

**MINISTRY OF HEALTH OF UKRAINE
ODESA NATIONAL MEDICAL UNIVERSITY
Department of OTORHINOLARYNGOLOGY**

CONFIRMED by

Acting vice-rector for scientific and pedagogical work


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September 1st, 2022

**TEST TASKS
FOR ADMISSION TO THE FINAL CONTROL**

Course IV Faculty Medical, Dentistry

Academic discipline: **Otorhinolaryngology**

Approved at the meeting of the Department of Otorhinolaryngology
Minutes No. 1 dated 29/08/2022.

Head of the department  Sergiy Pukhlik

Approved by the subject-cycle methodological commission for surgery of ONMedU Minutes No. 1
dated 30/08/2022

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2022 . .

Name anatomic formations of the external ear, except one:

- A. membranous-cartilaginous part of the external meatus
- B. bony part of the external meatus
- C. tragus
- D. Eustachian tube
- E. auricle

What is not related to the stapes parts?

- A. handle
- B. anterior leg
- C. posterior leg
- D. head
- E. basis

What anatomic formation does the lateral wall of the tympanum border on?

- A. canal of the internal carotid
- B. median cranial fossa
- C. labyrinth
- D. eardrum
- E. bulb of the jugular vein

What types of structures of the mastoid process exist, except one:

- A. connective tissue
- B. sclerous
- C. diploetic
- D. pneumatic
- E. mixed

In formation of the tympanic plexus of Yacobson the following structure takes part

- A. III, VIII, X pairs of the craniocereberal nerves
- B. III, VI, IX pairs of the craniocereberal nerves
- C. V, VII, IX pairs of the craniocereberal nerves
- D. VI, VIII, IX pairs of the craniocereberal nerves
- E. X, XI, XII pairs of the craniocereberal nerves

In innervation of the external meatus the following structure takes part

- A. auricular branch of the glossopharyngeal nerve
- B. auricular branch of the abducent nerve
- C. auricular branch of the hypoglossal nerve
- D. auricular branch of the accessory nerve
- E. auricular branch of the vagus

What of the listed structures is not included in the transformation system of the ear?

- A. auricle and external meatus
- B. eardrum and hammer (malleus)
- C. anvil (incus)
- D. stirrup (stapes)
- E. Eustachian tube

What does the bony part of the posterior wall of the external meatus border on?

- A. median cranial fossa
- B. bulb of the jugular vein
- C. eardrum
- D. mastoid process
- E. joint of the mandible

Peridural cells of the mastoid process are located:

- A. adjacent to the cranial fossa
- B. adjacent to the sigmoid sinus
- C. adjacent to the cortical layer of the platform of the mastoid process

- D. at the apex of the mastoid process
- E. around of the canal of the facial nerve

The otosalpinx is lined with:

- A. single-layer flat nonkeratinized epithelium
- B. multilayered flat keratinized epithelium
- C. cylindrical epithelium
- D. cubic and ciliary epithelium
- E. multilayer flat nonkeratinized epithelium

A patient aged 27 complains of stuffiness feeling in the ear, diminished hearing, tinnitus, periodic shooting pain. Against the background of developing catarrhal otitis media there was a painful perception of loud sounds -hyperacusis which was evidence of dysfunction of the strapedius muscle of the tympanum. Affection of what nerve can cause hyperacusis?

- A. trigeminal
- B. facial
- C. glossopharyngeal
- D. vagus
- E. abducent

A 3-month's baby suddenly developed raised temperature, there were restlessness, nausea, vomiting, dyspeptic disorders, moderate rigidity of the occipital muscles. On examination the ENT doctor diagnosed preperforated stage of acute purulent otitis media. What could cause the listed symptoms in the child?

- A. signs of general intoxication
- B. development of purulent meningitis and irritation of the dura mater membrane
- C. presence of fissures in the upper wall of the tympanum and irritation of the dura mater membrane
- D. gastrointestinal disorders
- E. presence of fissures in the medial wall of the tympanum and irritation of the labyrinth

In microsurgical operative interventions in the middle ear it is necessary to observe extreme care while manipulating in the area of the lower wall of the tympanum as injury is possible of:

- A. internal jugular vein
- B. canal of the facial nerve
- C. sigmoid sinus
- D. internal carotid artery
- E. dura mater membrane

A patient with chronic purulent otitis media accompanied by destruction of the bone tissue (epitympanitis) was performed sanation operation in the middle ear which was accompanied by trepanation of the bone of the mastoid process. It is necessary to take into consideration that in this case most often there is the following type of the mastoid process structure:

- A. diploetic
- B. sclerous
- C. pneumatic
- D. cartilaginous
- E. mixed

A patient developed liquorrhea from the ear after the craniocerebral trauma, accompanied by fracture of the skull basis in the area of the temporal bone. Trauma of what part of the ear should we think of?

- A. upper wall of the bone part of the external meatus and/or tympanum
- B. anterior wall of the bone part of the external meatus and/or tympanum
- C. posterior wall of the bone part of the external meatus and/or tympanum
- D. lower wall of the bone part of the external meatus and/or tympanum
- E. upper wall of the membranous-cartilaginous part of the external meatus

Where are Santorini's fissures located in the external meatus?

- A. in the cartilage of the anterior-lower wall of the membranous-cartilaginous part
- B. in the cartilage of the posterior wall of the membranous-cartilaginous part

- C. in the cartilage of the upper wall of the membranous-cartilaginous part
- D. in the anterior-lower wall of the bony part
- E. in the back wall of the bony part

What muscles of the tympanum do you know?

- A. stapedius and incudal
- B. malleolar and stapedius
- C. pulling and weakening the eardrum
- D. stapedius and pulling the eardrum
- E. malleolar and pulling the eardrum

What anatomic formation does the posterior wall of the tympanum border on?

- A. canal of the internal carotid
- B. median cranial fossa
- C. labyrinth
- D. mastoid process
- E. bulb of the jugular vein

What are features of the Eustachian tube structure of a newborn in comparison with an adult person, except one:

- A. wider
- B. more twisting
- C. shorter
- D. gapes
- E. located more horizontally

What branches do not diverge from the facial nerve?

- A. big petrosal superficial nerve
- B. stapedius nerve
- C. tympanichord
- D. chorda tympany, n.stapedius
- E. small petrosal nerve

There are the following groups of cells of the mastoid process, except:

- A. periantral
- B. perifascial
- C. perilyabyrinthine
- D. angular
- E. intracranial

What of the listed structures are not related to transmission system of the ear?

- A. auricle and external meatus
- B. eardrum and hammer
- C. tympanichord
- D. anvil
- E. stirrup

Where is tympanic vestibule of the Eustachian tube located?

- A. on the lower wall of the tympanum
- B. on the anterior wall of the tympanum
- C. on the medial wall of the tympanum
- D. on the posterior wall of the tympanum
- E. on the upper wall of the tympanum

Perisinusoidal cells of the mastoid process are located:

- A. adjacent to the median cranial fossa
- B. adjacent to the sigmoid sinus
- C. adjacent to the cortical layer of the mastoid process platform
- D. at the apex of the mastoid process
- E. around the canal of the facial nerve

The auditory tube consists of the following parts:

- A. dermal and membranous-cartilaginous
- B. mucous and bony
- C. pharyngeal and tympanic
- D. bony and membranous-cartilaginous
- E. dermal and bony

Against the background of mastoiditis- inflammation of the cellular system of the mastoid process - a patient had dysfunction of the mimic muscles of the same half of the face, taste sensitivity of the anterior 2/3 of the tongue of the same side, dryness of the eye. At what level was there affection of the facial nerve?

- A. up to the first knee of the facial nerve
- B. between the first and second knee of the facial nerve
- C. lower the second knee
- D. in the area of soft tissues of the neck
- E. central type of affection

A patient had sanguineous-purulent discharge from the ear against the background of aggravation of chronic purulent otitis media. On examination by the otolaryngologist there were revealed granulations coming from the attic against the background of total perforation of the eardrum. What part of the tympanum were these granulations coming from?

- A. anterior
- B. posterior
- C. lower
- D. upper
- E. anterior-lower

In microsurgical operative interventions in the middle ear it is necessary to observe extreme care while manipulating in the area of the lower wall of the tympanum as injury is possible of:

- A. internal jugular vein
- B. canal of the facial nerve
- C. sigmoid sinus
- D. internal carotid artery
- E. dura mater membrane

After feeding the baby was laid in bed, regurgitation of the food mass has arisen in the horizontal position. In some hours the child developed acute purulent otitis media. What is possible mechanism of development of acute otitis media?

- A. ARVI
- B. ingress of food masses in the external meatus
- C. gastro intestinal disorder, intoxication of an organism
- D. as a result of a narrow, twisting auditory tube drainage function of the middle ear is bad in the newborn
- E. there was ingress of food masses through the wide, horizontally located auditory tube in the baby

While performing otoscopy to a patient with total perforation of the eardrum which resulted in chronic purulent otitis media, the doctor has found a polyp localized in the field of cape. What wall of the tympanum was the polyp localized on?

- A. upper
- B. lower
- C. lateral
- D. medial
- E. posterior

Name anatomic formations of the auricle without the cartilage:

- A. helix
- B. antihelix
- C. earlobe

- D. tragus
- E. triangular fossa

What nerve is the trapezius muscle innervated with?

- A. glossopharyngeal
- B. facial
- C. vagus
- D. abductor
- E. cochlear-vestibular

Where is the entrance into the mastoid antrum localized?

- A. on the lateral wall of the tympanum
- B. on the medial wall of the tympanum
- C. the anterior wall of the tympanum
- D. on the posterior wall of the tympanum
- E. on the lower wall of the tympanum

What are parts of the Eustachian tube?

- A. only cartilaginous
- B. only bony
- C. membranous – cartilaginous and bony
- D. pulled
- E. loose

What is function of the tympanochord?

- A. innervation of the mimic muscles of the same side
- B. painful sensitivity of the same side of the face
- C. taste sensitivity of the posterior third of the tongue
- D. motor innervation of the pharyngeal muscles
- E. taste sensitivity of the anterior 2/3 of the tongue of the same side

Where is the sigmoid sinus located?

- A. on the upper side of the pyramid of the temporal bone
- B. on the anterior side of the pyramid of the temporal bone
- C. on the posterior side of the pyramid of the temporal bone
- D. on the internal side of the pyramid of the temporal bone
- E. on lateral margin of the pyramid of the temporal bone

What is transmission of sound?

- A. protection of the labyrinth against excessively strong sounds
- B. transformation - amplification of sound vibrations
- C. accommodation of hearing in low sounds
- D. conduction of sound vibrations to neuroepithelium
- E. distortion of sound vibrations

Where are round and oval windows of the labyrinth located?

- A. on the lower wall of the tympanum
- B. on the anterior wall of the tympanum
- C. on the medial wall of a the tympanum
- D. on the posterior wall of the tympanum
- E. on the upper wall of the tympanum

Threshold cells of the mastoid process are located:

- A. adjacent to the median cranial fossa
- B. adjacent to the sigmoid sinus
- C. adjacent to the cortical layer of the mastoid process platform
- D. at the apex of the mastoid process
- E. around the canal of the facial nerve

What is not related to functions of the external ear?

- A. catching of sound

- B. protective
- C. perception of sound
- D. transformation of sound
- E. transmission of sound

A round foreign body of the external meatus in a 7-year-old child got stuck in the area of its isthmus.

Where is this foreign body located?

- A. at the entrance into the external meatus
- B. in the middle of the external meatus
- C. on the border of external 1/3 of the meatus
- D. on the border of internal 1/3 of the meatus
- E. at the eardrum

A patient with chronic purulent epitympanitis (the form of chronic otitis, accompanied by caries of the temporal bone) was found to have bone destruction on palpation by Voyachek probe in the area of entrance into the antrum. In what area of the tympanum wall was the destructive process localized?

- A. anterior
- B. posterior
- C. lower
- D. upper
- E. medial

In microsurgical operative interventions in the middle ear it is necessary to observe extreme care while manipulating in the area of the lower wall of the tympanum as injury is possible of:

- A. internal jugular vein
- B. canal of the facial nerve
- C. sigmoid sinus
- D. internal carotid artery
- E. dura mater membrane

The doctor makes otoscopy in a newborn with acute purulent otitis media. For qualitative examination of the eardrum it is necessary to pull of the auricle:

- A. upward and backward
- B. downward and backward
- C. forward and upward
- D. forward and downward
- E. upward

A patient had a cicatricial narrowing of the external meatus after the craniocerebral trauma, accompanied by fracture of the mandible. Trauma of what part of the ear should we think of?

- A. upper wall of the bony part of the external meatus
- B. anterior wall of the bony part of the external meatus
- C. posterior wall of the bony part of the external meatus
- D. lower wall of the bony part of the external meatus
- E. upper wall of the membranous-cartilaginous part of the external meatus

What identification points are not related to the auricle?

- A. handle of the hammer
- B. helix
- C. tragus
- D. triangular fossa
- E. antihelix

What anatomic formation does the anterior wall of the tympanum border on?

- A. bulb of the jugular vein
- B. median cranial fossa
- C. posterior cranial fossa
- D. canal of the internal carotid
- E. entrance to the antrum

Name identification points of the eardrum, except one:

- A. promontary
- B. umbilicus
- C. handle of the hammer
- D. tense part
- E. loose part

What is located on the border of the membranous-cartilaginous and bony parts of the external meatus?

- A. earwax glands
- B. Santorini's fissures
- C. isthmus - the narrowest part of the meatus
- D. isthmus - the widest department of the meatus
- E. eardrum

What is the function of the first branch of the facial nerve - the big petrosal nerve?

- A. innervation of the mimic muscles of the same side
- B. painful sensitivity of the same side of the face
- C. taste sensitivity of the anterior 2/3 of the tongue of the same side
- D. secretory innervation of the lacrimal gland of the same side
- E. taste sensitivity of the posterior third of the tongue

What does the sigmoid sinus come from?

- A. sagittal sinus
- B. transversal sinus
- C. cavernous sinus
- D. internal jugular vein
- E. external jugular vein

What is the transformation of sounds?

- A. protection of the labyrinth against excessively strong sounds
- B. transformation - amplification of sound vibrations
- C. accommodation of hearing to low sounds
- D. conduction of sound vibrations to the neuroepithelium
- E. distortion of sound vibrations

On what wall of the eardrum is the tympanic portion of the facial nerve (Fallopian canal) located?

- A. lower wall of the tympanum
- B. anterior wall of the tympanum
- C. medial wall of the tympanum
- D. posterior wall of the tympanum
- E. upper wall of the tympanum

Angular cells of the mastoid process are located:

- A. adjacent to the medial cranial fossa
- C. on the border of the medial and posterior cranial fossa
- D. at the apex of the mastoid process
- E. around of the canal of the facial nerve

What is the acoustic impedance?

