropulmonary shock;
b. active or passive drainage;
c. pleurocentesis in cases of considerable air accumulating with risk of patients death;
d. tight wound closure.

155. What is named "Tomson's fascia" (plate)?
a. superficial layer of superficial fascia;
b. deep layer of superficial fascia;
c. proper (deep) fascia;
d. endoabdominal fascia.

156. The linea alba is formed by:
a. interlacing of aponeuroses of three pairs of abdominal muscles;
b. aponeuroses of external oblique muscles;
c. aponeuroses of internal oblique muscles;
d. aponeuroses of transverse muscles.

157. The posterior layer of the rectus sheath is formed beneath the umbilicus by:
a. aponeurosis of external oblique muscle;
b. aponeurosis of internal oblique muscle;
c. aponeurosis of transverse muscle;
d. transverse fascia.

158.How many folds does parietal peritoneum form on the inferior part of the anterior abdominal wall?
a. 3;

b. 4;
c. 5;
d. 6.

159. Name the folds of the peritoneum between which supravesical fossa is located?
a. between median and medial umbilical folds;
b. between medial and lateral umbilical folds;
c. laterally to lateral umbilical fold;
d. between median and lateral umbilical folds.

160. The lateral umbilical fold of peritoneum is formed by:
a. urachus;
b. inferior epigastric vessels;
c. umbilical vein;
d. umbilical arteries.

161. The medial umbilical fold of peritoneum is formed by:
a. urachus;
b. inferior epigastric vessels;
c. umbilical vein;
d. umbilical arteries.

162. What is located laterally to lateral umbilical folds?
a. supravesical fossa;
b. femoral fossa;
c. lateral inguinal fossa;
d. medial inguinal fossa.

163.The inferior wall of the inguinal canal is formed by:
a. external oblique muscle aponeurosis;
b. transverse fascia;
c. lower edges of internal oblique and transverse muscles;
d. inguinal ligament.

164. The anterior wall of the inguinal canal is formed by:
a. external oblique muscle aponeurosis;
b. transverse fascia;
c. lower edges of internal oblique and transverse muscles;
d. inguinal ligament.

165. The superior wall of the inguinal canal is formed by:
a. external oblique muscle aponeurosis;
b. transverse fascia;
c. lower edges of internal oblique and transverse muscles;
d. inguinal ligament.

166. On what does the superficial ring of the inguinal canal project on the internal surface of abdominal wall?
a. supravesical fossa;
b. femoral fossa;
c. lateral inguinal fossa;
d. medial inguinal fossa.

167. The superficial ring of the inguinal canal is formed by:
a. by divarication of internal oblique muscle aponeurosis onto lateral and medial limbs;
b. by divarication of external oblique muscle aponeurosis onto lateral and medial limbs;
c. by saphenous opening;
d. by hole in endoabdominal fascia.

168. On what does the deep ring of the inguinal canal project on the internal surface of abdominal wall?
a. supravesical fossa;
b. femoral fossa;
c. lateral inguinal fossa;
d. medial inguinal fossa.

169. What kind of hernia protrudes through the medial inguinal fossa?
a. direct inguinal hernia;
b. oblique inguinal hernia;
c. femoral hernia;
d. umbilical hernia.

170. What kind of hernia protrudes through the lateral inguinal fossa?
a. direct inguinal hernia;
b. oblique inguinal hernia;
c. femoral hernia;
d. umbilical hernia.

171.On what does the femoral ring project on the posterior surface of the abdominal wall?
a. supravesical fossa;
b. femoral fossa;
c. lateral inguinal fossa;
d. medial inguinal fossa.

172.The superficial ring of the femoral canal is formed by:
a. divarication of internal oblique muscle aponeurosis onto lateral and medial limbs;
b. divarication of external oblique muscle

aponeurosis onto lateral and medial limbs;
c. saphenous opening;
d. hole in endoabdominal fascia.

173.What is the average length of femoral canal in women?
a. 0.5-1 cm;
b. 1-3 cm;
c. 3-5 cm;
d. 5-10 cm.

174.What is hernial gates?
a. defect in abdominal wall, through which organs go out from abdominal cavity;
b. parietal peritoneum;
c. organ of abdominal cavity;
d. part of hernial sack.

175.Give the definition of sliding hernia.
a. hernia which slides from abdominal cavity into hernial sack;
b. in such hernias mesoperitoneal organ is a part of hernial sack;
c. in such hernias intraperitoneal organ is a part of hernial sack;
d. in such hernias extraperitoneal organ is a part of hernial sack.

176.What is an urgent indication for herniotomy?
a. reducible hernia;
b. irreducible hernia;
c. strangulated hernia;
d. congenital hernia.

177.What must you do with hernial contents after opening the nernial sac?
a. make resection of hernial contents;
b. put hernial contents into abdominal cavity;
c. make excision of hernial sack;
d. make revision of hernial sack's contents.

179.What wall of the inguinal canal is strengthened in oblique inguinal hernia?
a. anterior;
b. superior;
c. posterior;
d. inferior.

180.What anatomical structures are stitched to the inguinal ligament in repair on Girard method by second row of sutures?
a. lower edge of internal oblique muscle;
b. lower flap of external oblique muscle aponeurosis;
c. lower edge of transverse muscle;
d. upper flap of external oblique muscle aponeurosis.

