



THE FEDERAL STATE BUDGETARY EDUCATIONAL
INSTITUTION OF HIGHER EDUCATION
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A LIST OF QUESTIONS FOR EXAM REVISION
Student Course '**CLINICAL PATHOLOGIC ANATOMY**'

implemented competencies – OPK-5

Choose the correct answers:

1. An autopsy cancels...

- 1) the will of relatives;
- 2) the will of the deceased, expressed by him during his lifetime;
- 3) the will of the attending physician;
- 4) the will of the head physician;
- 5) the will of the mayor.

2. CANCELING THE OPENING IS NOT ALLOWED ...

- 1) with established clinical diagnosis;
- 2) death from myocardial infarction;
- 3) upon death from an infectious disease;
- 4) in violation of cerebral circulation;
- 5) in the absence of the attending physician.

3. PERMISSION FOR THE RELEASE OF THE CORSE WITHOUT AN AUTOMATIC IS BELONG TO

- 1) the chief physician;
- 2) relatives of the deceased;
- 3) pathologist;
- 4) the attending physician;
- 5) head of department.

4. ETHICAL STANDARDS OF THE PHYSICIAN-PATOLOGIST ARE DETERMINED:

- 1) skills and abilities
- 2) laws and orders
- 3) Ethnic features of the region
- 4) The moral responsibility of the doctor to society

5. THE SYSTEM OF THE PATHOLOGICAL ANATOMICAL SERVICE INCLUDES:

- 1) pathological department
- 2) centralized pathoanatomical departments and pathoanatomical bureaus

3) pathomorphological and pathohistological laboratories of research institutes

6. THE DUTIES OF A PATHOLOGIST INCLUDE:

- 1) Cutting, together with a laboratory assistant, sectional, surgical and biopsy material and giving instructions on how to process and color the material
- 2) Microscopic examination of histological preparations, analysis of the results of additional analyses of sectional and biopsy material
- 3) Duty at a medical institution

7. IN CASES OF DIAGNOSIS OF MALIGNANT NEOPLASMS, INFECTIOUS DISEASES, DISEASES REQUIRING HORMONAL, RADIATION, CYTOSTATIC THERAPY AND SURGICAL INTERVENTIONS, THE PATHOLOGIC AND HISTOLOGICAL CONCLUSION IS SIGNED:

- 1) Pathologist
- 2) Head of the pathology Department
- 3) The chief doctor of the hospital
- 4) Oncologist
- 5) Pathologist and head of pathology department

8. THE DUTIES OF A PATHOLOGIST INCLUDE:

- 1) Filling out a medical death certificate in accordance with the requirements of the International Classification of Diseases
- 2) Interview with the relatives of the deceased, taking into account the requirements of ethics and deontology
- 3) Execution of production orders of the head of the department
- 4) All of the above is true

9. THE BASIS FOR CONDUCTING A PATHOANATOMIC EXAMINATION OF A CORPSE IS:

- 1) The order of the chief physician of the hospital or his deputy (visa on the medical history of the deceased)
- 2) The order of the head of the pathology bureau
- 3) The order of the head of the pathology department

10. HAVE THE RIGHT TO ATTEND THE AUTOPSY:

- 1) Relatives of the deceased
- 2) Doctors of the department where the patient died
- 3) Attending physicians
- 4) All listed and KAK).

11. AT THE OPENING OF A BODY THE FOLLOWING DOCUMENTS ARE ISSUED:

- 1) Post-mortem examination protocol
- 2) Medical certificate of death
- 3) Conclusion on the cause of death
- 4) All of the above is correct

12. CANCELING THE OPENING IS NOT PERMITTED IF:

- 1) Stay of the patient in a medical institution for less than a day

- 2) Suspicions of violent death and the presence of infectious diseases
- 3) An unclear intravital diagnosis (regardless of the length of stay in the hospital) and after the diagnostic and therapeutic measures that caused the death of the patient
- 4) All of the above is correct

13. REFERENCE OF THE CORSE FOR A FORENSIC-MEDICAL EXAMINATION, REGARDLESS OF THE TIME OF THE PATIENT'S STAY IN A MEDICAL INSTITUTION, IS CARRIED OUT IF THE DEATH IS CAUSED FROM:

- 1) Mechanical damage and asphyxia
- 2) Poisoning, exposure to extreme temperatures and electricity
- 3) Criminal abortion and violent causes
- 4) All of the above is correct

14. TAKING INTO ACCOUNT THE NUMBER OF DISCOVERED DURING THE OPENING OF THE CORSE, CANCELING THE OPENING IS NOT ALLOWED IN CASES:

- 1) Stay of the patient in a medical institution for less than a day
- 2) Suspicions of violent death and the presence of infectious diseases
- 3) An unclear intravital diagnosis (regardless of the length of stay in the hospital) and after the diagnostic and therapeutic measures that caused the death of the patient
- 4) All of the above is correct

15. REFERENCE OF THE CORSE FOR A FORENSIC-MEDICAL EXAMINATION, REGARDLESS OF THE TIME OF THE PATIENT'S STAY IN A MEDICAL INSTITUTION, IS CARRIED OUT IF THE DEATH IS CAUSED FROM:

- 1) Mechanical damage and asphyxia
- 2) Poisoning, exposure to extreme temperatures and electricity
- 3) Criminal abortion and violent causes
- 4) All of the above is correct

16. THE TYPE OF DIAGNOSIS DEPENDS ON ...

- 1) the specialty of the doctor formulating it;
- 2) the disease that constituted the main disease;
- 3) hospital profile;
- 4) the main function that the diagnosis performs;
- 5) the term for its formulation.