- A. acoustic resistance of media of the external, middle and internal ear
- B. conduction of the sound through the external, middle and internal ear
- C. transformation of the sound in the external, middle and internal ear
- D. perception of the sound in the external, middle and internal ear
- E. transmission and transformation of sounds in the ear

The patient complains of earache, growing worse on chewing, pressing on the tragus. On examination the otolaryngologist has found hyperemia, infiltration of the skin in the membranous-cartilaginous part of the meatus and diagnosed external diffuse otitis. Choose what part of the external meatus makes the membranous-cartilaginous part:

- A. 1/3

- B. 1/2
- C. 2/3
- D. 1/4
- E. 3/4

Against the background of mastoiditis - inflammation of the cellular system mastoid process a patient had dysfunction of the mimic muscles of the same half of face, taste sensitivity on the anterior 2/3 of the tongue of the same side, hyperacusis (painful perception of sounds), lacrimation from the eye. At what level was there affection of the facial nerve?

- A. up to the first knee of the facial nerve
- B. between the first and second knee of the facial nerve
- C. lower the second knee
- D. in the areas of soft tissues of the neck
- E. central type of affection

In microsurgical operative interventions in the middle ear it is necessary to observe extreme care while manipulating in the area of the lower wall of the tympanum as injury is possible of:

- A. internal jugular vein
- B. canal of the facial nerve
- C. sigmoid sinus
- D. internal carotid artery
- E. dura mater membrane

Against the background of aggravation of chronic purulent otitis media a patient had hectic temperature, tenderness on palpation, edema of the soft tissues and expansion of the venous pattern in the field of the posterior surface of the mastoid process and neck along the course of m.sternocleidomastoideus, a neurovascular fascicle (jugular vein). What affection of the cerebral sinus can we think of, taking into consideration extension of the inflammatory process onto the jugular vein?

- A. lower sagittal sinus
- B. cavernous sinus
- C. transversal sinus
- D. upper sagittal sinus
- E. sigmoid sinus

A patient developed parotid phlegmon as a result of furuncle of the external meatus complicated by abscess. What is most probable way of distribution of infection in this case?

- A. hematogenic
- B. lymphogenic
- C. through bony part of the external meatus
- D. through Santorini's fissures of the external meatus
- E. through the mandibular joint

After the flu a patient developed sensorineural relative deafness (sound perception is impaired). The following represents the basic parts of pathways of the auditory analyzer except:

- A. spiral ganglion
- B. dorsal and ventral nuclei
- C. Bekhterev's nucleus
- D. upper olives, posterior tubers of the quadrigeminal plate
- E. Geshle's gyrus

A unit of oscillation frequency of a sound wave is:

- A. decibel
- B. ampere
- C. hertz
- D. tesla
- E. second

A unit of loudness of a sound is:

- A. Watt

- B. Hertz
- C. Tesla
- D. Decibel
- E. Microbar

The human ear perceives a strip of sound with frequencies of:

- A. 6-16000 Hz
- B. 10-18000 Hz
- C. 16-16000 Hz
- D. 16-20000 Hz
- E. 22-24000 Hz

The author of the resonant theory of hearing is:

- A. Politcer
- B. Bekeshi
- C. Simanovsky
- D. Helmgolts
- E. Pavlov

Basic theses of the resonant theory are:

- A. Resonance of certain sites of Reissner's membrane
- B. Resonance of certain sites of the integumentary membrane
- C. Resonance of certain sites of the basic membrane
- D. Resonance of certain groups of Corti's cells
- E. Resonance of certain sites of the membranous labyrinth

While examining hearing a patient is noted to have sharp increase of thresholds of bone conduction of sounds in frequencies above 4000Hz. In what part of the cochlea the focus of affection is located?

- A. apex of the cochlea
- B. middle third
- C. the basic helix of the cochlea
- D. can be in any part of the cochlea
- E. the focus is located outside the cochlea, in spiral ganglia

Fibres of the auditory nerve represent:

- A. axons of afferent cells
- B. neurons of the first order
- C. neurons of the second order
- D. axons of the dorsal nucleus
- E. axons of the ventral nucleus

The cortical part of the auditory analyzer is:

- A. precentral gyrus
- B. a frontal lobe of the brain
- C. Geshle's gyrus
- D. postcentral gyrus
- E. occipital lobe of the brain

A patient has dysfunction of the mimic muscles, hearing, taste sensitivity on the anterior 2/3 of the tongue on the same side, dryness of the eye. Where pathological process is localized:

- A. cerebellipontine
- B. precentral gyrus
- C. posterior central sulcus
- D. Geshle's gyrus
- E. basic sulcus

Where is Corti's ganglion located:

- A. in horizontal semicircular canal
- B. in vertical semicircular canal
- C. in sagittal semicircular canal

- D. in labyrinthine vestibule
 - E. in the cochlea
- As a result of the craniocerebral trauma a patient had a transversal fracture of the temporal bone pyramid at the level of the internal meatus. What craniocerebral nerves pass through it:
- A. VI and VII pairs
 - B. VII and VIII pairs
 - C. VIII and IX pairs
 - D. IX and X pairs
 - E. X and XI pairs

For differential diagnosis of the affection level of the sound perception apparatus it is necessary to know its pathways. The following represents a nuclear zone of the vestibular and auditory analyzer. Name nuclei of the auditory analyzer:

- A. bekhterev's upper nucleus
- B. dorsal and ventral nuclei
- C. lateral Deiters' nucleus
- D. medial triangular nucleus of Shvalbe
- E. descending Roller's nucleus

The following experiments are applied to investigate hearing by means of tuning forks, except one:

- A. Rinne
- B. Weber
- C. Valsalva
- D. Shvabah
- E. Bing

Choose correct sequence of arrangement of the tuning fork in carrying out Rinne experiment:

- A. tuning fork is placed at the auricle at first, and then moved to the mastoid process
- B. tuning fork is moved from one mastoid process to another
- C. tuning fork is placed on the mastoid process, and then moved to the auricle
- D. tuning fork is placed on the tragus, and then on the mastoid process
- E. tuning fork is placed on the mastoid process, and then on the tragus

While investigating hearing in Weber's experiment the leg of the sounding tuning fork can be placed in the following points, except one:

- A. on the top of the head, on the median line
- B. on the back of the head, on the median line
- C. on the nose bridge, on the glabella point
- D. in the projection of the first vertebra body, on the median line
- E. on the chin, on the median line

While investigating hearing in Shvabah experiment the following is compared:

- A. bone and air conductivity of the healthy ear
- B. air conductivity of the healthy and sick ear
- C. bone conductivity of the healthy and sick ear
- D. bone and air conductivity of the healthy and sick ear
- E. bone and air conductivity of the sick ear

Shortening of perception time of the tuning fork in Shvabah experiment is a sign of:

- A. chronic purulent otitis media
- B. adhesive otitis
- C. cochlear neuritis
- D. exudative otitis
- E. foreign body in the auditory canal

What impairments can be revealed in the patient by means of the tuning fork investigation of hearing:

- A. affection of the sound perception apparatus
- B. affection of the sound-conducting apparatus
- C. affection of the sound perception and sound-conducting apparatus
- D. impairment of articulation of speech

E. affection of the sound perception and sound-conducting apparatus, impairment of articulation of speech

The following groups of cells are related to Corti's ganglion except:

- A. external hair-bearing cells
- B. internal hair-bearing cells
- C. Deiter's cells
- D. Gensen's cells
- E. Langgance's cells

Movement of the endolymph from the leg to the ampoule in the lateral semicircular canal causes nystagmus:

- A. does not cause
- B. to the side of the stimulus
- C. to the opposite side
- D. upward
- E. downward

What nystagmus does not occur?

- A. spontaneous
- B. static
- C. calorific
- D. pressor
- E. postrotational

What is not adequate stimulus for the otolith apparatus:

- A. rectilinear acceleration
- B. change in the position of the body
- C. change in the position of the head
- D. angular acceleration
- E. acceleration of force of gravity

Where is the first neuron of the vestibular analyzer located:

- A. fundus of the internal auditory meatus
- B. diamond-shaped fossa
- C. lower wall of the external auditory meatus
- D. medulla oblongata
- E. trapezoidal body

What nerves are located in the internal auditory meatus:

- A. vestibulocochlear and facial
- B. additional
- C. abducent and lateral
- D. glossopharyngeal

E. trigeminal and olfactory

What is related to the vestibular analyzer:

- A. antrum
- B. semicircular canals
- C. promontary
- D. cochlea
- E. Corti's organ

Nystagmus, caused by affection of the labyrinth, is characterized by direction:

- A. horizontal
- B. diagonal
- C. vertical
- D. sagittal
- E. frontal

Name the form of nystagmus, which arises during rotation in Barany chair:

- A. congenital

- B. adjusting
 - C. optokinetic
 - D. spontaneous
- E. experimental
- What parameters of nystagmus are not determined in visual study:
- A. force
 - B. direction
 - C. plane
 - D. amplitude
 - E. quality

Spontaneous vestibular syndromes, except:

- A. vertigo
- B. spontaneous nystagmus
- C. disequilibrium
- D. nausea, vomiting
- E. paresis of the facial nerve

What component is the direction of nystagmus determined by:

- A. left
- B. right
- C. fast
- D. slow
- E. labyrinthine

Where is the endolymphatic sac located:

- A. on the posterior surface of the pyramidotemporal bone
- B. in the internal auditory meatus
- C. on the anterior surface of the pyramidotemporal bone
- D. on the surface of the mastoid process
- E. on the squama of the temporal bone

What is an adequate stimulus for the semicircular canals:

- A. change in the position of the body in the space
- B. change in the position of the head in the space
- C. angular acceleration
- D. rectilinear acceleration
- E. acceleration of force of gravity

Peripheral nystagmus is not characteristic of:

- A. small amplitude
- B. large amplitude
- C. frequent rhythm
- D. horizontal plane
- E. binocularity

Kind of nystagmus, which is observed in instillation of cold water in the ear

- A. congenital
- B. adjusting
- C. optokinetic
- D. spontaneous
- E. experimental

Nystagmus is not characterized by:

- A. direction
- B. plane
- C. reaction of the pupils
- D. amplitude
- E. degree

What nystagmus does not occur?

- A. spontaneous
- B. static
- C. calorific
- D. pressor
- E. postrotational

What forms of reactions do not arise in irritation of the semicircular canals:

- A. vertigo
- B. nystagmus
- C. change in the pulse rate
- D. deflection of head to the side of the slow component of nystagmus
- E. adiachokinesis

Movement of the endolymph from the ampoule to the leg in the lateral semicircular canal causes nystagmus:

- A. does not cause
- B. to the side of the stimulus
- C. to the opposite side
- D. upward
- E. downward

The following groups of cells are related to Corti's ganglion except:

- A. external hair-bearing cells
- B. internal hair-bearing cells
- C. Deiter's cells
- D. Gensen's cells
- E. Langgance's cells

What is opened in the middle nasal passage, except?

- A. nasolacrimal duct
- B. maxillary sinus
- C. frontal sinus
- D. anterior and middle cells of the ethmoid labyrinth
- E. none of the enumerated

How is the secretory innervation of the nose accomplished?

- A. by the vagus nerve
- B. by the upper cervical sympathetic node
- C. by the vidian nerve
- D. by the olfactory nerve
- E. none of the enumerated

What is done with the air during its passage through the nasal cavity?

- A. warmed, moistened, cleaned
- B. dried
- C. disinfected
- D. none of the enumerated
- E. all enumerated

A patient aged 28 years old has a furuncle of the nose. What is found on the threshold of the nasal cavity, except?

- A. multiple cylindrical ciliary epithelium
- B. hair
- C. sebaceous glands
- D. multilayer flat epithelium

E. none of the enumerated
A patient, who complains of stuffiness, difficult nasal breathing through one half of the nose, is found to have choanal colitis. What are choanae bounded by, except?

- A. vomer
- B. internal plate of the pterygoid process and the body of the sphenoid bone

- C. quadrangular cartilage
- D. horizontal plate of the palatine bone
- E. none of the enumerated

There is a patient in the ENT department with the diagnosis: acute sinusitis complicated by periostitis of the orbit. What anatomical formations border with the nasal cavity, except?

- A. anterior cranial fossa
- B. posterior cranial fossa
- C. eye socket
- D. oral cavity
- E. none of the enumerated

An ambulance brought a patient with injury of the nose to the ENT department. What basic anatomical formations does the external nose have, except?

- A. choanae
- B. root
- C. back
- D. tip
- E. wings

A patient complains of stuffiness and discharge from the nose. What are methods of examination of the nasal cavity?

- A. anterior, medial, posterior rhinoscopy
- B. oropharyngoscopy
- C. indirect laryngoscopy
- D. fibroscopy
- E. none of the enumerated

What does the floor of the nasal cavity consist of?

- A. palatine branches of the maxilla, horizontal plates of the palatine bones
- B. internal plate of the pterygoid process of the sphenoid bone
- C. frontal branches of the maxilla
- D. none of the enumerated
- E. all enumerated

What composes of the external wall of the nasal cavity?

- A. perpendicular plate of the palatine bone
- B. nasal bone
- C. medial wall and the frontal branch of the maxilla
- D. lacrimal bone
- E. all enumerated

The system of what arteries is the nose and its paranasal sinuses blood supplied from, except?

- A. external carotid artery
- B. vertebral artery
- C. internal carotid artery
- D. none of the enumerated
- E. all enumerated

A canal of what nerve passes in the eye socket wall of the maxillary sinus?

- A. mandibular
- B. olfactory
- C. eye socket
- D. lower eye socket
- E. facial

A patient referred to the doctor with complaints on pain in the region of the cheek on the right, increased temperature, stuffiness in the nose, purulent discharge from the nose. On anterior rhinoscopy: purulent strips in the middle nasal passage on the right. Roentgenogram of the paranasal sinuses: opacity of the

right maxillary sinus. The diagnosis is: acute right-sided maxillary sinusitis. Through what nasal passage is it most convenient and safe to perform the puncture of the maxillary cavity?

- A. middle
- B. upper
- C. general
- D. lower
- E. none of the enumerated

A patient was admitted to the ENT department with complaints on severe pain in the region of the forehead, stuffiness and purulent discharge from the nose. Where is natural fistula of the frontal sinus opened?

- A. lower nasal passage
- B. middle nasal passage
- C. upper nasal passage
- D. general nasal passage
- E. nasopharynx

A patient with acute purulent frontal sinusitis is indicated trepanopuncture. What wall of the frontal sinus is the thickest?

- A. posterior
- B. lower
- C. anterior
- D. middle
- E. none of the enumerated

A patient with acute purulent frontal sinusitis is indicated trepanopuncture. What wall of the frontal sinus is the thickest?

- A. posterior
- B. lower
- C. anterior
- D. middle
- E. none of the enumerated

What age is formation of the frontal sinus finished, as a rule?