181.What anatomical structures are stitched in repair of the inguinal canal according to Girard-Spasokukotsky method by first row of sutures?
a. lower edges of internal oblique and transverse muscles with inguinal ligament;
b. upper flap of external oblique muscle aponeurosis with inguinal ligament;
c. lower edges of internal oblique and transverse muscles and upper flap of external oblique muscle aponeurosis with inguinal ligament;
d. lower flap with upper flap forming double-flap of external oblique muscle aponeurosis.

182. What anatomical structures are stitched in repair of the inguinal canal according to Girard-Spasokukotsky method by second row of sutures?
a. lower edges of internal oblique and transverse muscles with inguinal ligament;
b. upper flap of external oblique muscle aponeurosis with inguinal ligament;
c. lower edges of internal oblique and transverse muscles and upper flap of external oblique muscle aponeurosis with inguinal ligament;
d. lower flap with upper flap forming double-flap of external oblique muscle aponeurosis.

183.For what is Martinov's method used?
a. for strengthening of anterior wall of inguinal canal;
b. for strengthening of superior wall of inguinal canal;
c. for strengthening of posterior wall of inguinal canal;
d. for strengthening of inferior wall of inguinal canal.

184. What anatomical structures are stitched in repair of the inguinal canal according to Martinov's method by first row of sutures?
a. lower edges of internal oblique and transverse muscles with inguinal ligament;
b. upper flap of external oblique muscle

aponeurosis with inguinal ligament;
c. lower edges of internal oblique and transverse muscles and upper flap of external oblique muscle aponeurosis with inguinal ligament;
d. lower flap with upper flap forming double-flap of external oblique muscle aponeurosis.

185. What anatomical structures are stitched in repair of the inguinal canal according to Martinov's method by second row of sutures?
a. lower edges of internal oblique and transverse muscles with inguinal ligament;
b. upper flap of external oblique muscle aponeurosis with inguinal ligament;
c. lower edges of internal oblique and transverse muscles and upper flap of external oblique muscle aponeurosis with inguinal ligament;
d. lower flap with upper flap forming double-flap of external oblique muscle aponeurosis.

186. What wall of the inguinal canal is strengthened in the direct inguinal hernia?
a. anterior;
b. superior;
c. posterior;
d. inferior.

187.What anatomical structures are stitched anterior to spermatic cord in repair of the inguinal canal according to Bassini method?
a. lower edges of internal oblique and transverse muscles with inguinal ligament;
b. upper flap of external oblique muscle aponeurosis with inguinal ligament;
c. lower edges of internal oblique and transverse muscles and upper flap of external oblique muscle aponeurosis with inguinal ligament;
d. lower flap with upper flap forming double-flap of external oblique muscle aponeurosis;
e. lower flap with upper flap of external oblique muscle aponeurosis.

188. What kind of inguinal hernia does congenital hernia correspond to?
a. direct;
b. oblique;
c. may be direct or oblique;
d. all answers are not correct.

189. What wall of the inguinal canal is strengthened in congenital inguinal hernia?
a. anterior;
b. superior;
c. posterior;
d. inferior.

190.What anatomical structures are stitched for closure of the femoral canal according to Bassini?
a. lower edges of internal oblique and transverse muscles with pectineal ligament;
b. lower edges of internal oblique and transverse muscles with inguinal ligament;
c. inguinal ligament with pectineal ligament through femoral approach;
d. inguinal ligament with pectineal ligament through inguinal approach.

191. What anatomical structures are stitched for closure of the femoral canal according to Rudjy?
a. lower edges of internal oblique and transverse muscles with pectineal ligament;
b. lower edges of internal oblique and transverse muscles with inguinal ligament;
c. inguinal ligament with pectineal ligament through femoral approach;
d. inguinal ligament with pectineal ligament through inguinal approach.

192. What anatomical structures are stitched in closure of the deep femoral ring according to Rudjy-Parlovecho method by first row of sutures?
a. lower edges of internal oblique and transverse muscles with pectineal ligament;
b. lower edges of internal oblique and transverse muscles with inguinal ligament;
c. inguinal ligament with pectineal ligament through femoral approach;
d. inguinal ligament with pectineal ligament through inguinal approach.

193. What anatomical structures are stitched in closure of the deep femoral ring according to Rudjy-Parlovecho method by second row of sutures?
a. lower edges of internal oblique and transverse muscles with pectineal ligament;
b. lower edges of internal oblique and

transverse muscles with inguinal ligament;
c. inguinal ligament with pectineal ligament through femoral approach;
d. inguinal ligament with pectineal ligament through inguinal approach.

194.Name kind of sutures which are used in herniotomy according to Lekser in first row of sutures.
a. П-shaped sutures;
b. Z-shaped sutures;
c. purse-string suture;
d. interrupted sutures.

195. In which hernia is Mayo's operation used?
a. inguinal;
b. femoral;
c. umbilical;
d. perineal.

196. The strengthening of the abdominal wall on Mayo's operation is reached by:
a. double-flap formation with inferior and superior flaps of aponeurosis;
b. double-flap formation with right and left flaps of aponeurosis;
c. synthetic grafts;
d. autodermal flaps.

197. What kind of suture is used for first row of sutures in repair of abdominal wall according to Mayo's operation?
a. П-shaped sutures;
b. Z-shaped sutures;
c. purse-string suture;
d. interrupted sutures.

