

1. A man complains of dizziness and vomiting. Vomitus is dark-colored. The patient's history states that he often drinks alcohol. Esophagogastroduodenoscopy detected that the contents of the stomach resembled "coffee grounds", in the area of the cardia, there were four longitudinal fissures in the mucosa, from which a small amount of blood was leaking. What is the most likely diagnosis in this case?

- A. Bleeding from gastric varices
- B. *Mallory-Weiss syndrome
- C. Gastric cardia ulcer
- D. Erosive gastritis
- E. Zollinger-Ellison syndrome

2. A 16-year-old patient complains of aching pain in the epigastric region, sour eructation, and periodic heartburn after eating spicy, sour, or fried foods. Examination detects erosive gastritis with an increased acid-producing function of the stomach. What group of drugs should be prescribed for this patient to regulate the acidity of gastric juice?

- A. *Proton pump inhibitors
- B. Histamine H₁ blockers
- C. Selective muscarinic antagonists
- D. Histamine H₂ blockers
- E. Bismuth preparations

3. A 48-year-old man complains of constant pain in the upper abdomen, predominantly on the left, which aggravates after eating, diarrhea, loss of weight. The patient has alcohol use disorder. Two years ago he had a case of acute pancreatitis. Blood amylase is 4 g/hour·l. Feces analysis: steatorrhea, creatorrhea. Blood sugar is 6,0 mmol/l. What treatment should be prescribed?

- A. Gastrozepin (Pirenzepine)
- B. Insulin
- C. No-Spa (Drotaverine)

D. *Panzinorm forte (Pancreatin)

E. Contrykal (Aprotinin)

4. In recent months, a 29-year-old woman developed complaints of pain in her right iliac region, diarrhea with mucus and pus, pain in the hip joints, and periodic increases in body temperature. The abdomen during palpation is soft, with tenderness in the right iliac region. Irrigography shows that the mucosa resembles a "cobblestone pavement", the ileocecal junction is narrowed. What disease can be suspected in this case?

A. *Crohn's disease

B. Gluten enteropathy (celiac disease)

C. Whipple's disease

D. Pseudomembranous enterocolitis

E. Tuberculous ileotyphlitis

5. A 27-year-old woman, a teacher in the elementary school, complains of frequent stools, up to 3 times per day, with lumpy feces and large amount of mucus, abdominal pain that gradually abates after a defecation, irritability. Her skin is pale and icteric. Pulse is 74/min., rhythmic, can be characterized as satisfactory. Blood pressure is 115/70 mm Hg. The abdomen is soft, moderately tender along the colon on palpation. Fiberoptic colonoscopy detects no changes. What disease can be suspected?

A. *Irritable bowel syndrome

B. Chronic non-ulcerative colitis

C. Crohn disease (regional enteritis)

D. Whipple disease

E. Chronic enteritis

6. A 36-year-old woman complains of nausea, belching, liquid stool, and a pain in the epigastrium after meals. For the last 2 years the disease has been slowly progressing. Objectively, her skin is pale and dry, her tongue is coated, moist, and has imprints of the teeth on its edges. Abdominal palpation detects a diffuse pain in the epigastrium. What test will be the most informative in this case and should be conducted next?

- A. Gastrointestinal X-ray
- B. Fractional analysis of gastric secretion
- C. Abdominal CT scan
- D. Comprehensive complete blood count
- E. *Fibrogastroscopy with biopsy of the gastric mucosa

7. A 62-year-old man complains of constant pain in the epigastrium and weight loss of 12 kg. Physical and instrumental examinations (fibrogastroscopy with biopsy, abdominal ultrasound, and chest X-ray) detected cancer of the body of the stomach without signs of distant metastasis. Histology reveals moderately differentiated adenocarcinoma. What scope of surgical intervention is advised in this case?

- A. *Gastrectomy
- B. Distal subtotal gastric resection
- C. Proximal subtotal gastric resection
- D. Ivor Lewis procedure
- E. Gastroenteroanastomosis (gastroenteric bypass)

8. An 18-year-old adolescent was diagnosed with a duodenal ulcer for the first time. The test for *Helicobacter pylori* is positive, the pH of gastric juice is 1.0. What would be the optimal treatment plan in this case?