- A. 20-25 years
- B. by the moment of birth
- C. first year of life
- D. 6-8 years
- E. none of the enumerated

A patient developed nasal bleeding from the anterior parts of the nasal septum against the background of hypertonic crisis. What is the nasal septum formed by.

- A. perpendicular plate of the ethmoid labyrinth, vomer, quadrangular cartilage
- B. perpendicular plate of the palatine bone
- C. frontal process of the maxilla
- D. internal plate of the pterygoid process of the sphenoid bone
- E. none of the enumerated

A patient is disturbed by purulent discharge from the nose, headache, discharge flows on the posterior wall of the pharynx, it is seen in the upper nasal passage. The diagnosis is acute ethmoiditis. What is opened in the upper nasal passage?

- A. nasolacrimal canal
- B. frontal sinus
- C. posterior cells of the ethmoid labyrinth, wedge-shaped cavity
- D. anterior and medial cells of the ethmoid labyrinth
- E. none of the enumerated

A patient was admitted to the clinic with the diagnosis: furuncle of the nose. On examination: hyperemia and tenderness in the region of the wing of the nose on the right and right cheek. Where does the blood outflow from the nose?

- A. cavernous sinus, eye socket vein, anterior vein of face

- B. sigmoid sinus
- C. superficial temporal vein
- D. none of the enumerated
- E. all enumerated

What muscle widens the larynx and allows a man to make “inhalation”?

- A. vocal muscle
- B. thyroarytenoid muscle
- C. posterior cricoarytenoid muscle
- D. cricothyroid muscle
- E. obliquus interarytenoid muscle

What is necessary to do in digital examination of the nasopharynx in children in order to prevent biting of the personal finger of the examiner?

- A. press down the tongue by spatula
- B. index finger of the left hand presses the cheek of the examined between his teeth
- C. shut the nostrils of the examined by the thumb and index finger of the left hand
- D. put the gag
- E. none of the enumerated

What epithelium is the nasopharynx covered with?

- A. multilayer flat
- B. ciliary multiple-line
- C. multiple-line cubic
- D. cylindrical
- E. none of the enumerated

What epithelium is the stomatopharynx covered with?

- A. multiple –line cubic
- B. ciliary multiple-line
- C. multilayer flat
- D. cylindrical
- E. none of the enumerated

Where is the pharyngeal space located?

- A. between the posterior wall of the pharynx and prevertebral fascia
- B. between the muscular layer and the mucous membrane of the pharynx
- C. between the prevertebral fascia and deep muscles of the neck
- D. none of the enumerated
- E. all enumerated

How is the structural unit of the palatine tonsils called?

- A. crypt
- B. cryptolymphon
- C. lacuna
- D. follicle
- E. none of the enumerated

Who was the first to describe the lymphadenoid pharyngeal ring?

- A. M.P Simanovskiy
- B. V.T. Voyachek
- C. V. Waldayer
- D. Polittser
- E. none of the enumerated

What parts does the pharynx consist of, except?

- A. nasopharynx
- B. stomatopharynx
- C. laryngopharynx
- D. front pharynx

E. none of the enumerated

What does the wall of the pharynx consist of, except?

- A. deep cervical muscles
- B. mucous membrane
- C. muscular layer
- D. fibrous layer
- E. none of the enumerated

A patient has frequent anginas in the anamnesis. What tonsils of the lymphadenoid pharyngeal ring are known to you, except?

- A. two palatine
- B. one pharyngeal
- C. one lingual
- D. two tubal

E. two choanal
What function does external muscles of the larynx perform?

- A. direct the epiglottis
- B. stretch the vocal folds
- C. widen the glottis
- D. raise and lower the larynx
- E. constrict the glottis

What do pear-shaped fossae pass to?

- A. in the gullet
- B. in the trachea
- C. in the pharynx
- D. in the larynx
- E. in the nasopharynx

Where are laryngeal ventricles located?

- A. between the vestibular folds
- B. between the vestibular and vocal folds
- C. in the interarytenoid space
- D. recess between side wall of the pharynx and larynx
- E. recess between the tongue surface of the epiglottis and the root of the tongue

A patient aged 28 years old has a furuncle of the nose. What is found on the threshold of the nasal cavity, except?

- A. multiple cylindrical ciliary epithelium
- B. hair
- C. sebaceous glands
- D. multilayer flat epithelium
- E. none of the enumerated

What are pear-shaped fossae?

- A. recess between the vestibular and vocal folds
- B. recess between side wall of the pharynx and larynx
- C. recess between the tongue surface of the subglottis and the root of the tongue
- D. recess between epiglottis and lingual tonsil
- E. fissure between two vocal folds

What epithelium are vocal folds covered with?

- A. cubic
- B. multilayer cylindrical
- C. multilayer flat
- D. multiseriate ciliary
- E. none of the enumerated

A patient aged 58 complains of dryness, tickling in the throat. On examination the pharyngeal mucous membrane is dry, glistening, thinned. What methods of the endoscopic study of the pharynx are known to you, except:

- A. oropharyngoscopy
- B. posterior rhinoscopy
- C. indirect laryngoscopy
- D. esophagoscopy
- E. none of the enumerated

A child of 4 years old is revealed to have the adenoids of III degree. What does prolonged disturbance of nasal breathing result in, except?

- A. disturbance of hearing
- B. disturbance of the sense of smell
- C. incorrect development of the maxillofacial skeleton
- D. frequent inflammatory processes of the upper and lower respiratory tract
- E. vestibular disturbances

A patient complains of the sensation of tickling, pain in the throat. What nerves enter the pharyngeal nervous plexus?

- A. trigeminal
- B. glossopharyngeal
- C. vagus, accessory, sympathetic
- D. all enumerated
- E. non enumerated

A child of 6 years old has hypertrophy of the palatine tonsils of III degree. What functions do the tonsils carry out, except?

- A. immune
- B. hemopoietic
- C. nervous reflex
- D. digestive
- E. informative

After short-term pain in the ear a patient began to experience otorrhea. On examination the ear-drum is hyperemic. There is a slit-like perforation in the anterior-inferior quadrant. What is tactic of treatment at this stage of acute otitis media?

- A. paracentesis of the ear-drum
- B. carbol-glyceric drops in the ear
- C. catheterization of the auditory tube
- D. dehydration
- E. cleaning of the ear, antibacterial therapy

What are predisposing factors of development of acute otitis media in early children's age, except one:

- A. anatomic peculiarities of the middle ear structure in early children's age and in a newborn
- B. infectious diseases with inflammation of the mucous membrane of the upper respiratory tracts
- C. pneumatic type of structure of the processus mastoideus
- D. hypertrophy of the lymphoid pharyngeal ring
- E. horizontal position of a child

These symptoms are characteristic of I stage of acute otitis media, except one:

- A. high fever
- B. severe pain in the ear
- C. loss of hearing, noise in the ear
- D. punctate perforation of the ear-drum in its lower parts
- E. hyperemia, infiltration and protrusion of the ear-drum

A two-years-old child suddenly developed a severe pain in the ear against the background of ARVI two days ago. The body temperature rose to 39°C. There was single vomiting. On otoscopy: hyperemia,

protrusion of the ear-drum, identification points are not expressed. The pain is marked on palpation of the processus mastoideus in the projection of the antrum. What is medical tactics?

- A. paracentesis of the ear-drum
- B. antropunction
- C. antrotomy
- D. analgetics
- E. none of the listed

A 5 –year- old patient complains of pain in the right ear, diminished hearing, increase of temperature to 37.9°C and general fatigue during 3 days after overcooling. Objectively: hyperemia of the mucous membranes of the nasal and throat. On otoscopy: AD –hyperemia of the ear-drum in the upper parts, smoothed out of contours of the malleus, absence of the light cone. The discharge in the external auditory canal is absent. AS is normal. The right ear hears whisper at the distance of 3 m, left – at 5 m. What is a diagnosis?

- A. I stage of acute otitis media
- B. II stage of acute otitis media
- C. secretory otitis
- D. adhesive otitis
- E. III stage of acute otitis media

A patient had purulent discharge out of the ear after brief pain. On examination there is hyperemia of the ear-drum and slit-like perforation in its anterior-inferior quadrant. What treatment tactics is at this stage of acute otitis media?

- A. paracentesis of the ear-drum
- B. instillation of carbolic-glycerol drops in the ear
- C. catheterization of the auditory tube
- D. diuretics
- E. cleaning of the ear, antibiotics

A child aged 7 had acute otitis media. In three weeks otorrhea developed again after brief pain in the ear against the background of ARVI. What character of discharge out of the ear in acute otitis media allows to differentiate this disease with mastoiditis?

- A. discharge gradually becomes serous-blood, mucous, mucopurulent
- B. mucopurulent discharge, periodically repeated after ingress of water in the ear
- C. purulent, blood-purulent discharge in great amount
- D. little discharge with unpleasant smell
- E. mucopurulent discharge with admixture of epidermal scales

A 8- year- old patient complains of otorrhea, diminished hearing. A disease began with severe pain in the left ear, increased body temperature to 39°C, headache. Otorrhea out of the ear developed 2 days ago. After that the patient's condition improved a little, the body temperature subsided to 37.5°C. There is purulent discharge in the external auditory canal. The ear-drum is hyperemic. The throbbing reflex is present in the anterior-inferior quadrant. The right ear hears whisper at 5 m, left – 1.5 m. What is a diagnosis?

- A. initial stage of acute otitis media
- B. acute perforative otitis media
- C. secretory otitis
- D. mastoiditis
- E. tubootitis

The patient complains of severe pain in the ear, elevation of the body temperature to 39.2°C, purulent discharges out of the ear and loss of hearing. On examination swelling of the soft tissue in the retroauricular region, protrusion of the auricle are present. Palpation of the processus mastoideus is painless. There is pus, overhanging of the superior-posterior wall of the bony part in the auditory canal, perforation of the ear-drum. Whisper speech: AD-0 m, AS-6m. What is a diagnosis?

- A. exacerbation of chronic purulent mesotympanitis
- B. acute otitis media

C. exacerbation of chronic purulent epitympanitis

D. mastoiditis

E. furuncle of the external auditory canal On audiometry diminished hearing is revealed in a patient with acute otitis media. What will be Rinne test in conductive hearing loss?

A. positive

B. negative

C. shortened

D. unchanged

E. unchanged or lengthened

A patient has been suffering from acute otitis media for three weeks. He was treated by himself. The pain in the retroauricular region, purulent discharge out of the ear, high body temperature developed two days ago. What wall changes of the external auditory canal are of primary importance for diagnosis of mastoiditis?

A. superior

B. anterior

C. posterior

D. anterior-superior

E. posterior-superior

A child of 5 years old had acute middle otitis about 3 weeks ago. He was treated at a polyclinic with improvement of the ear condition. Two days ago the body temperature rose again, he had abundant otorrhea, pain in the retroauricular area. On examination protrusion of the auricle, fluctuation and pain on palpation of the processus mastoideus are marked. On otoscopy the overhanging of the superior-posterior wall of the bony part of the external auditory canal, red colour of the ear-drum are revealed. There is thick pus in the auditory canal. What is a diagnosis?

A. acute otitis media

B. external diffuse otitis, regional lymphadenitis

C. acute otitis media, mastoiditis, subperiosteal abscess

D. acute otitis media, zygomaticitis

E. none of the listed

A 7- month- old baby after ARVI became restless for two days, he often cries, rocks a head, tries to reach his right ear with a hand, refuses to take the breast. The body temperature is 39.2°C. There were short-term convulsions, vomiting, diarrhea. On otoscopy: the right ear-drum is red, protruded. Its contours are not determined. Pressing on the tragus is painful. Rigidity of the occipital muscles is marked. What is a diagnosis?

A. acute otitis media, meningism

B. acute otitis media, meningitis

C. exacerbation of chronic purulent otitis, meningitis

D. external diffuse purulent otitis, meningitis

E. otogenic meningitis A patient of 38 years old complains of the pain in the right ear and retroauricular area, otorrhea, diminished hearing, headache, increase of the body temperature to 37.5°C. He has been ill for two weeks. Objectively: external auditory canal is narrowed in the bony part due to overhanging of the posterior-superior wall and filled with mucopurulent discharge. The ear-drum is red, infiltrated. There is a narrow perforation in the anterior-inferior quadrant with pulsation of pus. Swelling in the area of the processus mastoideus, loss of contours are determined. The auricle is protruded. What is a diagnosis?

A. acute otitis media, mastoiditis

B. acute otitis media

C. exacerbation of chronic otitis media

D. external otitis

E. mastoiditis

A patient with acute otitis media hearing diminished after closing of perforation of the ear-drum. What are measures of hearing restoration in III stage of acute otitis media?

A. catheterization and blowing of the auditory tube by Politzer's method

- B. paracentesis of the ear-drum
- C. antibioticotherapy
- D. cleaning of the external meatus

E. none of the listed
 A patient complains of pain in the ear after bathing in the basin. The pain increases on mastication. On otoscopy: the skin of the membranous-cartilaginous part of the external auditory canal is infiltrated. The auditory canal is narrowed. The pain is marked on palpation of the tragus. Hearing is normal. What is a diagnosis?

- A. acute catarrhal otitis media
- B. acute mastoiditis
- C. external diffuse otitis
- D. purulent parotitis
- E. none of the listed

A patient complains of low-frequency noise in the ear, autophony, diminished hearing, insignificant pain. These symptoms developed a few hours ago against the background of acute rhinitis. On otoscopy: hyperemia of the ear-drum is marked in the upper parts and around of the handle of the malleus. The light cone is absent. What is the medical tactic?

- A. antibioticotherapy
- B. vasoconstrictor drops in the nose, carbol-glyceric drops in the ear
- C. catheterization of the auditory tube
- D. paracentesis of the ear-drum
- E. none of the listed

A two- year-old child suddenly developed severe earache, increased temperature to 39°C, once there was vomiting a day ago against the background of ARD. On otoscopy the eardrum is hyperemic, protruded, identification points are not expressed. There is tenderness on palpation of the mastoid process in the projection of the antrum. What is therapeutic tactics?

- A. paracentesis of the eardrum
- B. antropuncture
- C. antrotomy
- D. administration of the analgesics
- E. catheterization of the Eustachian tube

A patient was treated by the otolaryngologist for acute purulent otitis media. On the fifth day of treatment the suppuration from the ear ceased; however, there are diminished hearing, low-frequency noise in the ear. On otoscopy the eardrum is turbid, hyperemic in the upper part, pulled in. Investigation of hearing determines the conductive type of hearing disorder. What is therapeutic tactics at this stage of the course of acute purulent otitis media?

- A. paracentesis of the eardrum
- B. carbol- glyceric drops in the ear
- C. antibiotic therapy
- D. blowing of the Eustachian tube by Politzer's method, catheterization of the auditory tube
- E. mastoidotomy

A patient with acute purulent otitis media complicated by mastoiditis was admitted to hospital. On X-ray examination of the mastoid process by Shuller there were noted the darkening of the cellular system on the side of affection, absence of bone trabeculas. What is therapeutic tactics at this stage of mastoiditis?