198. How is the strengthening of the anterior abdominal wall reached according to Sapeshko?
a. by double-flap formation with inferior and superior flaps of aponeurosis;
b. by double-flap formation with right and left flaps of aponeurosis;
c. by synthetic grafts;
d. by autodermal flaps.

199.Name the most important stage of herniotomy in strangulated hernias.
a. opening of hernial sack;
b. fixing of hernial contents;
c. revision of hernial contents and estimation its viability;
d. section of incarcerating ring.

200. In what direction is section of incarcerating ring made in direct inguinal hernia?
a. in lateral direction;
b. in medial direction;
c. downwards;
d. upwards.

201. In what direction is section of incarcerating ring made in oblique inguinal hernia?
a. downwards;
b. in medial direction;
c. laterally and upwards;
d. laterally and downwards.

202. In what direction is section of incarcerating ring made in femoral hernia?
a. in lateral direction;
b. in medial direction;
c. downwards;
d. upwards.

211.The abdominal cavity is divided into upper and lower compartments (floors) by:
a. small intestine and its mesentery;
b. transverse colon and transverse mesocolon;
c. terminal line;
d. duodenum.

212.By what is the right hepatic bursa limited on the left?
a. by coronary ligament;
b. by hepatoduodenal ligament;
c. falciform ligament of liver;
d. triangular ligament of liver.

213.By what is the left hepatic bursa limited posteriorly?
a. by coronary ligament;
b. by diaphragm;
c. falciform ligament of liver;
d. triangular ligament of liver.

214.Name the anterior wall of the pregastric bursa.
a. transverse mesocolon;
b. front abdominal wall;
c. lesser omentum;
d. posterior wall of stomach;
e. gastrocolic ligament.

215.By what is the epiploic foramen limited anteriorly?
a. caudate process of liver;

b. hepatorenal ligament;
c. duodenorenal ligament;
d. hepatoduodenal ligament.

216.By what is the left subphrenic space separated from left lateral canal?
a. gastrophrenic ligament;
b. gastrolienal ligament;
c. phrenicocolic ligament;
d. hepatoduodenal ligament.

217.Name the syntopy of structures of the hepatoduodenal ligament from right to left.
a. common bile duct, hepatic artery, portal vein;
b. common bile duct, portal vein, hepatic artery;
c. hepatic artery, common bile duct, portal vein;
d. portal vein, hepatic artery, common bile duct.

218.State peritoneal coverage of stomach.
a. mesoperitoneal;
b. intraperitoneal;
c. extraperitoneal;
d. retroperitoneal.

219.Name the skeletotopy of the ascending part of the duodenum.
a. L1;
b. L1 - L3;
c. L3;
d. L3 - L2.

220.By systems of what arteries is the part of duodenum located in upper floor of abdominal cavity supplied?
a. gastroduodenal artery;
b. superior mesenteric artery;
c. inferior mesenteric artery;
d. splenic artery.

221. By systems of what arteries is the part of duodenum located in lower floor of abdominal cavity supplied?
a. gastroduodenal artery;
b. superior mesenteric artery;
c. inferior mesenteric artery;
d. splenic artery.

222.By what layer of the hollow organ is the canal of tubular stoma formed?
a. serous;
b. muscular;
c. mucous;
d. submucous.

223. By what layer of the hollow organ is the canal of lip-shaped stoma formed?
a. serous;
b. muscular;
c. mucous;
d. submucous.

224. What kind of intestinal stomas are characterized by self closure after evacuation of the tube?
a. circular;
b. longitudinal;
c. transverse;
d. lip-shaped;
e. tubular.

225. What kind of stomas is formed in case of gastrostomy by Vitsel?
a. circular;
b. tubular;
c. longitudinal;
d. lip-shaped;
e. transverse.

226. What kind of stomas is(are) formed in case of gastrostomy by Cader?
a. circular;
b. tubular;
c. longitudinal;
d. lip-shaped;
e. transverse.

227. What kind of stomas is(are)formed in case of gastrostomy by Toprover?
a. circular;
b. tubular;
c. longitudinal;
d. lip-shaped;
e. transverse.

228.In what direction should perforated ulcer be sutured?
a. line of sutures should be in longitudinal direction to the line of stomach;
b. sutures should be in longitudinal direction to the line of stomach;
c. line of sutures should be in cross direction to the line of stomach;
d. sutures should be in cross direction to the line of stomach.

229.Name the groups of indications for making of gastroenteroanastomoses?
a. inoperable tumours of antral part of the

stomach;
b. perforated ulcer of the stomach;
c. perforated ulcer of the duodenum;
d. cancer of cardiac part of the stomach.

230.What artery can be damaged while performing the posterior behind transverse colon gastroenteroanastomosis?
a. middle colic artery;
b. splenic artery;
c. propriate hepatic artery;
d. superior mesenteric artery.

231. Through what structure is the intestinal loop moved while performing the posterior behind transverse colon gastroenteroanastomosis?
a. lesser omentum;
b. greater omentum;
c. gastrocolic ligament;
d. transverse mesocolon.

232.Of what size must be intestinal loop while performing the posterior behind transverse colon gastroenteroanastomosis?
a. 5-10 cm;
b. 15-20 cm;
c. 25-30 cm;
d. 30-40 cm.

233. What should be done for prevention of vicious circle while performing the anterior in front of transverse colon gastroenteroanastomosis?
a. intestinal loop must be sutured isoperistaltic;
b. pyloroplasty should be done;
c. intestinal Brown's anastomosis should be performed;
d. vagotomy should be done.