- A. De-nol (bismuth subcitrate) + cimetidine
- B. De-nol (bismuth subcitrate) + trichopol (metronidazole)
- C. *Clarithromycin + omeprazole
- D. Quamatel (famotidine) + amoxicillin
- E. Omeprazole + oxacillin

9. A 13-year-old girl for a month has been complaining of fatigability, dull pain in her right subcostal area, abdominal distension, and constipations. Abdominal palpation reveals positive Kehr, Murphy, and Ortner signs, while Desjardins and Mayo-Robson points are painless. Total bilirubin is 14.7 $\mu\text{mol/L}$, predominantly indirect, ALT- 20

U/L, AST- 40 U/L, amylase - 6.3 mmol/L. Echocholecystography shows practically no contraction of the gallbladder. Make the provisional diagnosis:

- A. Acute pancreatitis
- B. Chronic pancreatitis
- C.* Hyperkinetic biliary dyskinesia
- D. Hypokinetic biliary dyskinesia
- E. Chronic hepatitis

10. For the last 2 years, a 51-year-old woman has been experiencing a dull pain with periodical exacerbations in her right subcostal region. The pain is associated with eating fatty foods. The woman complains of bitterness in her mouth in the morning, constipations, and flatulence. Objectively, she is overeating, $t^{\circ} - 36.9^{\circ}\text{C}$, the tongue is coated near its root, the abdomen is moderately distended and painful at the point of gallbladder projection. What study would be the most useful for making a diagnosis?

- A. *Abdominal ultrasound
- B. Cholecystography
- C. Duodenal sounding
- D. Duodenoscopy
- E. Liver scan

11. A 52-year-old woman developed icteric coloring of the skin and mucosa after a pain attack in the right hypochondrium. Abdominal ultrasound detects concrements in the gallbladder and dilation of the ductus choledochus up to 1.7 cm. The content of the ductus choledochus could not be clearly visualized. What examination method can confirm the diagnosis of choledocholithiasis?

- A. *Endoscopic retrograde cholangiography
- B. Computed tomography
- C. Magnetic resonance imaging
- D. Survey abdominal X-ray
- E. Scintigraphy

12. For the last 2 years, a 32-year-old woman has been observing periodical pain attacks in her right subcostal area that could be removed with no-spa (drotaverine). The pain is not always associated with meals, sometimes it is caused by anxiety and accompanied by cardiac pain and palpitations. Objectively, the woman is emotionally labile. Abdominal palpation detects a slight pain in the area of the gallbladder. What pathology is the most likely to cause such clinical presentation?

- A. Duodenitis
- B. Chronic cholecystitis
- C. Chronic cholangitis
- D. Chronic pancreatitis
- E. *Biliary dyskinesia

13. A person with peptic ulcer disease of the stomach, who undergoes no treatment and periodically has pain in the epigastrium and sour eructation, suddenly developed general weakness, palpitations, dizziness, and "coffee grounds" vomiting, later melena appeared as well. Objectively, the patient has pain in the epigastrium and positive Mendel sign. Blood test revealed the following: hemoglobin - 82 g/L, leukocytes - $7.5 \cdot 10^9/L$, ESR - 22 mm/hour. What complication has developed in the patient?

- A. Intestinal obstruction
- B. *Gastrointestinal bleeding
- C. Pleural empyema
- D. Portal hypertension
- E. Ulcer malignization

14. A 35-year-old woman was hospitalized after an attack of intense abdominal pain that occurred suddenly after minor physical exertion. During the examination, the woman lies motionless on a stretcher and speaks reluctantly, because during the conversation the pain intensifies. The abdomen is tense on palpation. There are positive signs of peritoneal irritation in all abdominal regions. Abdominal X-ray detects air under the dome of the diaphragm. What is the most likely diagnosis in this case?

- A. Appendicular abscess
- B. Tuberculous peritonitis
- C. *Perforated ulcer of the stomach or duodenum
- D. Intestinal obstruction
- E. Strangulated internal abdominal hernia

15. A 15-year-old boy complains of pain attacks in his abdomen during defecation, diarrhea up to 6 times in 24 hours with pus and dark blood in the feces. Objectively, his physical and sexual development is delayed. The skin is pale and dry. The abdomen is distended and painful in the umbilical region and in the right iliac region. Crohn's disease is suspected. What examination is necessary to confirm the diagnosis?

- A. *Colonoscopy
- B. Abdominal ultrasound
- C. Fecal cytology
- D. Rectoromanoscopy
- E. Fibroesophagogastroduodenoscopy