- A. paracentesis of the eardrum, local and general antipyretic therapy
- B. mastoidotomy
- C. radical operation in the middle ear
- D. tympanoplasty
- E. catheterization of the Eustachian tube

A 27- year-old woman referred to the ENT- doctor with complaints on diminished hearing in the left ear, ringing in the ear. It is revealed from the anamnesis that she was struck on the ear with opened palm more than a month ago. She did not refer for medical aid, she thought that “it will pass by itself”. On

examination: there is no discharge in the ear, there is a perforation of small size in the tense part of the eardrum. Taking into account the time passed after the injury, what will be your diagnosis?

- A. acute purulent otitis media
- B. exacerbation of chronic mezotympanitis
- C. chronic mesotympanitis
- D. aggravation of chronic epitympanitis
- E. acute traumatic otitis

What does treatment of aggravation of chronic mesotympanitis consist in before obtaining the answer of microbiological study of discharge out of the ear?

- A. treatment is not given
- B. cleaning of the ear, restoration of the function of the auditory tube
- C. cleaning of the ear, restoration of the function of the auditory tube, antibiotics of wide spectrum of action locally
- D. toilet of the ear, restoration of the function of the auditory pipe, antibiotics of wide spectrum of action orally
- E. dry and wet cleaning of the ear

For dry cleaning of the auditory canal we use:

- A. ear probe with the screw thread
- B. bulbous-end probe
- C. Voyachek probe
- D. Politzer's ballon
- E. otoscope

While examining a patient with chronic epitympanitis at the polyclinic, the ENT- doctor asked the nurse to give him Voyachek probe. What is the purpose of using this instrument?

- A. cleaning of the auditory canal
- B. investigation of passability of the auditory tube
- C. determination of perforation size
- D. attic examination
- E. taking the material for microbiological study

A 21- year-old man referred to the ENT- doctor with complaints on insignificant pains in the right ear, diminished hearing in this ear, discharge out of it. He is ill the third day. There was the same situation half a year ago, he was treated by himself, instilled the eardrops. On examination: mucopurulent discharge out of the ear, there is a rounded central perforation of average size in the eardrum. What is your diagnosis?

- A. acute purulent otitis media
- B. exacerbation of chronic mesotympanitis
- C. chronic epitympanitis
- D. exacerbation of chronic epimesotympanitis
- E. chronic mesotympanitis

A patient T., aged 17, was admitted to the ENT - department of the regional hospital. He does not present any complaints, he is sent by the ENT –doctor of Military registration and enlistment office for specification of the diagnosis. It is revealed from the anamnesis that previously the ear has never disturbed patient. On examination: the auditory canal is wide, there is no discharge. In the tense membrane of the eardrum there is a punctate dry central perforation, there is also no discharge in the tympanum, the mucous membrane of the medial wall is pale pink. The auditory tube is passable. CT of the temporal bones did not reveal any bone-destructive manifestations. On the audiogram hearing is within the age norm. What is your diagnosis?

- A. adhesive otitis
- B. chronic eptympanitis, remission
- C. chronic mesotympanitis, remission
- D chronic epimesotympanitis, remission
- E exudative otitis

A patient M., aged 25, was admitted to the ENT - department of the regional hospital, with complaints on diminished hearing in the left ear, periodic pyorrhea. It is revealed from the anamnesis that the ear has been disturbing the patient since childhood, periodically (once a year) there is an aggravation of the process. The last aggravation was 10 months ago. On examination: there is no discharge in the auditory canal. In the tense membrane of the the eardrum there is a central perforation, there is also no discharge in the tympanum, the mucous membrane of the medial wall is pale pink. The auditory tube is passable. CT of the temporal bones did not reveal any bone-destructive manifestations. On the audiogram - uniform increase in the thresholds of the air-conducting sounds by 10-15 dB along the entire tone scale. What is supposed scope of surgery?

- A right-sided antromastoidotomy
- B. right-sided separate antroatticotomy
- C. right-sided myringoplasty
- D radical operation in the right ear
- E shunting of the eardrum on the right

A patient Zh., aged 43, was admitted to the ENT - department of the regional hospital, with complaints on diminished hearing in the right ear, pyorrhea. It is revealed from the anamnesis that the ear has been disturbing the patient since childhood, periodically (2-3 times per year) there is an aggravation of the process. On examination: there is mucopurulent discharge in the auditory canal. In the tense membrane of the the eardrum there is a central perforation, there is also mucopurulent discharge in the tympanum, the mucous membrane of the medial wall is hyperemic. The auditory tube is slightly passable. CT of the temporal bones did not reveal any bone-destructive manifestations. On the audiogram - uniform increase in the thresholds of the air-conducting sounds by 25-30 dB along the entire tone scale. What is your diagnosis?

- A. right-sided acute otitis media in the stage of perforation
- B. right-sided acute otitis media in the stage of perforation, mastoiditis
- C. aggravation of right-sided chronic epimesotympanitis
- D. aggravation of right-sided chronic mesotympanitis
- E. aggravation of right-sided chronic epitympanitis

A patient N., aged 34, was admitted to the ENT - department of the municipal hospital with complaints on diminished hearing in the right ear, periodic pyorrhea. It is revealed from the anamnesis that the ear has been disturbing the patient since childhood, periodically (1-2 times per year) there is an aggravation of the process. On examination: there is no discharge in the auditory canal. In the tense membrane of the the eardrum there is a central perforation, there is also no discharge in the tympanum, the mucous membrane of the medial wall is pink. The auditory tube is passable. CT of the temporal bones did not reveal any bone-destructive manifestations. On the audiogram - uniform increase in the thresholds of the air-conducting sounds by 15-20 dB along the entire tone scale. What is your diagnosis?

- A. right-sided adhesive otitis
- B. right-sided chronic epitympanitis, remission
- C. right-sided chronic mesotympanitis, remission
- D. aggravation of right-sided chronic mesotympanitis
- E. aggravation of right-sided chronic epitympanitis

A patient K., aged 58, was admitted to the ENT - department of the regional hospital. On admission her state was severe, with confusion, severe headache. There was noted the expressed rigidity of muscles of back of the head, and “+” Kernig's symptom. On examination: purulent discharge in the left auditory canal, extensive marginal perforation in the schrapnel membrane, masses of gray colour are seen behind it. What additional method of investigation will be decisive in making the precise diagnosis?

- A. blood count
- B. R - gram of the temporal bone by Shuller
- C. data of investigation of the liquor
- D. nuclear - magnetic resonance
- E. CT of the temporal bone

A 41-year-old man referred to the ENT- doctor with complaints on moderate pains in the right ear, diminished hearing in this ear, pyorrhea. He is ill the third day. There was the same situation half a year ago, he was treated by himself, instilled the eardrops. On examination: mucopurulent discharge in the ear, there is extended central perforation in the eardrum. What is your diagnosis?

- A. chronic mesotympanitis
- B. aggravation of chronic mesotympanitis
- C. chronic epitympanitis
- D. aggravation of chronic epimesotympanitis
- E. acute purulent otitis media

For treatment of aggravation of chronic mesotympanitis it is possible to use the following drops, except:

- A. Cyprofloxacin
- B. Otof
- C. Dioxideine
- D. Sofradex
- E. Normax

For local treatment of aggravation of chronic otitis it is possible to use the following antibacterial preparations, except:

- A. Cephalosporins of II generation
- B. Cephalosporins of III generation
- C. Ftorchinolon
- D. Aminoglikosides

E. Tetracyclines For washing out of the epitympanic space (attic) in aggravation of chronic epitympanitis with choleostomy it is expedient to use:

- A. solution of the boric acid
- B. solution of Furacin
- C. solution of Levomycetin
- D. alcoholic solutions of 60- 70°
- E. oil solutions

For washing out of the auditory canal and tympanum it is expedient to use the following solutions, except:

- A. solutions of antibiotics
- B. solutions of corticosteroids
- C. dye solutions
- D. solutions of proteolytic enzymes
- E. solutions of antiseptics

During catheterization of the Eustachian tube it is expedient to use the following medicinal substances, except:

- A. Dioxideine
- B. Hydrocortisone
- C. Adrenaline
- D. Chymotrypsin
- E. Gentamicin

A patient P., aged 34, was admitted to the ENT - department of the regional hospital with complaints on diminished hearing in the left ear, pyorrhea. He has been ill for many years. Three years ago he had otogenic meningitis, cured conservatively. Otoscopy: purulent discharge with unpleasant smell in the auditory canal. There is noted marginal perforation in the anterior parts of the schrapnel membrane with visible greyish masses behind it. CT of the temporal bones determines destruction of the bone in the antrum and aditus area on the left. What is your diagnosis:

- A. aggravation of chronic mesotympanitis
- B. aggravation of chronic mesotympanitis, complicated by mastoiditis
- C. aggravation of chronic epitympanitis

D. complication of chronic epitympanitis, complicated by cholesteatomoy

E. aggravation of chronic epimesotympanitis
A patient P., aged 34, was admitted to the ENT - department of the regional hospital with complaints on diminished hearing in the left ear, pyorrhea. He has been ill for many years. Three years ago he had otogenic meningitis, cured conservatively. Otoscopy: purulent discharge with unpleasant smell in the auditory canal. There is noted marginal perforation in the anterior parts of the schrapnel membrane with visible greyish masses behind it. CT of the temporal bones determines destruction of the bone in the antrum and aditus area on the left. What is the scope of surgical intervention in this patient?

- A. antrotomy
- B. antromastoidotomy
- C. antroatticotomy
- D. tympanoplasty
- E. radical operation

A patient K., aged 58, was admitted to the ENT - department of the regional hospital. On admission her state was severe, with confusion, severe headache. There was noted the expressed rigidity of muscles of back of the head, and “+” Kernig's symptom. On examination: purulent discharge in the left auditory canal, extensive marginal perforation in the schrapnel membrane, masses of gray colour are seen behind it. What is your diagnosis?

- A. aggravation of chronic mesotympanitis
- B. aggravation of chronic epitympanitis
- C. aggravation of chronic epitympanitis, otogenic meningitis
- D. aggravation of chronic epitympanitis, otogenic sepsis

E. aggravation of chronic epitympanitis, abscess of the brain
A patient K., aged 58, was admitted to the ENT - department of the regional hospital. On admission her state was severe, with confusion, severe headache. There was noted the expressed rigidity of muscles of back of the head, and “+” Kernig's symptom. On examination: purulent discharge in the left auditory canal, extensive marginal perforation in the schrapnel membrane, masses of gray colour are seen behind it. What is the scope of surgical intervention?

- A. atticotomy
- B. antroatticotomy
- C. mastoidotomy
- D. radical operation
- E. extended radical operation

A child of 12 years old developed a severe headache and pain in the left ear, temperature increased to 38.0°C after ARVI. His mother gave him a tablet of analgin and applied hot water bottle to the ear. The child fell asleep. Next morning the state of the child deteriorated. He became agitated, tossed in the bed, rejected food, nausea arose. There was vomiting after drinking milk. Having examined the patient the district physician directed him to the infectious hospital. The ENT consultant made the X-ray examination of the temporal bone by Shuller and recommended surgical intervention. What surgical intervention is indicated to the patient?

- A. antrotomy
- B. antromastoidotomy
- C. tympanoplasty
- D. radical operation
- E. stapedectomy with stapedoplasty

A patient with chronic purulent otitis media developed abscess of the temporal lobe of the brain. What are directions of infection spread from the middle ear cavities to the contents of the skull?

- A. through the eustachian tube
- B. through the lower wall of the tympanum, having opening of the bone plate, covering the jugular vein bulb
- C. through the upper wall of the tympanum and antrum of the mastoid process
- D. from the internal ear along the aqueduct of the cochlea and vestibule, along the

internal auditory passage

E. none of the enumerated

Against the background of acute purulent otitis media a patient had increased temperature, headache, nausea, vomiting, meningeal signs, sensory amnesia, acalculia, agraphia. What diagnostic methods are most informative in this case?

A. radioisotope encephalography

B. lumbar puncture

C. electroencephalography

D. oechoencephalography and computer tomography

E. rheoencephalography

A child of 5 years old had acute purulent otitis media approximately 3 weeks ago, he was treated at polyclinic, his state improved a little. Two days ago the body temperature increased with abundant pyorrhoea out of the ear, tenderness in the retroauricular region. On examination bulging of the auricle is noted, tenderness to palpation in the region of the mastoid process, fluctuation under the infiltrated soft tissues in this region. On otoscopy: the overhanging of the posterior- upper wall of the bone external auditory passage, the eardrum is of crimson colour, examined with difficulty. There is creamy pus in the the auditory passage. What is the diagnosis?

A. acute purulent otitis media

B. external diffuse otitis, regional lymphadenitis

C. acute purulent otitis media, mastoiditis, sub-periosteal abscess

D. acute purulent otitis media, zygomaticitis

E. chronic purulent epitympanitis, mastoiditis

A patient was admitted to hospital with chronic purulent epitympanitis, complicated by cholesteatoma, paresis of the facial nerve. What is the rational urgent tactics of treatment?

A. conservative therapy, washing of the attic by 40° alcohol

B. tympanoplasty

C. radical operation in the middle ear

D. paracentesis of the eardrum

E. electrical stimulation of the mimic muscles of the face

Against the background of aggravation of chronic purulent epitympanitis a patient suddenly developed hectic temperature, general cerebral symptomatology, tenderness of the posterior edge of the mastoid process and along the movement of the jugular vein on the neck. What is a probable diagnosis?

A. purulent otogenic meningitis

B. sinus thrombosis, otogenic sepsis

C. otogenic arachnoiditis

D. mastoiditis

E. otogenic abscess of the cerebellum

A patient with chronic purulent epimesotympanitis and upper lobe pneumonia had been developing increased headache, increased body temperature to 37.8°C, nausea, vomiting for two weeks. Meningeal signs are moderately expressed on examination. Cytosis to 600 cells in 1ml, predominantly lymphocytes is found in the cerebrospinal fluid, sugar is reduced. What is a suppositional diagnosis?

A. otogenic purulent meningitis

B. virus serous meningoencephalitis

C. tubercular meningitis

D. sinus thrombosis

E. otogenic abscess of the brain

Against the background of aggravation of chronic otitis a patient developed a severe headache in the region of back of the head, vertigo. Objectively: consciousness is confused, the skin is pale, the pulse is 58 beats per minute, the body temperature is 38.9°C. Otoscopically: aggravation of chronic purulent epitympanitis, tenderness of the occipital region to percussion. Large-swinging nystagmus, fall in Romberg's position, adiadochokinesia disorder, reduction in the muscular tone of the extremities on the

side of affection are determined. The direction of fall does not change in a change in the head position.

What complication of chronic epitympanitis arose?