234.Name the groups of indications for vagotomy.
a. stomach ulcers;
b. duodenal ulcers;
c. chemical burn of stomach;
d. chemical burn of duodenum.

235. What is the definition of truncal vagotomy?
a. section of both vagus nerve trunks above the origin of hepatic and celiac branches;
b. section of both vagus nerve trunks below the origin of hepatic and celiac branches;
c. section of front and back gastric branches of both vagus, except Latargee nerve;
d. section of front and back gastric branches of both vagus, with Latargee nerve.

236. What is the definition of selective vagotomy?
a. section of both vagus nerve trunks above the origin of hepatic and celiac branches;
b. section of both vagus nerve trunks below the origin of hepatic and celiac branches;
c. section of front and back gastric branches of both vagus, except Latargee nerve;
d. section of front and back gastric branches of both vagus, with Latargee nerve.

237. What is the definition of selective proximal vagotomy?
a. section of both vagus nerve trunks above the origin of hepatic and celiac branches;
b. section of both vagus nerve trunks below the origin of hepatic and celiac branches;
c. section of front and back gastric branches of both vagus, except Latargee nerve;
d. section of front and back gastric branches of both vagus, with Latargee nerve.

238.What kinds of gastroduodenoanastomoses do you know?
a. by Heineke-Mikulicz;
b. by Finney;
c. by Jabuley;
d. anterior in front of transverse colon;
e. posterior behind transverse colon.

239.Into what compartments is the abdominal cavity divided?
a. upper;
b. lateral;
c. anterior;
d. posterior.

240.In what regions is the greater part of the stomach located?
a. right hypochondrium;
b. left hypochondrium;
c. umbilical region;
d. proper epigastric region.

241. What arteries are located on lesser stomach curvature?

a. left gastric artery;
b. left gastroepiploic artery;
c. right gastroepiploic artery;
d. right gastric artery.

242. What arteries are located on greater stomach curvature?
a. left gastric artery;
b. left gastroepiploic artery;
c. right gastroepiploic artery;
d. right gastric artery.

243.What operations on the stomach are called radical?
a. resection of the stomach;
b. suture of perforated ulcer;
c. gastrointestinal anastomoses;
d. gastrectomy;
e. gastrostomy.

244.What kinds of gastroenteroanastomoses are performed more often?
a. anterior in front of transverse colon;
b. posterior in front of transverse colon;
c. anterior behind transverse colon;
d. posterior behind transverse colon.

245. What kinds of gastrojejunoanastomoses do you know?
a. by Heineke-Mikulicz;
b. by Finney;
c. by Jabuley;
d. anterior in front of transverse colon;

246.The lower compartment of the abdominal cavity include:
a. liver;
b. gall bladder;
c. spleen;
d. small and large intestine;
e. stomach.

247. The right mesenterial sinus is superiorly limited by:
a. descending colon;
b. ascending colon;
c. mesentery;
d. transverse mesocolon.

248. The right mesenterial sinus is bounded from the left mesenterial sinus by:
a. descending colon;
b. ascending colon;
c. mesentery;
d. transverse mesocolon.

249.The left mesenterial sinus is limited on the left by:
a. descending colon;
b. ascending colon;
c. mesentery;
d. transverse mesocolon.

250. The right lateral canal is laterally limited by:
a. descending colon;
b. ascending colon;
c. anterolateral abdominal wall;
d. transverse mesocolon.

251. The left lateral canal is medially limited by:
a. ascending colon;
b. descending colon;
c. anterolateral abdominal wall;
d. transverse mesocolon.

252.Into what does the right lateral canal pass superiorly?
a. small pelvis;
b. right mesenterial sinus;
c. omental bursa;
d. subhepatic bursa.

253. State peritoneal coverage of jejunum and ileum.
a. mesoperitoneal;
b. intraperitoneal;
c. extraperitoneal;
d. retroperitoneal.

254. State skeletotopy of root of mesentery.
a. from L2 to right sacroiliac joint;
b. from L2 to left sacroiliac joint;
c. from L3 to right sacroiliac joint;
d. from L3 to left sacroiliac joint.

255.State innervation of jejunum and ileum.
a. celiac plexus;
b. inferior mesenteric plexus;
c. superior mesenteric plexus;
d. aortal plexus.

256. Where is the cecum more often located?
a. right iliac fossa;
b. left iliac fossa;
c. right hypochondrium;
d. left hypochondrium.

257.State normal position of the apex of appendix.

a. lateral descending;
b. medial descending;
c. lateral ascending;
d. medial ascending.

258. State peritoneal coverage of the ascending and descending colon.
a. mesoperitoneal;
b. intraperitoneal;
c. extraperitoneal;
d. retroperitoneal.

259. Where is the left colic flexure located?
a. epigastric region;
b. right hypochondrium;
c. left hypochondrium;
d. right lateral region;
e. left lateral region.

260. Where is the right colic flexure located?
a. epigastric region;
b. right hypochondrium;
c. left hypochondrium;
d. right lateral region;
e. left lateral region.

261. State peritoneal coverage the transverse and sigmoid colon.
a. mesoperitoneal;
b. intraperitoneal;
c. extraperitoneal;
d. retroperitoneal.