17. THE PRINCIPLE ALLOWING THE TRANSFER OF "DIAGNOSIS OF DISEASE" INTO "DIAGNOSIS OF THE PATIENT".

- 1) nosological;
- 2) compliance with the ICD;
- 3) pathogenetic;
- 4) structure with unified headings;
- 5) intranosological additional characteristic.

18. COMPLICATION OF THE MAIN DISEASE - SYNDROMES, SYMPTOMS, PATHOLOGICAL PROCESSES ... HIGHLY ASSOCIATED WITH THE MAIN DISEASE, BUT HAVING QUALITATIVELY NEW SIGNS DIFFERENT FROM THE SIGNS OF THE MAIN DISEASE.

- 1) etiologically;
- 2) etiologically and pathogenetically;
- 3) pathogenetically;
- 4) clinically;
- 5) clinical and anatomical.

19. THE ORIGINAL (MAIN) CAUSE OF DEATH IS A) A DISEASE OR ... CAUSED A CONSECUTIVE SERIES OF PROCESSES LEADING DIRECTLY TO DEATH, OR B) THE CIRCUMSTANCE OF THE ACCIDENT OR ACT OF VIOLENCE THAT CAUSED FATAL

- 1) state;
- 2) syndrome;
- 3) pathology;
- 4) trauma;
- 5) agony.

20. MEDICAL DIAGNOSIS IS ... A MEDICAL CONCLUSION ABOUT THE STATE OF HEALTH, A PRESENT DISEASE (INJURY) OR THE CAUSE OF DEATH OF THE PATIENT, EXPRESSED IN THE TERMS PROVIDED BY THE NOMENCLATURE AND CLASSIFICATIONS OF DISEASES.

- 1) record;
- 2) formula;
- 3) epicrisis;
- 4) paradigm;
- 5) dilemma.

21. CLINICAL DIAGNOSIS - ..., ESTABLISHED TO THE PATIENT IN THE CONDITIONS OF THE HOSPITAL OR LONG-TERM OUTPATIENT-POLYCLINIC SUPERVISION.

- 1) syndrome;
- 2) illness;
- 3) diagnosis;
- 4) symptom;
- 5) pathological process.

22. The pathologist diagnosis is the formula of the conclusion ... On the immediate and initial (basic) causes of death established by the results of the clinical and anatomical analysis of the discovery of the deceased, expressed in clinical and morphological terms provided by the nomenclature and classifications of diseases.

- 1) pathologist;
- 2) forensic expert;
- 3) doctor;
- 4) dissector;

23. COMPLICATION OF THE MAIN DISEASE

- 1) hypertension
- 2) acute phlegmonous appendicitis
- 3) diffuse purulent peritonitis
- 4) atherosclerosis
- 5) gastric ulcer

24. AS A MAIN DISEASE CAN BE

- 1) ischemic heart disease
- 2) diffuse peritonitis
- 3) glomerulonephritis cerebrovascular disease

25. COMBINED DISEASES IS

- 1) two nosological units simultaneously present in the patient, each of which separately could lead to death
- 2) nosological units that the deceased suffered at the same time and that, mutually burdening each other, led to death, and each of them separately would not have caused a lethal outcome
- 3) diseases that contributed to the development or aggravated the course of the underlying disease and its complications
- 4) pathological processes that are pathogenetically associated with the underlying disease, but are not its manifestations

26. MAIN DISEASE WITH MONOCAUSAL GENESIS

- 1) pulmonary edema
- 2) typhoid fever
- 3) pulmonary embolism
- 4) bilateral hemorrhagic pleurisy
- 5) posthemorrhagic anemia

27. CONCOMITANT DISEASE IN DEATH FROM BRONCHOPNEUMONIA

- 1) flu
- 2) chronic bronchitis with peribronchial pneumosclerosis
- 3) prostate adenoma
- 4) pleural empyema
- 5) myocardial infarction, acute stage

28. COMPETING DISEASES ARE

- 1) pancreatic necrosis, enzymatic shock
- 2) cirrhosis of the liver, hepatitis C
- 3) lobar pneumonia, myocardial infarction
- 4) stomach cancer of the 1st stage, vulgar wart of the left gluteal region
- 5) cerebral hemorrhage, hypertension

29. IMMEDIATE CAUSES OF DEATH IN PATIENTS WITH RHEUMATISM

- 1) false croup
- 2) myoglobinuric nephrosis
- 3) Ebola
- 4) chronic heart aneurysm
- 5) thromboembolic syndrome

30. BACKGROUND DISEASE IS

- 1) a disease that contributed to the development of the underlying disease and aggravated its course
- 2) the disease for which the patient was treated in a hospital
- 3) a disease that preceded the main
- 4) a disease that did not play any role in patho- and thanatogenesis
- 5) a disease that, by itself or as a result of its complications, led the patient to death and has clinical and morphological confirmation