- A. purulent leptomeningitis
- B. abscess of the temporal lobe of the brain
- C. sinus thrombosis, otogenic sepsis
- D. abscess of the cerebellum
- E. labyrinthitis

A child of 8 years old developed a severe chill, the body temperature increased to 40.2° C against the background of mastoiditis with all typical signs, and in three hours it was lowered to 37.3°C, which was accompanied by intensive perspiration. On examination: infiltration, hyperemia of the soft tissues on the posterior edge of the mastoid process, positive symptoms of Whiting and Foss. What complication should we think of?

- A. acute diffuse purulent labyrinthitis
- B. thrombosis of the sigmoid sinus
- C. subdural abscess
- D. sub-periosteal abscess
- E. purulent meningitis

A patient with chronic purulent otitis media developed abscess of the temporal lobe of the brain. What is the most probable direction of infection spread from the middle ear cavities to the contents of the skull in this case?

- A. through the eustachian tube
- B. through the lower wall of the tympanum, having opening of the bone plate, covering the jugular vein bulb
- C. through the upper wall of the tympanum and antrum of the mastoid process
- D. from the internal ear along the aqueduct of the cochlea and vestibule, along the internal auditory passage
- E. through the external wall of the tympanum

A patient of 28 years old has been suffering from pyorrhea out of the left ear since early childhood. She was not regularly treated. A month ago earache and headache developed. At the beginning the temperature was about 38.0°C, and reduced to 37.0°C. Earache disappeared in a week, and headache became only feeble. But 2 days ago earache developed again, headache became unbearable, but analgesics were not effective. The ambulance was called in, which transported the patient to the ENT department. The same day cavity operation in the left middle ear was performed, in which cholesteatoma and extradural abscess were found. After the operation the patient's condition improved. Within a week headache was insignificant, and then again it was intensified, vomiting and symptom of amnesic aphasia arose. The consultation took place consisting of the ENT- doctor, surgeon, neurosurgeon who came to the conclusion about the need of urgent repeated operation. What is the assumed diagnosis?

- A. abscess of the cerebellum
- B. otogenic abscess of the temporal lobe of the brain
- C. otogenic meningitis
- D. extradural abscess
- E. subdural abscess

The course of acute purulent otitis media in a patient was complicated by abscess of the left temporal lobe of the brain. Name its characteristic features in right-handers?

- A. lethargy, sleepiness, localized headache, presence of focal symptoms (amnesic aphasia)
- B. psycho-motor excitation
- C. cerebrospinal fluid is turbid, expressed pleocytosis
- D. otoscopic picture corresponds to the clinical picture of acute purulent otitis media, mastoiditis
- E. adiadochokinesia disorder

Against the background of chronic purulent epitympanitis a patient developed intracranial complication - abscess of the temporal lobe of the brain. What form of operation is applicable in this case?

- A. mastoidotomy

- B. extended mastoidotomy
- C. extended radical operation in the middle ear with puncture of the brain substance and opening of abscess through the trepanation cavity
- D. antroatticotomy

E. tympanoplasty Against the background of aggravation of chronic epitympanitis a patient began to complain of severe vertigo, nausea, vomiting, disorder of gait, headache. What diagnostic symptoms do not allow to differentiate abscess of the cerebellum from labyrinthitis?

- A. change in the muscular tone
- B. disturbance of motor coordination
- C. large-swinging nystagmus in the horizontal plane; rapid and slow components are not distinguished; it is directed to the sick side
- D. flank gait is feasible on one side
- E. otoscopic data

Against the background of chronic purulent otitis a patient developed abscess of the cerebellum. What direction of infection spread from the middle ear cavities to the contents of skull is not encountered in this complication?

- A. from the cells of the mastoid process, which closely approach the contents of the posterior cranial fossa along the whole length
- B. through the internal auditory passage
- C. through the aqueduct of the vestibule
- D. through the aqueduct of the cochlea
- E. through the roof of the tympanum

A patient was urgently admitted to the clinic with chronic purulent epitympanitis, complicated by subdural abscess. Determine the scope of surgical intervention in this complication:

- A. opening of the antrum and evacuation of pus
- B. extended radical operation in the ear with baring of the dura mater in the region of the medial and posterior (sigmoid sinus and Trautman's triangle) cranial fossae
- C. removal of the posterior wall of the auditory passage and lateral wall of the attic
- D. baring of the walls of the sigmoid sinus
- E. tympanopuncture and paracentesis

Against the background of acute purulent otitis media a patient developed pain and swelling in the region of the mastoid process, headache, hectic temperature, general malaise, intensive pyorrhea out of the ear. Which of the clinical symptoms allows to suspect sinus thrombosis?

- A. fever, chill, which is alternated by perspiration
- B. nausea, vomiting
- C. vertigo
- D. intensive pyorrhea out of the ear
- E. paresis of the facial nerve

A patient who had had a cranio- cerebral injury, developed a fracture in the region of the posterior bone wall of the external auditory passage. What symptomatology is characteristic of this state?

- A. sharp deafness, bleeding out of the ear
- B. pain during mastication, bleeding out of the ear
- C. pain during mastication, diminished hearing, high temperature
- D. paralysis of the facial nerve, damage of the sigmoid sinus with subsequent bleeding
- E. liquorrhea

Against the background of aggravation of chronic purulent epitympanitis a patient had a severe local headache, increased body temperature to 39.0°C, nausea, vomiting. Subdural abscess in the temporal region is found by computer tomography of the skull. Determine localization of this abscess.

- A. between the folia of the dura mater
- B. between the dura mater and arachnoid
- C. between the arachnoid and vascular membrane
- D. between the bone and dura mater

E. in the brain substance

A patient with chronic purulent otitis media began to complain of severe headache, nausea, vomiting, increased body temperature to 39.0°C. On objective study the signs of acute purulent otitis media were expressed, there were tenderness of the mastoid process, positive meningeal signs. What are tactical actions of the doctor?

- A. extended cavity operation in the ear, lumbar puncture
- B. extended mastoidotomy, lumbar puncture
- C. surgical treatment after the complete examination of the patient
- D. paracentesis of the eardrum
- E. tympanoplasty

A patient complains of periodic diminished hearing, tinnitus, changes of hearing depending on the head position. He suffers from allergic rhinosinusopathy. The conductive type of hearing disorder is revealed by audiometry. The eardrum is of yellowish colour, turbid. What form of treatment is indicated to the patient?

- A. antibiotic therapy
- B. tympanoplasty
- C. catheterization of the auditory tubes, shunting of the eardrum
- D. alcohol drops in the ears
- E. none of the enumerated

A patient of 25 years old referred to the ENT doctor for severe hearing disorder, which developed a month after discharge from hospital, where she was treated for pyelonephritis and chronic kidney failure. In hospital she was given the course of monomycin in the cumulative dose of 17g. There was no change in hearing observed during treatment. What caused diminished hearing in the patient?

- A. application of ototoxic antibiotic
- B. affection of the cardiovascular system
- C. application of the diuretics
- D. viral infection
- E. none of the enumerated

A patient complains of periodic diminished hearing, tinnitus, change of hearing depending on the head position. He suffers from allergic rhinosinusopathy. Conduction type of hearing disorder to low frequencies is revealed on audiometry. The eardrum is of yellowish colour, turbid. What form of treatment is indicated to the patient?

- A. antibiotic therapy
- B. tympanoplasty
- C. catheterization of the auditory tubes, shunting of the eardrum
- D. alcohol drops in the ears
- E. none of the enumerated

Parents of the 6-month baby referred to the doctor on suspicion that hearing of their baby is poor. Visible pathology is not revealed on examination of the ENT organs. How is it possible to investigate hearing in the baby?

- A. by registering the auditory caused potentials (ACP)
- B. by whisper speech
- C. by audiometry
- D. by tuning fork methods
- E. by tympanometry

A patient presented complaints on diminished hearing in one ear for a month, serous- blood-containing discharge out of the nose, difficulty of nasal breathing. The conduction type of hearing disorder is found on audiometry, and salpingootitis. What additional investigation should be conducted, except:

- A. X-ray examination of the paranasal sinuses
- B. examination of the nasopharynx with pulling aside the soft palate
- C. bacterial culture from the nose

- D. tympanometry
- E. blowing of the eustachian tube

As a result of frequently recurrent acute purulent otitis media a patient developed chronic adhesive otitis and conductive type of hearing disorder. What of the enumerated is the most frequent predisposing background for development of this pathology?

- A. use of ototoxic antibiotics
- B. frequent ARVI
- C. reduction in the immunologic protection of the organism
- D. disturbance of nasal breathing, frequent inflammatory diseases of the cavity of the nose, nasopharynx
- E. injury of the ear

A patient had suddenly diminished hearing against the background of taking gentamicin, high-frequency noise appeared. The surdologist diagnosed affection of the sound receptor apparatus. What results of tuning fork tests are characteristic of sensorineural hearing disorder?

- A. lateralization of sound in Weber's experiment in the better hearing ear, Rinne experiment is positive
- B. Swabakh experiment is unchanged
- C. Swabakh experiment is prolonged
- D. Rinne experiment is negative

E. none of the enumerated A patient of 29 years old began to note tinnitus, diminished hearing after delivery. Otosclerosis is diagnosed by audiometry. What is most optimum variant of audiogram for the operations for otosclerosis?

- A. lowered bone conduction simultaneously with the air, bone-air break does not exceed 10 dB
- B. double-sided bone-air break to 40 dB in insignificant reduction in sound perception
- C. bone-air break on either side is not more than 15 dB in significant reduction of bone conduction to 50-60 dB
- D. large bone-air break to the right (40 dB) in lateralization of sound in the right ear, in the left - the norm
- E. none of the enumerated

Against the background of chronic allergic rhinitis a patient began to note diminished hearing, low-frequency noise in the ears, change of hearing depending on change in the head position. The disfunction of the sound-conduction system of the middle ear is revealed on audiometry. What may the enumerated symptoms be caused by?

- A. change in the intracranial pressure
- B. displacement of the auditory bones
- C. change in hyperemia of the cochlea
- D. displacement of transudate in the tympanum
- E. acute purulent otitis media

After the course of streptomycin a patient began to feel diminished hearing, tinnitus. Objectively eardrums are unchanged, on the audiogram there is reduction in the bone and air conduction by 40- 50 dB predominantly at the high frequencies. What is the diagnosis?

- A. chronic adhesive otitis
- B. otosclerosis
- C. acute otitis media
- D. sensorineural hearing disorder
- E. Meniere's disease

A patient presents complaints on diminished hearing in one ear for a month, serous- blood-containing discharge out of the nose, difficulty of nasal breathing. The conductive type of hearing disorder, salpingootitis are revealed by audiometry. What additional investigation should be conducted, except:

- A. X-ray examination of the paranasal sinuses
- B. investigation of the nasopharynx with drawing out of the soft palate
- C. bacterial culture from the nose

- D. tympanometry
- E. catheterization of the Eustachian tube

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- A. lowered bone conduction simultaneously with the air, bone-air break does not exceed 10 dB
- B. double-sided bone-air break to 40 dB in insignificant reduction in sound perception
- C. bone-air break on both sides is not more than 15 dB in significant reduction of bone conduction to 50-60 dB
- D. large bone-air break to the right (40 dB) in lateralization of sound in the right ear, in the left - the norm
- E. none of the enumerated

A patient complains on suddenly diminished hearing, sensation of pouring liquid in the ear, autophony. The general state is satisfactory. What is a probable otoscopic picture?

- A. eardrum is hyperemic, protruded
- B. normal
- C. central perforation of the eardrum
- D. eardrum is gray, turbid, pulled in
- E. eardrum is thinned, the promontary is seen through it

A patient presented complaints on diminished hearing, autophony, change of hearing depending on the head position for 4-5 months. On the audiogram: bone conduction is not disturbed, air one is descended, predominantly to low frequencies. The eardrums is turbid, light cone is not expressed. What is a probable diagnosis?

- A. acute purulent otitis media
- B. otosclerosis
- C. sensorineural hearing disorder
- D. chronic catarrh of the middle ear
- E. chronic purulent otitis media

A patient complains of periodic attacks of vertigo, which are accompanied by diminished hearing of the conduction type, tinnitus. Hearing is improved after the attack, but it does not reach the norm. The attack is controlled by diuretic preparations, spasmolytics. What is a probable diagnosis?

- A. sensorineural hearing disorder
- B. Meniere's disease
- C. otosclerosis
- D. chronic catarrh of the middle ear
- E. vertebro-basillar insufficiency

A patient after the course of streptomycin began to have diminished hearing, tinnitus. Objectively the eardrums are unchanged, on the audiogram there is reduction in the bone and air conduction to 40- 50 dB predominantly to high frequencies. What is the diagnosis?

- A. chronic adhesive otitis
- B. otosclerosis
- C. acute otitis media
- D. sensorineural hearing disorder
- E. none of the enumerated

Against the background of chronic allergic rhinitis a patient began to note diminished hearing, low-frequency noise in the ears, change of hearing depending on a change in the head position. The disfunction of the sound-conduction system of the middle ear is revealed on audiometry. What can the enumerated symptoms be caused by?

- A. change in the intracranial pressure
- B. displacement of the auditory bones
- C. change in hyperemia of the cochlea
- D. displacement of transudate in the tympanum
- E. earwax

A patient after the course of streptomycin began to have diminished hearing, tinnitus. Objectively the eardrums are unchanged, on the audiogram reduction in the bone and air conduction to 40- 50 dB predominantly to high frequencies. What is the diagnosis?

- A. chronic adhesive otitis
- B. otosclerosis
- C. acute otitis media
- D. sensorineural hearing disorder
- E. chronic purulent otitis media

A patient is troubled by periodically renewed discharge out of the ear of mucous purulent nature, diminished hearing, tinnitus, sensation of pouring "water" in the ear. On otoscopy the eardrum is somewhat turbid, the level of fluid is determined (in the form of "hair line"). Select the characteristic audiologic features of conduction hearing disorder in secretory otitis:

- A. bone conduction is reduced predominantly to low frequencies, there is the bone-air interval
- B. air conduction is reduced predominantly to low frequencies, there is the bone-air interval
- C. break of bone conduction to high frequencies
- D. bone conduction is reduced predominantly to high frequencies
- E. there is no bone-air interval

A patient of 38 years old had acute acoustic injury (explosion) at work, after which his hearing was considerably diminished, short-term vertigo developed. What data of the audiogram do not correspond to the characteristic of neurosensory hearing disorder?

- A. predominantly worsening in perception of high tones (increased thresholds of perceptibility)
- B. gently descending type of the threshold curves in the initial stages
- C. presence of the large bone-air interval
- D. absence of bone-air break.
- E. steeply descending type of the threshold curves

A patient is disturbed by difficulty of nasal breathing, frequent rhinites. The enlarged lower nasal turbinates are visible on anterior rhinoscopy, their mucous membrane is edematous. What method allows to differentiate the hypertrophic form of rhinitis with the vasomotor one?