262. At what level does the sigmoid colon begin?
a. from the level of the iliac crest;
b. from the level of the pubic symphysis;
c. from the level of the first sacral vertebra;
d. from the level of the third sacral vertebra.

263. At what level does the sigmoid colon become continuous with the rectum?
a. from the level of the iliac crest;
b. from the level of the pubic symphysis;
c. from the level of the first sacral vertebra;
d. from the level of the third sacral vertebra.

264.By what is the blood supply of ileocolic junction provided?
a. iliac artery;
b. iliocolic artery;
c. right colic artery;
d. medial colic artery.

265.What kind of suture is better for closure of the intestinal stab-wounds?
a. purse-string suture;
b. double-layer suture;
c. three- layer suture;
d. resection is indicated.

266. What kind of suture is better for closure of the intestinal wounds less then 1/3 of diameter?
a. purse-string suture;
b. double-layer suture;
c. three- layer suture;
d. resection is indicated.

267. What kind of suture is better for closure of the intestinal wounds more then 1/3 of diameter?
a. purse-string suture;
b. double-layer suture;
c. three- layer suture;
d. resection is indicated.

268.In what direction should the surgeon put intestinal forceps to perform a resection with end-to-end anastomosis?
a. 180°;
b. 30°;
c. 45°
d. 90°.

269. With what purpose should the surgeon put intestinal forceps in oblique direction to perform a resection with end-to-end anastomosis?
a. to decrease hemorrhage;
b. to increase cross section of anastomosis;
c. to preserve intestinal peristalsis;
d. to improve blood circulation in anastomosis.

270. With what purpose should the surgeon close a defect of mesentery at bowel resection?
a. for peritonization;
b. to prevent peritoneal commissures;
c. to prevent incarceration of the loop of intestine;
d. to prevent bleeding.

271.Name the approaches for appendix.
a. by Fyodorov;
b. by Cocker;
c. by McBurney-Volkovich-Dyakonov;
d. by Pirogov;

272.Name the structures through which the incision at appendectomy passes.

a. through the skin, subcutaneous fat, transverse and internal oblique muscles, preperitoneal fat, peritoneum;

b. through the skin, subcutaneous fat, external and internal oblique muscles, transverse muscle, preperitoneal fat, peritoneum;

c. through the skin, subcutaneous fat, apopneurosis of external oblique muscle, internal oblique and transverse muscles, preperitoneal fat, peritoneum;

d. through the skin, subcutaneous fat, transverse muscle, preperitoneal fat, peritoneum.

273. In what distance from the base of appendix is purse-string suture put on the caecum at appendectomy?

a. near the base of appendix;

b. 1-1.5 cm;

c. 3-4 cm;

d. 5-6 cm.

274.What is Meckel's diverticulum?

a. residual umbilical duct;

b. residual urinary duct;

c. residual spermatic duct;

d. residual duodenal duct.

275.The left mesenterial sinus is freely communicated with:

a. right mesenterial sinus;

b. small pelvis;

c. upper floor of abdominal cavity;

d. pregastric bursa.

276. State peritoneal coverage of the cecum.

a. mesoperitoneal;

b. intraperitoneal;

c. extraperitoneal;

d. retroperitoneal.

277.State the venous outflow from the large intestine.

a. superior mesenteric vein;

b. inferior mesenteric vein;

c. splenic vein;

d. inferior vena cava.

278. What kinds of appendectomy do you know?

a. retroperitoneal;

b. antegrade;

c. retrograde;

d. antecaecal.

281. Name the superior boundary of the liver along the right midclavicular line?

a. IV intercostals space;

b. V intercostals space;

c. VI intercostals space;

d. X intercostals space.

282.What structure is necessary to squeeze for temporal arrest of hepatic bleeding?

a. hepatophrenic ligament;

b. hepatogastric ligament;

c. hepatorenal ligament;

d. hepatoduodenal ligament.

283.State peritoneal coverage of liver.

a. mesoperitoneal;

b. intraperitoneal;

c. extraperitoneal;

d. retroperitoneal.

284. Beetwen what lobes is the gallbladder situated on visceral surface of the liver?

a. II and III;

b. III and IV;

c. IV and V;

d. V and VI.

285. Where is the point of projection of the fundus of the gallbladder on the anterior abdominal wall determined?

a. angle formed by costal margin and external edge of left rectus muscle;

b. angle formed by costal margin and external edge of right rectus muscle;

c. angle formed by costal margin and white [Hunter's] line;

d. angle formed by erector spine muscle and external edge of right rectus muscle.

286.Name the skeletotopy of the tail of pancreas.

a. L1;

b. L1 - L2;

c. Th12;

d. L3 - L2.

287. Name the line of the projection of the pancreas on anterior abdominal wall.

a. vertical line line via middle point between xiphoid process and umbilicus;

b. horizontal line via middle point between costal margin and iliac crest;

c. vertical line via middle point between costal margin and iliac crest;
d. horizontal line via middle point between xiphoid process and umbilicus.

288. To what part of the duodenum is the pancreas fixed?
a. bulb of duodenum;
b. descending part;
c. horizontal part;
d. ascending part.

289.By what arteries are the body and tail of pancreas supplied?
a. anterior superior pancreaticoduodenal artery;
b. posterior superior pancreaticoduodenal artery;
c. pancreatic branches of splenic artery;
d. anterior inferior pancreaticoduodenal artery;
e. posterior inferior pancreaticoduodenal artery.

290. Name the skeletotopy of the spleen.
a. between IX and XI ribs from paravertebral to middle axillary line;
b. between X and XII ribs from paravertebral to middle axillary line;
c. between IX and XI ribs from scapular to posterior axillary line;
d. between X and XII ribs from scapular to posterior axillary line.

291. State peritoneal coverage of spleen.
a. mesoperitoneal;
b. intraperitoneal;
c. extraperitoneal;
d. retroperitoneal.

292. In what area is spleen located?
a. right hypochondrium;
b. left hypochondrium;
c. umbilical region;
d. proper epigastric region.

293.Name the most common complication during cholecystectomy from bottom.
a. necrosis of right lobe of liver;
b. necrosis of left lobe of liver;
c. penetration of gallstone into common bile duct;
d. constriction of common bile duct.

294.State main sources of liver blood supply.
a. hepatic artery;
b. hepatic vein;
c. portal vein;
d. superior mesenteric artery.

295. From fusion of what veins is the portal vein formed?
a. superior mesenteric vein;
b. inferior mesenteric vein;
c. hepatic vein;
d. splenic vein.

296.What kinds of cholecystectomy do you know?
a. from body;
b. from tail;
c. from neck;
d. from bottom.

297. What structures are removed in pancreatoduodenal resection?
a. stomach;
b. duodenum;
c. jejunum;
d. head of pancreas;
e. tail of pancreas.

301.How much layers of muscles are located in lumbar region?
a. one;
b. two;
c. three;
d. four;
e. five.

302.Into what does the first layer of the retroperitoneal fat freely pass inferiorly?
a. retrorectal fat space;
b. lateral fat space;
c. paraureteral fat space;
d. cavity of small pelvis.

303.Name the syntopy of structures of the renal pedicle from posteriorly to anteriorly.
a. vein, artery, ureter;
b. artery, vein, ureter;
c. ureter, artery, vein;
d. vein, ureter, artery;
e. artery, ureter, vein.

304.How many constrictions in ureter are(is) possible?
a. one;
b. two;
c. three;
d. four;

e. five.

305. State structure which is located medially from right ureter.

a) inferior vena cava;
b) aorta;
c) descending colon;
d) ascending colon;
e) testicular vessels.

306. State structure which is located medially from left ureter.

a. inferior vena cava;
b. aorta;
c. descending colon;
d. ascending colon;
e. testicular vessels.

307. What does the right ureter cross at level linea terminalis?

a. inferior vena cava;
b. aorta;
c. common iliac vein;
d. common iliac artery;
e. external iliac artery.

308.What does the left ureter cross at level linea terminalis?

a. inferior vena cava;
b. aorta;
c. common iliac vein;
d. common iliac artery;
e. external iliac artery.

309.Name the sequence of kidney elimination from adipose capsula at nephrectomy.

a. back surface, bottom pole, forward surface, top pole;
b. bottom pole, forward surface, top pole, back surface;
c. forward surface, top pole, back surface, bottom pole;
d. top pole, back surface, bottom pole, forward surface.

310. What is the sequence of renal pedicle processing by extraperitoneal approach at nephrectomy?

a. renal artery, ureter, renal vein;
b. ureter, renal artery, renal vein;
c. renal artery, renal vein, ureter;
d. ureter, renal vein, renal artery;
e. renal vein, renal artery, ureter.

311. What is the sequence of renal pedicle processing at nephrectomy in case of tumors?

a. renal artery, ureter, renal vein;
b. ureter, renal artery, renal vein;
c. renal artery, renal vein, ureter;
d. ureter, renal vein, renal artery;
e. renal vein, renal artery, ureter.

312.What layer of renal pelvis is not sutured after pyelotomy?

a. serous;
b. muscular;
c. submucous;
d. mucous.

313.What kind of operation is performed for preservation kidney function at impossibility of ureter anastomosis formation?

a. ureterostomy;
b. ureterotomy;
c. nephrotomy;
d. nephropexy;
e. ureterolithotomy.

314.Where is the point of injection for paranephral block located?

a. In the corner between costal margin and erector muscle of spine;
b. In the corner between 12 rib and erector muscle of spine;
c. In the corner between costal margin and rectus muscle of abdomen;
d. In the corner between iliac crest and erector muscle of spine.

315.State the upper border of small pelvis.

a. terminal line;
b. spigelian line;
c. anocutaneous line;
d. posterior gluteal line;
e. anorectal line.

326.What structure closes an output from small pelvis?

a. superficial transverse muscle of perineum;
b. deep transverse muscle of perineum;
c. pelvic diaphragm;
d. urogenital diaphragm;
e. soft tissues of perineum.

327.What structures take part in formation of urogenital diaphragm?

a. deep transverse muscle of perineum, superior and inferior fascia of urogenital diaphragm;
b. superficial transverse muscle of

perineum, superior and inferior fascia of urogenital diaphragm;
c. deep transverse muscle of perineum;
d. superficial transverse muscle of perineum.

328.What structures take part in formation of pelvic diaphragm?

a. elevator muscle of anus, superior and inferior fascia of pelvic diaphragm;
b. elevator muscle of anus and coccygeal muscle, superior and inferior fascia of pelvic diaphragm;
c. elevator muscle of anus;
d. elevator muscle of anus and coccygeal muscle.

329. State the structures which pass through pelvic diaphragm at women.

a. urethra;
b. vagina;
c. rectum;
d. ureters.