- A. X-ray examination of the nose
- B. anaemisation of the mucous membrane of the nose
- C. study of the function of nasal breathing
- D. study of the sense of smell
- E. ultrasonic diagnostics

18-year-old patient who has been suffering from vasomotor rhinitis for a long time referred to the doctor. There are no deformations of the nasal septum. Runny nose arose against the background of prolonged application of nasal. The conservative methods of therapy are not effective. What is most expedient method of treatment?

- A. ultrasonic disintegration
- B. lower conchotomy
- C. paint of the mucous membrane of the nose with the lugol solution
- D. administration of the vasoconstrictor drops in the nose
- E. administration of drops in the nose of astringent action

A patient with chronic polypous- purulent maxilloethmoiditis is performed radical operation on the paranasal sinuses. What stages does this operation not provide for?

- A. opening of the sinus
- B. removal of pathologic contents
- C. creation of wide anastomosis between the sinus and nasal cavity
- D. expansion of natural anastomosis for improvement of outflow from the sinus
- E. thorough scraping out of the whole mucous membrane of the maxillary sinuses

A patient has been complaining of dryness in the nose, crusts, sometimes thick purulent discharge with admixture of the blood for a long time. Sense of smell is not disturbed. Roentgenologically the pathology of the paranasal sinuses is not revealed. Choose a suitable method of treatment of atrophic rhinitis.

- A. ultrasonic disintegration
- B. lower conchotomy
- C. paint of the mucous membrane of the nose with the lugol solution
- D. administration of the vasoconstrictor drops in the nose
- E. nonmedicinal blockades of the nose

A patient of 12 years old was admitted to the ENT clinic with complaints on severe headache, purulent rhinitis, difficulty of nasal breathing. he fell ill 5 days ago, a week after the respiratory disease. The disease began with pain in the superciliary region on both sides, increase in the body temperature to 38.5°C. Next day he developed swelling of the eyelids. On admission the body temperature was 39.5°C. There was swelling of the soft tissues of the forehead and eyelids on both sides. On rhinoscopy the mucous membrane of the nasal cavity was sharply hyperemic, infiltrated, cream-like pus is determined in the middle nasal passages on both sides. There was tenderness to palpation in the region of the projection of the maxillary sinuses and superciliary region on both sides. Homogeneous density of the maxillary and frontal sinuses is determined by the X-ray examination of the paranasal sinuses. Analysis of the blood: leukocytosis – $19.5 \times 10^9 / l$, ESR - 60 mm/h. How can the patient be treated?

- A. puncture of the maxillary sinus
- B. trepanopuncture of the frontal sinuses
- C. intensive bacterial therapy
- D. detoxication treatment
- E. all enumerated

A patient has been disturbed by difficulty of nasal breathing, constant serous-mucous discharge from the nose. About 6 months ago he had ARD, since then he daily instills vasoconstrictor preparations in the nose. On X-ray examination there is no expressed pathology. What is a suppositional diagnosis?

- A. chronic sinusitis
- B. chronic vasomotor rhinitis
- C. recurrent acute rhinitis
- D. chronic atrophic rhinitis
- E. none of the enumerated

A patient complains of pain in the left half of the forehead and left cheek, heaviness in the head, running nose with discharge predominantly from the left half of the nose. He fell ill against the background of a respiratory disease a week ago. Objectively: on rhinoscopy hyperemia, infiltration of the mucous membrane of the nasal cavity are determined on the left with purulent discharge in the middle nasal passage. On palpation: tenderness in the region of the left maxillary sinus and superciliary region on the left. The blood analysis: leukocytosis – $9.5 \times 10^9 / l$, ESR- 30 mm/h. What is the diagnosis?

- A. left-sided hemisinuitis
- B. left-sided maxillary sinusitis
- C. left-sided frontal sinusitis
- D. left-sided ethmoiditis
- E. none of the enumerated

A patient referred with complaints on periodic attacks of sneezing, a burning feeling in the nose, difficulty of nasal breathing, abundant serous discharge from the nose, frequent conjunctivites. On anterior rhinoscopy there were noted edema, cyanosis of the mucous membrane of the lower nasal turbinates with whitish spots. During anaemisation the nasal turbinates considerably decreased in size. What is a suppositional diagnosis?

- A. acute rhinitis
- B. acute sinusitis
- C. chronic hypertrophic rhinitis
- D. chronic adenoiditis

E. chronic allergic rhinitis A patient complains of frequent rhinitis with more discharge from the right half of the nose, which is accompanied by headaches, increase in the temperature, disturbance of his general state. He almost constantly breathes badly through the right half of the nose. He considers himself ill for approximately 4 years. Objectively: the mucous membrane of the nose is moderately hyperemic,

infiltrated. The right half of the nose is filled with edematous formations of the oval form, which originate from the middle and upper nasal passages. On palpation tenderness of the right maxillary cavity is determined. Nasal breathing is sharply difficult on the right. There are no deviations from the norm in other organs. What is a suppositional diagnosis?

- A. right-sided polypous- purulent hemisinuitis
- B. polypous ethmoiditis
- C. purulent frontal sinusitis
- D. double-sided maxillary sinusitis
- E. none of the enumerated

A patient referred with complaints on dryness in the nose, crusts, sometimes with admixture of the blood. What clinical signs allow to make the differential diagnosis between atrophic rhinitis and ozena?

- A. formation of crusts in the nose
- B. atrophy of the mucous membrane of the nose
- C. difficult nasal respiration
- D. purulent discharge from the nose
- E. roentgenologically - atrophy of the bone tissue of the nasal turbinates

A patient with exacerbation of chronic purulent frontoethmoiditis, complicated by subdural abscess in the region of the anterior cranial fossa was admitted to the clinic. What is surgical tactics in this rhinogenous complication?

- A. radical operation on the paranasal sinuses, formation of their communication with the nasal cavity
- B. baring of the dura mater of the anterior cranial fossa
- C. frontoethmoidotomy with baring of the dura mater of the anterior cranial fossa, puncture and opening of abscess through the operating cavity
- D. radical operation on the affected sinuses, suturing of the wound, removal of abscess by the neurosurgical way
- E. puncture of abscess

In what diseases of the nose and parotid cavities cannot intracranial complications be encountered?

- A. furuncle and carbuncle of the nose
- B. acute or exacerbation of chronic frontal sinusitis, sphenoiditis, ethmoiditis
- C. traumatic damages of the paranasal sinuses
- D. abscess of the nasal septum, erysipelatous inflammation of the nose
- E. nasal septum deviation

A month after acute purulent frontal sinusitis a patient developed signs of the expressed stage of abscess of the frontal lobe of the brain. What is rational surgical tactics in this pathology?

- A. radical operation on the paranasal sinuses, formation of their communication with the nasal cavity
- B. baring of the dura mater of the anterior cranial fossa
- C. frontoethmoidotomy with baring of the dura mater of the anterior cranial fossa, puncture and opening of abscess through the operating cavity
- D. radical operation on the affected sinuses, suturing of the wound, removal of abscess by the neurosurgical way
- E. puncture of abscess

Against the background of acute maxillitis a patient developed phlegmon of the orbit. What therapeutic measures are indicated in this case?

- A. radical operation on affected sinuses, opening of purulent foci in the orbit
- B. introduction of antibiotics, diuretics
- C. application of glucocorticoids, anticoagulants
- D. desintoxication
- E. all of the enumerated

A patient squeezed out the furuncle of the nose. In several hours his body temperature increased, he developed headache, swelling in the region of the soft tissues of the nose, cheek, medial angle of the

orbit, swelling of the eyelids. What symptoms are not evidence of change of phlebitis of the facial veins in thrombosis of the cavernous sinus?

- A. exophthalmos
- B. chemosis
- C. reduction in sight or blindness
- D. immobility of the eyeball
- E. edema of the lower eyelid

A patient presents complaints on headache, difficulty of nasal breathing on the left. On examination: there are moderate edema of the nose mucosa, cariously changed upper premolar on the left. X-ray examination revealed rounded shadow in the left maxillary sinus. The liquid obtained on diagnostic puncture is of amber colour. What is the diagnosis?

- A. acute catarrhal maxillary sinusitis
- B. retention cyst of the maxillary sinus
- C. odontogenous cyst of the maxillary sinus
- D. tumour of the maxillary sinus
- E. none of the enumerated

Against the background of exacerbation of chronic purulent maxillary ethmoiditis a patient suddenly developed increased temperature, pain and infiltration in the region of the lower-medial angle of the orbit, edema of the lower eyelid, limitation of mobility of the eyeball, exophthalmos. What is therapeutic tactics?

- A. puncture of the maxillary sinus
- B. only conservative treatment
- C. operation of maxillary sinusotomy
- D. operation of maxillary ethmoidotomy with revision of the cellular tissue of the orbit
- E. none of the enumerated

A course of chronic purulent sinusitis in a patient was complicated by exudative abscess in the region of the anterior cranial fossa, which was diagnosed with the help of computer tomography. What methods of surgical intervention are necessary in this rhinogenous complication?

- A. frontoethmoidotomy without baring of the dura mater of the anterior cranial fossa
- B. opening of the dura mater by the otolaryngologist
- C. removal of abscess by the neurosurgical way
- D. frontoethmoidotomy with removal of the cerebral wall of the frontal sinus
- E. none of the enumerated

A patient is disturbed by difficulty of nasal breathing, which arose after injury of the nose 5 years ago, he has constant rhinitis. On anterior rhinoscopy there were determined congestive edema of the lower nasal turbinates, the diagonal crest on the nasal septum on the left, which adjoined the nasal turbinates. What is therapeutic tactics?

- A. application of the vasoconstrictor drops in the nose
- B. application of the astringent drops in the nose
- C. galvanocautery of the lower nasal turbinates
- D. submucous resection of the nasal septum
- E. none of the enumerated

A patient complains of dryness in the nose, formation of crusts, disorder of smell, frequent thick purulent discharge with admixture of the blood. On rhinoscopy the mucous membrane of the nasal cavity is dry, sharply thinned, with dry crusts with unpleasant smell on its surface. Atrophy of the nasal turbinates is noted roentgenologically, paranasal sinuses are reduced, their walls are thinned. What is the diagnosis?

- A. chronic vasomotor rhinitis
- B. chronic atrophic rhinitis
- C. ozena
- D. chronic purulent sinusitis
- E. none of the enumerated

A patient suffering from bronchial asthma, is disturbed by difficulty of nasal breathing, profuse mucous discharge from the nose. On anterior rhinoscopy grayish-white mucous formations, originating by the legs from the middle nasal passages are determined in the nose. Density of the maxillary sinuses, cells of the ethmoid bone are noted roentgenologically. What is the diagnosis?

- A. chronic hypertrophic rhinitis
- B. chronic vasomotor rhinitis
- C. chronic allergic rhinitis
- D. chronic polypous maxilloethmoiditis
- E. chronic purulent [maxilloethmoiditis]

A patient of 46 years old complains of constant dryness in the throat, periodically discomfort becomes intense, there is pain on swallowing. Objectively: the mucous membrane of the nose, posterior wall of the pharynx are dry, its surface is smooth, glistening, it is covered with viscous phlegm. What is the diagnosis?

- A. acute rhinopharyngitis
- B. chronic atrophic rhinopharyngitis
- C. chronic vasomotor rhinitis
- D. ozena
- E. none of the enumerated

A patient has been complaining of headache, difficulty of nasal breathing, purulent discharge from the nose for 2 weeks. A month ago he filled the upper premolar on the right. Opacity of the right maxillary sinus is determined roentgenologically. The large number of thick crumb-like pus with unpleasant smell is obtained in diagnostic puncture. What is a suppositional diagnosis?

- A. acute purulent maxillary sinusitis
- B. chronic purulent maxillary sinusitis
- C. chronic purulent odontogenous maxillary sinusitis
- D. chronic atrophic maxillary sinusitis
- E. tumour of the maxillary sinus

A patient suffers from difficulty of nasal breathing, frequent rhinitis. On examination the otolaryngologist made the diagnosis of chronic hypertrophic rhinitis. Determine the characteristic rhinoscopic picture.

- A. wide nasal passages
- B. nasal turbinates are enlarged, they are not reduced after anaemisation, with the uneven surface
- C. pallor and swelling of the mucous membrane of the nasal turbinates, "dove-coloured spots" of Voyachek
- D. hyperemia of the mucous membrane of the nasal turbinates with mucus on it
- E. spines of the nasal septum, the mucous membrane is pale

Against the background of exacerbation of chronic purulent maxillary sinusitis a patient suddenly developed increased temperature, splitting headache, nausea, vomiting, rigidity of the occipital muscles, dilatation of the veins of the eye fundus. Fetid pus and crumb-like cholesteatomic masses are obtained on puncture of the maxillary sinus. What is therapeutic tactics?

- A. puncture of the maxillary sinus, antibacterial therapy
- B. only conservative treatment
- C. maxillary sinusotomy, antibacterial, infusion therapy
- D. endonasal expansion of the sinus orifice
- E. only surgical treatment

A patient with exacerbation of chronic purulent frontoethmoiditis, complicated by subdural abscess in the region of the anterior cranial fossa was admitted to the clinic. What is surgical tactics in this rhinogenous complication?

- A. radical operation on the paranasal sinuses, formation of their communication with the nasal cavity
- B. baring of the dura mater of the anterior cranial fossa
- C. frontoethmoidotomy with baring of the dura mater of the anterior cranial fossa, puncture and opening of abscess through the operating cavity

- D. radical operation on the affected sinuses, suturing of the wound, removal of abscess by the neurosurgical way
- E. puncture of abscess

A patient has been complaining of the periodic pain behind the eyeballs, progressive reduction in sight, difficulty of nasal breathing, flowing in of the mucopurulent discharge on the posterior wall of the pharynx, unpleasant smell in the nose for 3 years. What is a suppositional diagnosis?

- A. acute sphenoiditis
- B. chronic purulent sphenoiditis
- C. acute rhinitis
- D. ozena
- E. chronic vasomotor rhinitis

A month after acute purulent frontal sinusitis a patient developed signs of the expressed stage of abscess of the frontal lobe of the brain. What is rational surgical tactics in this pathology?

- A. radical operation on the paranasal sinuses, formation of their communication with the nasal cavity
- B. baring of the dura mater of the anterior cranial fossa
- C. frontoethmoidotomy with baring of the dura mater of the anterior cranial fossa, puncture and opening of abscess through the operating cavity
- D. radical operation on the affected sinuses, suturing of the wound, removal of abscess by the neurosurgical way
- E. puncture of abscess

In what diseases of the nose and parotid cavities cannot intracranial complications be encountered?

- A. furuncle and carbuncle of the nose
- B. acute or exacerbation of chronic frontal sinusitis, sphenoiditis, ethmoiditis
- C. traumatic damages of the paranasal sinuses
- D. abscess of the nasal septum, erysipelatos inflammation of the nose
- E. nasal septum deviation

A patient has been disturbed by difficulty of nasal breathing, mucopurulent discharge from the nose, headache for three weeks. On anterior rhinoscopy a strip of pus, hyperemia of the mucous membrane of the nose are determined in the middle nasal passages. What diagnostic method should be administered first of all?

- A. computer tomography of the skull
- B. culture of the nose mucosa
- C. puncture of the maxillary sinus
- D. X-ray picture of the paranasal sinuses
- E. none of the enumerated

A patient is revealed to have increased volume of the left frontal cavity on roentgenogram of the paranasal sinuses, thinning and displacement of the lower wall downward, increase in the transparency of the sinus, contralateral displacement of the intersinus septum. What is a suppositional diagnosis?

- A. acute frontal sinusitis
- B. chronic purulent frontal sinusitis
- C. mucocele of the frontal sinus
- D. pneumocele of the frontal sinus
- E. none of the enumerated

A patient squeezed out the furuncle of the nose. In several hours his body temperature increased, he developed headache, swelling in the region of the soft tissues of the nose, cheek, medial angle of the orbit, swelling of the eyelids. What symptoms are not evidence of change of phlebitis of the facial veins in thrombosis of the cavernous sinus?

- A. exophthalmos
- B. chemosis
- C. reduction in sight or blindness
- D. immobility of the eyeball

E. edema of the lower eyelid

A patient referred to the clinic, who was diagnosed acute purulent hemisinusitis, swollen upper eyelid 2 weeks after influenza. The peroral antibiotic therapy given in polyclinic was not effective. What measure does not correspond to the adequacy of treatment?

- A. puncture of the maxillary sinus
- B. trepanopuncture of the frontal sinus
- C. adequate antibiotic therapy
- D. antihistaminic, diuretic preparations
- E. washing out of the nasal cavity by the method of displacement

18-year-old patient who has been suffering from vasomotor rhinitis for a long time referred to the doctor. There are no deformations of the nasal septum. Runny nose arose against the background of prolonged application of nasol. The conservative methods of therapy are not effective. What is most expedient method of treatment?

- A. ultrasonic disintegration
- B. lower conchotomy
- C. paint of the mucous membrane of the nose with the lugol solution
- D. administration of the vasoconstrictor drops in the nose
- E. administration of drops in the nose of astringent action

Against the background of general overcooling a patient began to complain of difficulty of nasal breathing, a feeling of burning, tingling in the nose, the body temperature increased. What objective signs are characteristic of the first stage of acute rhinitis?

- A. purulent discharge from the nose
- B. discharge of the serous nature
- C. difficulty of the nasal breathing
- D. dryness in the nose
- E. none of the enumerated

Against the background of acute maxillitis a patient developed phlegmon of the orbit. What therapeutic measures are indicated in this case?

- A. radical operation on affected sinuses, opening of purulent foci in the orbit
- B. introduction of antibiotics, diuretics
- C. application of glucocorticoids, anticoagulants
- D. desintoxication
- E. all of the enumerated

A child of 2 years old has been suffering from running nose, discharge from the nose of mucopurulent nature for two weeks. The infiltration in the region of the interior angle of the eye on the right developed two days ago, the body temperature increased. Opacity of the ethmoid labyrinth cells is noted by the X-ray examination of the paranasal sinuses. What bone is affected during the contact penetration of infection from the ethmoid labyrinth in the orbit?

- A. cribriform plate
- B. lacrimal bone
- C. perpendicular plate of the ethmoid bone
- D. paper plate of the ethmoid bone
- E. none of the enumerated

Against the background of exacerbation of chronic purulent frontal sinusitis a patient developed a severe headache, nausea, vomiting, increased temperature to high numbers, meningeal signs. What changes in the liquor are most characteristic of rhinogenous meningitis?

- A. protein- cellular dissociation
- B. reduction in sugar in the liquor
- C. reduction of the contents of chlorides
- D. high cytosis, high contents of protein
- E. none of the enumerated

A patient referred to the clinic, who was diagnosed acute purulent hemisinusitis, swollen upper eyelid 2 weeks after influenza. The peroral antibiotic therapy given in polyclinic was not effective. What measure does not correspond to the adequacy of treatment?

- A. puncture of the maxillary sinus
- B. trepanopuncture of the frontal sinus
- C. adequate antibiotic therapy
- D. antihistaminic, diuretic preparations
- E. washing out of the nasal cavity by the method of displacement

In a week after angina a patient suddenly developed one-sided pain in the region of the neck and throat, trismus of the masticatory musculature, infiltration of the soft tissues behind the angle of the mandible, an increase in the body temperature up to high numbers. What are the pathognomonic clinical symptoms of parapharyngeal abscess?

- A. hyperemia of the mucous membrane of the posterior wall of the pharynx with suppurated follicles
- B. protrusion, hyperemia of the posterior wall of the pharynx, difficult breathing, swallowing, nasality
- C. swelling, protrusion of the side wall of the pharynx and external surface of the neck
- D. contraction of opening of the pharynx, difficulty of swallowing, enlarged lymph nodes
- E. sharp hyperemia, infiltration, one-sided protrusion of tonsil with the arches

A patient of 38 years old, an X-ray technician, complains of a severe sore throat, which is intensified in swallowing, an body increase in the temperature, pain in the extremities, general malaise. The disease began sharply 2 days ago. The mucous membrane of the pharynx is moderately hyperemic on pharyngoscopy, tonsils are covered with dull gray necrotic coatings. The significant decrease of a quantity of granulocytes is determined in the study of the blood formula. What is the diagnosis?

- A. lacunary angina
- B. diphtheria of the pharynx
- C. agranulocytic angina
- D. angina of Simanovsky-Vensan
- E. none of the enumerated

A patient has been experiencing a sore throat, increase in the body temperature to the subfebrile numbers, general malaise for 3 days. The grayish-white coatings on the palatine tonsils involving the arches are determined on pharyngoscopy. The coatings are removed with difficulty, in this case erosive surface is bared. What is a suppositional diagnosis?

- A. diphtheria of the throat
- B. lacunary angina
- C. pharyngomycosis
- D. angina of Simanovsky-Vensan
- E. none of the enumerated

During professional examination a patient is revealed to have cone-shaped whitish “plugs” on the surface of the palatine and lingual tonsils as well as on the posterior wall of the pharynx, which are raised above the surface mucosa, and are removed with difficulty. What is the diagnosis?

- A. chronic hypertrophic pharyngitis
- B. leptotrichosis
- C. acute pharyngitis
- D. follicular angina

E. none of the enumerated
A patient developed paratonsillar abscess after angina for the first time. On pharyngoscopy displacement of the tonsils to the central line, hyperemia are determined, infiltration of the anterior palatine arch to the right, there is yellowish cleared up area and maximum protrusion in its anterosuperior part. Where is the most rational place of opening of paratonsillar abscess in this case?

- A. before the posterior palatine arch
- B. through the supratonsillar fossa
- C. on the side of the lower pole of the tonsils

- D. at the place of the greatest protrusion
- E. none of the enumerated

In acute paratonsillar abscess it is performed:

- A. opening of the abscess
- B. tonsillectomy
- C. both
- D. none of these
- E. none of the enumerated

A patient with the sequential aggravation of relapsing paratonsillitis was admitted to clinic. He is ill the third day. What is rational tactics of treatment?

- A. conservative therapy
- B. opening of the paratonsillar abscess
- C. abscess tonsillectomy
- D. cryotonsillotomy
- E. administration of physioprocedures

Clinical symptoms of the retropharyngeal abscess:

- A. hyperemia of the mucous membrane of the posterior wall of the pharynx with suppurated follicles
- B. protrusion, hyperemia of the posterior wall of the pharynx, difficult breathing, swallowing, nasality
- C. swelling, protrusion of the side wall of the pharynx and external surface of the neck
- D. contraction of opening of the pharynx, difficulty of swallowing, enlarged lymph nodes
- E. sharp hyperemia, infiltration, one-sided protrusion of tonsil with the arches

A patient of 17 years old complains of a bad sore throat, which is intensified in swallowing, an increase in the body temperature, general malaise, headache, absence of appetite. He fell ill 3 days ago after overcooling. Objectively: the skin is moist. The pulse is 88 beats per min, rhythmic. Bright hyperemia of the mucous membrane of the palatine arches, tonsils and posterior wall of the pharynx are revealed. There are white coatings on the surface of the tonsils, which are easily removed. Submaxillary lymph nodes are enlarged, painful to palpation. Remaining ENT organs are not changed.

- A. catarrhal angina
- B. follicular angina
- C. lacunary angina
- D. ulceromembranous angina
- E. none of the enumerated

A patient complains of a bad pain in swallowing, irradiating into both ears, pain in the joints, an increase in the temperature to 38.0°C. On pharyngoscopy the tongue is covered with a coating, the palatine tonsils are enlarged, hyperemic, there are yellowish-white points in the submucous layer. Regional lymph nodes are enlarged, painful to palpation. What is the diagnosis?

- A. acute pharyngitis
- B. catarrhal angina
- C. follicular angina
- D. lacunary angina
- E. none of the enumerated

A patient of 36 years old complains of a sore throat at rest and in swallowing, tenderness during conversation, the body temperature is up to 37.8°C, general malaise. He fell ill three days ago after overcooling. He was treated by domestic means - gargling of the throat, aspirin. Domestic treatment did not help. The skin is moist, the pulse is 86 beats per min. Insignificant hyperemia of the mucous membrane of the nasal cavity is determined by rhinoscopy. It is difficult to perform pharyngoscopy. The mucous membrane of the uvula is hyperemic, infiltrated. Light hyperemia of the mucous membrane of the arches and tonsils. Submaxillary lymph nodes are enlarged, painful to palpation. On laryngoscopy, which is sharply difficult to perform because of the tenderness in putting out of the tongue, hyperemia,

infiltration of the lingual tonsils, coatings in the form of white islets on its surface are determined. The mucous membrane of the larynx is not changed, the vocal chords are white. How is to treat the patient?

- A. antibacterial treatment
- B. disintoxication treatment
- C. antiedematous treatment
- D. inhalation of antibiotics, hyposensitizing drugs, corticosteroids
- E. all enumerated

A patient of 17 years old complains of a headache, an increase in the temperature to 40°C. On examination hyperemia of the pharynx mucous membrane is determined, tonsils are enlarged, friable. The cervical, axillary, inguinal lymph nodes are enlarged, painful to palpation. The liver and spleen is moderately enlarged, painful to deep palpation. In blood analysis - leukocytosis with the prevalence of mononuclear leukocytes and atypical mononuclears. What is the diagnosis?

- A. catarrhal angina, cervical lymphadenitis
- B. mononucleosis
- C. agranulocytic angina
- D. ARVI
- E. none of the enumerated

In acute paratonsillar abscess it is performed:

- A. opening of the abscess
- B. tonsillectomy
- C. both
- D. none of these
- E. none of the enumerated

A patient developed paratonsillar abscess after angina for the first time. On pharyngoscopy displacement of the tonsils to the central line, hyperemia are determined, infiltration of the anterior palatine arch to the right, there is yellowish cleared up area and maximum protrusion in its anterosuperior part. Where is the most rational place of opening of paratonsillar abscess in this case?

- A. before the posterior palatine arch
- B. through the supratonsillar fossa
- C. on the side of the lower pole of the tonsils
- D. at the place of the greatest protrusion
- E. none of the enumerated

Clinical symptoms of the retropharyngeal abscess:

- A. hyperemia of the mucous membrane of the posterior wall of the pharynx with suppurated follicles
- B. protrusion, hyperemia of the posterior wall of the pharynx, difficult breathing, swallowing, nasality
- C. swelling, protrusion of the side wall of the pharynx and external surface of the neck
- D. contraction of opening of the pharynx, difficulty of swallowing, enlarged lymph nodes
- E. sharp hyperemia, infiltration, one-sided protrusion of tonsil with the arches

A patient with the sequential aggravation of relapsing paratonsillitis was admitted to clinic. He is ill the third day. What is rational tactics of treatment?

- A. conservative therapy
- B. opening of the paratonsillar abscess
- C. abscess tonsillectomy
- D. cryotonsillotomy
- E. administration of physioprocedures

A patient complains of a bad pain in swallowing, irradiating into both ears, pain in the joints, an increase in the temperature to 38.0°C. On pharyngoscopy the tongue is covered with a coating, the palatine tonsils are enlarged, hyperemic, there are yellowish-white points in the submucous layer. Regional lymph nodes are enlarged, painful to palpation. What is the diagnosis?

- A. acute pharyngitis

- B. catarrhal angina
- C. follicular angina
- D. lacunary angina
- E. none of the enumerated

A patient of 17 years old complains of a bad sore throat, which is intensified in swallowing, an increase in the body temperature, general malaise, headache, absence of appetite. He fell ill 3 days ago after overcooling. Objectively: the skin is moist. The pulse is 88 beats per min, rhythmic. Bright hyperemia of the mucous membrane of the palatine arches, tonsils and posterior wall of the pharynx are revealed. There are white coatings on the surface of the tonsils, which are easily removed. Submaxillary lymph nodes are enlarged, painful to palpation. Remaining ENT organs are not changed.

- A. catarrhal angina
- B. follicular angina
- C. lacunary angina
- D. ulceromembranous angina
- E. none of the enumerated

A patient of 17 years old complains of a headache, an increase in the temperature to 40°C. On examination hyperemia of the pharynx mucous membrane is determined, tonsils are enlarged, friable. The cervical, axillary, inguinal lymph nodes are enlarged, painful to palpation. The liver and spleen is moderately enlarged, painful to deep palpation. In blood analysis - leukocytosis with the prevalence of mononuclear leukocytes and atypical mononuclears. What is the diagnosis?

- A. catarrhal angina, cervical lymphadenitis
- B. mononucleosis
- C. agranulocytic angina
- D. ARVI
- E. none of the enumerated

A patient of 36 years old complains of a sore throat at rest and in swallowing, tenderness during conversation, the body temperature is up to 37.8°C, general malaise. He fell ill three days ago after overcooling. He was treated by domestic means - gargling of the throat, aspirin. Domestic treatment did not help. Today he referred to polyclinic for the first time. Objectively: the general state is satisfactory. The skin is moist, the pulse is 86 beats per min. Insignificant hyperemia of the mucous membrane of the nasal cavity is determined by rhinoscopy. It is difficult to perform pharyngoscopy. The mucous membrane of the uvula is hyperemic, infiltrated. Light hyperemia of the mucous membrane of the arches and tonsils. Submaxillary lymph nodes are enlarged, painful to palpation. On laryngoscopy, which is sharply difficult to perform because of the tenderness in putting out of the tongue, hyperemia, infiltration of the lingual tonsils, coatings in the form of white islets on its surface are determined. The mucous membrane of the larynx is not changed, the vocal chords are white, mobile. How is to treat the patient?