330. Name superficial muscles of urogenital region.

a. superficial transverse muscle of perineum;
b. deep transverse muscle of perineum;
c. ischiocavernous muscle;
d. external sphincter muscle of anus;
e. bulbospongious muscle.

331. What groups of fat spaces in subperitoneal compartment of small pelvis are distinguished?

a. superficial and deep;
b. parietal and visceral;
c. lateral and medial;
d. anterior and posterior.

332.State the borders of peritoneal compartment of small pelvis.

a. peritoneum and pelvic fascia;
b. peritoneum and skin;
c. peritoneum and terminal line of pelvis;
d. pelvic fascia and skin.

333. State the borders of subperitoneal compartment of small pelvis.

a. peritoneum and pelvic fascia;
b. peritoneum and skin;
c. peritoneum and terminal line of pelvis;
d. pelvic fascia and skin.

335.State location of sacral plexus.

a. internally to anterior sacral foramina;
b. in front of anterior sacral foramina;
c. externally to anterior sacral foramina;
d. on the wings of ilium.

336.How many arteries supply rectum?

a. one;
b. two;
c. three;
d. four;
e. five.

337.How many sphincters are located in rectum?

a. one;
b. two;
c. three;
d. four;
e. five.

338.Where the place of injection for pudendal block is located?

a. on middle of line, drawn from back wall of vagina to ischial tuberosity;
b. on the border between right external and middle parts of spinoumbilical line;
c. on the border between right external and middle parts of bispinal line;
d. superolateral surface of gluteal region.

339. What kind of manipulation is usually applied for diagnostics of abdominal cavity pathology in women?

a. perineotomy;
b. perineostomy;
c. puncture of abdominal cavity through posterior vaginal fornix;
d. puncture of abdominal cavity through rectum.

340. What space is needled at puncture of abdominal cavity through posterior vaginal fornix?

a. vesicouterine pouch;
b. rectouterine pouch;
c. vesicorectal pouch;
d. vesicovaginal pouch.

341. Name the indications for paracentesis of urinary bladder.

a. acute retention of urine at impossibility to apply catheterization;
b. cystic calculus;
c. phlegmonous cystitis;
d. ulcerative cystitis;
e. traumatic urethritis.

342.What kinds of hemorrhoid do you know?

a. anterior and posterior;
b. external and internal;
c. oblique and straight;

d. lateral and medial;
e. superior and inferior.

343.Name the incision which is usually done at Milligan-Morgan operation.

a. ellipsoid with central section of mucous tunic;
b. oval;
c. half-round;
d. circular;
e. crucial.

348.Plexus of the spinal nerves are formed:

a. Posterior branches of spinal nerves
b. Front and back roots
c. Anterior branches of spinal nerves
d. Anterior and posterior branches of the spinal nerves

349. The place of exit from the spinal cord of the anterior (motor) root is:

a. Intervertebral foramen of spine bones
b. Anterior lateral groove located on either side of the median fissure
c. Lateral surfaces of the spinal column
d. Right lateral side of spinal cord

350.Brachial plexus is formed:

a. Anterior branches of the 8 cervical nerves
b. Anterior branches of the 4 lower cervical nerves
c. Front branches of the 4 upper cervical nerves
d. Anterior branches of the 4 lower cervical and part of the anterior branch 1 of the thoracic nerve

351. How are the motor cells of the anterior horns of the spinal cord called?

a. Sensory
b. Pear-shaped
c. Pyramidal
d. Motor

352.The spinal cord is divided into:

a. Upper and lower parts
b. External and internal departments
c. Departments consisting of gray and white matter
d. Cervical, thoracic, lumbar and sacral divisions

353.State the sources of formation of sacral plexus.

a. 4-5 lumbar and 1-3 sacral roots of spinal nerves;
b. 3-5 lumbar and 1-2 sacral roots of spinal nerves;
c. 1-2 sacral roots of spinal nerves;
d. 5 lumbar and 1-2 sacral roots of spinal nerves;
e. 3-5 lumbar roots of spinal nerves.

354. What is a radical operation?

a. an operation performed at one time
b. an operation that completely removes the pathological focus
c. operation eliminating pain syndrome
d. technically simple operation
e. operation that can be performed by any surgeon

355.What is palliative surgery?

a. an operation that eliminates the life-threatening underlying symptom of a disease
b. removing the lesion
c. the easiest operation to perform
d. any operation performed for concomitant disease
e. incorrectly selected operation

356. Specify to which vein is the outflow of blood from the stomach?

a. vena cava superior
b. vena cava inferior
c. vena mesenterica superior
d. vena portae
e. vena umbilicalis

357.Explain the dangers of an acute circulatory disturbance in the celiac trunk?

a. acute renal failure
b. necrosis of upper abdominal organs
c. acute intestinal obstruction
d. acute ischemia of pelvic organs
e. acute adrenal insufficiency

358.Specify for which study is the bladder duct used for cholecystectomy?

a. for gastroscopy
b. for pancreatography
c. for intraoperative cholangiography
d. for duodenoscopy
e. for portohepatography

359.How many elements can be distinguished in the inguinal canal?

a. 3 walls and 3 holes
b. 4 walls and 4 holes
c. 4 walls and 2 holes
d. 2 walls and 4 holes
e. 4 walls and 3 holes

360. Which of the following anatomical entities pass through the hepatic duodenal ligament?

a. portal vein.
b. inferior vena cava.
c. pancreatic duct.
d. hepatic veins.

361.Which ligament is part of the greater omentum?

a. hepatic-gastric ligament.
b. gastro-colic ligament.
c. hepatic-duodenal ligament.
d. phrenic-colic ligament..

362.Which ligaments are part of the small omentum?

a. gastro-colic.
b. gastro-splenic.
c. hepato-duodenal ligament.
d. left gastro-phrenic.

363. Where is the heart located?

a. in the anterior mediastinum.
b. in the posterior mediastinum.
c. on the border of the anterior and posterior mediastinum.
d. in the chest cavity, but does not belong in the mediastinum

364. Where is the tricuspid valve located?

a. between the left atrium and left ventricle.
b. between the right atrium and right ventricle.
c. in the superior vena cava.
d. in the aorta.
e. in the pulmonary trunk.

365. Where is the mitral valve located?

a. between the left atrium and left ventricle.
b. between the right atrium and the right ventricle.
c. in the aorta.
d. in the pulmonary artery.

366.Which nerve can be damaged during a resection thyroid gland?

a. truncus simpaticus
b. nervus vagus
c. nervus frenicus
d. nervus hipoglossus
e. nervus laringeus recurens

367.Specify the location where the "frenicus symptom" is determined?

a. between the legs of the sternocleidomastoid muscle
b. in area of jugular notch of sternum
c. 3 cm above the middle of the clavicle
d. at the midpoint of the posterior margin of the sternocleidomastoid muscle

368.In the region of the mastoid process, the sigmoid sinus projects to:

a. the posterior side of the Schipo's trepanation triangle.
b. on the anteroinferior border of the Schipo's triangle.
c. on the anterior-lower border of the Schipo's triangle.
d. over the upper side of the Schipo's triangle.

369.Through the cavernous sinus pass:

a. the internal carotid artery.
b. branches of the external carotid artery and the abducens nerve.
c. branches of the external carotid artery, abducens, oculomotor and orbital nerves.
d. internal carotid artery, oculomotor nerve, abducens nerve

370. Name the sinus of the dura mater, which can be damaged during mastoid process trepanation?

a. sagittal
b. cavernous
c. sigmoid
d. greater fossa

371. Explain why bleeding from the sinuses of the dura mater does not tend to stop spontaneously?

a. because of decreased blood clotting
b. the sinus walls do not collapse
c. due to elevated cerebrospinal fluid pressure
d. because of high venous pressure

372. Name the sinus of the dura mater, that is most commonly injured in trauma to the cerebral vault of the head?

a. superior sagittal
b. inferior sagittal
c. straight
d. transverse

373. Where is the McBurney point located?

a. Between the middle and outer third of the lin. bispinalis (spinarum).
b. Between the external and medial third lin. spino-umbilicalis.
c. in the middle of the lin. spinoumbilicalis.
d. at the middle of lin. bispinalis (spinarum).

374. Where is the Lantz's point located?

a. In the middle of lin. bispinalis.
b. In the middle of lin. spinoumbilicalis.
c. on the border of the middle and outer third of lin. bispinalis (right).
d. at the border of the medial and middle third of lin. spinoumbilicalis.

375. Which muscle forms the bottom of the lumbar triangle (Petit.)?

a. The broadest muscle of the back.
b. the external oblique abdominal muscle.
c. internal oblique abdominal muscle.
d. transverse abdominal muscle.

376. What is the bottom of the Lesgaft-Grunfeld lumbar spacing?
a. the broadest muscle of the back.
b. external oblique abdominal muscle.
c. internal oblique abdominal muscle.
d. aponeurosis of the transverse abdominal muscle.

377. The retroperitoneal space is located:
a. anterior to the posterior leaflet of the parietal peritoneum.
b. in the abdominal cavity.
c. Not related to the abdominal cavity.
d. In the peritoneal cavity.

378. The retroperitoneal space is bounded in front by:
a. the lumbar spine, the lumbar muscles covered by the intra-abdominal fascia.
b. posterior sheet of parietal peritoneum.
c. has no pronounced borders.
d. visceral sheet of the peritoneum.

379. The retroperitoneal space is bounded from behind by:
a. the lumbar spine, the lumbar muscles covered by the intra-abdominal fascia.
b. the posterior leaflet of the parietal peritoneum.
c. has no pronounced border.
d. visceral sheet of peritoneum.

380. What passes through the thickness of the prostate gland?
a. ureter
b. internal iliac vein
c. internal iliac artery
d. femoral pubic nerve
e. urethra

381. What is meant by the retroperitoneal space?
a. The space between the parietal peritoneum and the intra-abdominal fascia.
b. The space bounded by the intra-abdominal fascia.
c. space bounded by the parietal sheet of the peritoneum.
d. The space located between the parietal and visceral sheets of the peritoneum.

382. Name the upper and lower boundaries of the lumbar region?
a. superiorly - VII rib, inferiorly - Lesgaft's line
b. superiorly - spinous processes, inferiorly - iliac crest
c. superiorly - XII rib, inferiorly - iliac crest
d. superiorly - Lesgaft line and iliac crest on the inferiorly.

383. What is the skeletotopy of the celiac (solar) plexus?
a. 7 thoracic
b. 6 thoracic
c. 12 thoracic
d. 2 lumbar vertebra