- A. antibacterial treatment
- B. disintoxication treatment
- C. antiedematous treatment
- D. inhalation of antibiotics, hyposensitizing drugs, corticosteroids
- E. all enumerated

A patient of 27 years old presents complaints on difficult opening of the mouth, impossibility to swallow rough food because of the intensive pain in left half of the throat, general malaise, high body temperature. He is ill the fourth day, he was unsuccessfully treated at home (aspirin and analgin per os, gargling of the stomatopharynx by the extract of sage). On examination enlarged and painful lymph nodes are determined in the left submaxillary region. The mouth is opened with difficulty, not wide. The mucous membrane of the stomatopharynx is hyperemic, the palatine almond is displaced to the centre, infiltration is determined, which involves the front arch and part of the soft palate. What is the diagnosis?

- A. anterosuperior paratonsillar abscess
- B. retropharyngeal abscess
- C. parapharyngeal abscess
- D. lacunary angina

E. none of the enumerated

A patient complains of a mild sore throat on the left. Objectively: the general state is not disturbed, the body temperature is 36.6°C. There are no changes in the internal organs. A greyish coating is determined at the upper pole of the left tonsil, after removal of which sufficiently deep ulcer with the uneven bottom is found. Deviations from the norm are not revealed in other ENT organs. What is a probable diagnosis?

- A. ulceromembranous angina of Simanovsky-Vensan
- B. lacunary angina
- C. syphilitic angina
- D. cancer of the palatine tonsil
- E. none of the enumerated

A mother complains of uneasiness of her eight-month baby, cry, sleep disorder, refusal of food, difficult nasal breathing, high body temperature during four days. 10 days ago it had acute respiratory infection, head cold and cough ceased, but the state of the baby did not improved, it was agitated, sluggish. Then difficulty of nasal breathing developed against the background of high temperature. The state of the child is of moderate severity, the body temperature is 38.0°C, the skin is pale. Respiration is with a snoring sound. Submaxillary lymph nodes are enlarged, painful to palpation on the right. The mucous membrane of the posterior wall of the pharynx is hyperemic, protruded on right half. What is the diagnosis?

- A. paratonsillar abscess
- B. retropharyngeal abscess
- C. parapharyngeal abscess
- D. phlegmon of the neck
- E. none of the enumerated

A patient of 20 years old complains of a sharp sore throat in swallowing, headache, general weakness, pain in the knee joints, increase in the body temperature up to 37°C. He is ill the second day, he associates the disease with overcooling. The general state is satisfactory. The appetite is reduced. The pulse is 102 beats per minute, of satisfactory filling. The internal organs are without special features. Pharyngoscopy: the mucous membrane of the pharynx is vividly hyperemic with white coatings on the surface of both tonsils. Submaxillary lymph nodes are enlarged, painless to palpation. Other ENT organs are without the deviations from the norm. What is the diagnosis?

- A. lacunary angina
- B. follicular angina
- C. catarrhal angina
- D. ulceromembranous angina
- E. none of the enumerated

What day from the onset of the disease in paratonsillar abscess is its opening performed?

- A. on the first day
- B. on the third- fifth day
- C. on the second day
- D. on the seventh day
- E. none of the enumerated

A patient of 31 years old presents complaints on intensive pain in the throat on the right, profuse salivation, impossibility to swallow even liquid (it pours out through the nose). His voice is nasal. She has been ill for seven days, she was treated in polyclinic for lacunary angina; substantial improvement began, but the day before the body temperature increased to 38°C and gradually developed the phenomena described above. On examination the mouth is opened with difficulty; the mucous membrane of the stomatopharynx is hyperemic, infiltrated; the fauces is narrowed due to the significant bulging of the right half of the palatine curtain and tonsil and displacement of the edematous uvula to the left. Infiltration is extended along side wall to the right pear-shaped sinus. In the right submaxillary region the conglomeration of dense and painful lymph nodes is palpated. What is the diagnosis?

- A. right-sided paratonsillar abscess
- B. phlegmon of the neck
- C. right-sided paratonsillar abscess, incipient phlegmon of the neck

- D. lacunary angina
- E. none of the enumerated

A patient complains of severe pain in the right half of the pharynx, irradiating into the ear, difficulty on swallowing and opening of the mouth, high body temperature, general malaise. He fell ill four days ago after catarrhal angina. Objectively: voice is nasal, there is trismus of the masticatory musculature. There is an infiltration of the tissues in the right paratonsillar region, tonsil and uvula are displaced to the central line. Regional lymph nodes are enlarged and painful to palpation. What is the diagnosis?

- A. lacunary angina
- B. retropharyngeal abscess
- C. parapharyngeal abscess
- D. paratonsillar abscess
- E. none of the enumerated

A patient referred with complaints on severe one-sided sore throat, intensified in swallowing, increase in the body temperature up to 39.0°C, general malaise. What symptom does not correspond to the clinical picture of paratonsillar abscess?

- A. sharp hyperemia, infiltration, one-sided protrusion of the tonsil with the arches, limitation of opening of the mouth
- B. protrusion and edema of the tonsils, covered with a white-grey coating, coming beyond the arches, absence of trismus
- C. unpleasant smell from the mouth
- D. disease of the lymph nodes of the neck
- E. high temperature, nasal voice

A child of 3 months is restless, cries, the body temperature is 39.8°C, it breathes only through the mouth, rejects to take breast. On the posterior wall of the pharynx there are determined sharp hyperemia of the mucous membrane, infiltration of the soft tissues, bulging. Nasal breathing is difficult. What is the diagnosis?

- A. acute pharyngitis
- B. retropharyngeal abscess
- C. paratonsillar abscess
- D. acute rhinitis
- E. none of the enumerated

A mother of the 6-month baby referred to the doctor. After ARD it again had increased body temperature, salivation was intensified, the baby became whining, irritable, rejected food. On examination by the ENT doctor retropharyngeal abscess is diagnosed. What are its clinical symptoms?

- A. hyperemia of the mucous membrane of the posterior wall of the pharynx with suppurated follicles
- B. protrusion, hyperemia of the posterior wall of the pharynx, difficult breathing, swallowing, nasality
- C. swelling, protrusion of the side wall of the pharynx and external surface of the neck
- D. contraction of opening of the pharynx, difficulty of swallowing, enlarged lymph nodes
- E. sharp hyperemia, infiltration, one-sided protrusion of the palatine tonsil with the arches

A patient of 38 years old, an X-ray technician, complains of a severe sore throat, which is intensified in swallowing, an body increase in the temperature, pain in the extremities, general malaise. The disease began sharply 2 days ago. The mucous membrane of the pharynx is moderately hyperemic on pharyngoscopy, tonsils are covered with dull gray necrotic coatings. The significant decrease of a quantity of granulocytes is determined in the study of the blood formula. What is the diagnosis?

- A. lacunary angina
- B. diphtheria of the pharynx
- C. agranulocytic angina
- D. angina of Simanovsky-Vensan
- E. none of the enumerated

In a week after angina a patient suddenly developed one-sided pain in the region of the neck and throat, trismus of the masticatory musculature, infiltration of the soft tissues behind the angle of the mandible, an increase in the body temperature up to high numbers. What are the pathognomonic clinical symptoms of parapharyngeal abscess?

- A. hyperemia of the mucous membrane of the posterior wall of the pharynx with suppurated follicles
- B. protrusion, hyperemia of the posterior wall of the pharynx, difficult breathing, swallowing, nasality
- C. swelling, protrusion of the side wall of the pharynx and external surface of the neck
- D. contraction of opening of the pharynx, difficulty of swallowing, enlarged lymph nodes
- E. sharp hyperemia, infiltration, one-sided protrusion of tonsil with the arches

During professional examination a patient is revealed to have cone-shaped whitish “plugs” on the surface of the palatine and lingual tonsils as well as on the posterior wall of the pharynx, which are raised above the surface mucosa, and are removed with difficulty. What is the diagnosis?

- A. chronic hypertrophic pharyngitis
- B. leptotrichosis
- C. acute pharyngitis
- D. follicular angina
- E. none of the enumerated

A patient has been experiencing a sore throat, increase in the body temperature to the subfebrile numbers, general malaise for 3 days. The grayish-white coatings on the palatine tonsils involving the arches are determined on pharyngoscopy. The coatings are removed with difficulty, in this case erosive surface is bared. What is a suppositional diagnosis?

- A. diphtheria of the throat
- B. lacunary angina
- C. pharyngomycosis
- D. angina of Simanovsky-Vensan
- E. none of the enumerated

A patient referred with complaints on severe one-sided sore throat, intensified in swallowing, increase in the body temperature up to 39.0°C, general malaise. What symptom does not correspond to the clinical picture of paratonsillar abscess?

- A. sharp hyperemia, infiltration, one-sided protrusion of the tonsil with the arches, limitation of opening of the mouth
- B. protrusion and edema of the tonsils, covered with a white-grey coating, coming beyond the arches, absence of trismus
- C. unpleasant smell from the mouth
- D. disease of the lymph nodes of the neck
- E. high temperature, nasal voice

A patient complains of severe pain in the right half of the pharynx, irradiating into the ear, difficulty on swallowing and opening of the mouth, high body temperature, general malaise. He fell ill four days ago after catarrhal angina. Objectively: voice is nasal, there is trismus of the masticatory musculature. There is an infiltration of the tissues in the right paratonsillar region, tonsil and uvula are displaced to the central line. Regional lymph nodes are enlarged and painful to palpation. What is the diagnosis?

- A. lacunary angina
- B. retropharyngeal abscess
- C. parapharyngeal abscess
- D. paratonsillar abscess
- E. none of the enumerated

A mother of the 6-month baby referred to the doctor. After ARD it again had increased body temperature, salivation was intensified, the baby became whining, irritable, rejected food. On examination by the ENT doctor retropharyngeal abscess is diagnosed. What are its clinical symptoms?

- A. hyperemia of the mucous membrane of the posterior wall of the pharynx with suppurated follicles
- B. protrusion, hyperemia of the posterior wall of the pharynx, difficult breathing, swallowing, nasality
- C. swelling, protrusion of the side wall of the pharynx and external surface of the neck
- D. contraction of opening of the pharynx, difficulty of swallowing, enlarged lymph nodes
- E. sharp hyperemia, infiltration, one-sided protrusion of the palatine tonsil with the arches

A child of 3 months is restless, cries, the body temperature is 39.8°C, it breathes only through the mouth, rejects to take breast. On the posterior wall of the pharynx there are determined sharp hyperemia of the mucous membrane, infiltration of the soft tissues, bulging. Nasal breathing is difficult. What is the diagnosis?

- A. acute pharyngitis
- B. retropharyngeal abscess
- C. paratonsillar abscess
- D. acute rhinitis
- E. none of the enumerated

A patient suffers from recurrent anginas, which are accompanied by the tonsillitogenic intoxication, exacerbation of rheumatism. On pharyngoscopy the palatine tonsils are of I degree, there are purulent plugs in the lacunas, the edges of the palatine arches are infiltrated, cicatricially adhered to the tonsils. The regional lymph nodes are enlarged on the neck on both sides. Make the diagnosis.

- A. chronic decompensated tonsillitis
- B. chronic compensated tonsillitis
- C. lacunary angina
- D. leptotrichosis
- E. none of the enumerated

A patient complains of frequent anginas with a high temperature in the last 8 years, sometimes 2-3 times per year. After last angina he had pains in the heart, subfebrile temperature persisted approximately one month. Hyperemia is determined on pharyngoscopy as well as band-shaped thickening of the edges of the palatine arches, the palatine tonsils are of I degree, friable, adhered to the arches, there is purulent detrite in the lacunas. The regional cervical lymph nodes are enlarged. What is the diagnosis?

- A. chronic compensated tonsillitis
- B. chronic decompensated tonsillitis
- C. catarrhal angina
- D. angina, cervical lymphadenitis
- E. none of the enumerated

A patient complains of unpleasant smell from the mouth, periodic insignificant sore throat, general fatigue. On pharyngoscopy: the palatine tonsils are of II degree, friable, there is liquid pus in the lacunas, symptoms of chronic tonsillitis of Zak, Gieze, Preobrazhenskiy are positive. What is a therapeutic tactics?

- A. conservative therapy, cryotonsillotomy
- B. dissection of the lacunas of the tonsils
- C. tonsillotomy
- D. tonsillectomy
- E. none of the enumerated

A patient suffers from frequent anginas, the last one was complicated by paratonsillar abscess. In the last year he complains of periodic pain in the heart. The objective signs of chronic tonsillitis are expressed on pharyngoscopy. How can you treat the patient?

- A. conservative therapy
- B. cryotonsillotomy
- C. tonsillotomy
- D. tonsillectomy
- E. none of the enumerated

A patient complains of a constant sore throat, subfebrile state, general weakness, poor sleep, pains in the

joints. Conservative treatment is ineffective. On examination: the tongue is covered with a whitish coating, the tonsils are atrophic, adhered to the arches, there is pus in the lacunas, deep cervical lymph nodes are enlarged. What is the diagnosis?

- A. chronic compensated tonsillitis
- B. chronic decompensated tonsillitis
- C. chronic subcompensated tonsillitis
- D. lacunary angina
- E. none of the enumerated

A patient was admitted to hospital with the diagnosis of tonsillogenic sepsis. On examination the diagnosis was confirmed. What form of treatment is indicated?

- A. only conservative therapy
- B. tonsillectomy
- C. tonsillectomy and conservative therapy
- D. tonsillotomy
- E. none of the enumerated

A child of 4 years old is frequently ill with respiratory diseases. A notable enlargement of the palatine tonsils is determined in the throat, which are practically closed across the central line. There are no hyperemia of the mucosa, coatings and purulent plugs in the tonsils. What is the diagnosis?

- A. chronic compensated tonsillitis
- B. hypertrophy of the palatine tonsils
- C. chronic decompensated tonsillitis
- D. double-sided paratonsillitis

E. none of the enumerated
A child of 5 years old breathes through the nose, he is frequently ill with respiratory diseases, he sleeps badly, yells in the sleep, night enuresis is noted. Objectively: the skin is pale, half-open mouth, smoothness of the nasolabial folds, high Gothic sky. What is the assumed diagnosis?

- A. hypertrophy of the adenoid tissue
- B. chronic adenoiditis
- C. acute rhinitis
- D. chronic allergic rhinitis
- E. none of the enumerated

A patient of 12 years old complains of yearly angina. He does not present complaints between anginas. On pharyngoscopy there is determined injection of the vessels along the edges of the palatine arches, tonsils are friable, with purulent plugs in the lacunas. The cervical lymph nodes are enlarged. Internal organs are without any peculiarities. What is a therapeutic tactics?

- A. injection of antibiotics in the tissue of the palatine tonsils
- B. cryotonsillotomy
- C. tonsillotomy
- D. tonsillectomy
- E. none of the enumerated

What classification of chronic tonsillitis is proposed by the academician I. B. Soldatov?

- A. compensated, decompensated
- B. primary, secondary
- C. compensated, subcompensated, decompensated
- D. mild, moderate severity, severe
- E. none of the enumerated

What symptoms are characteristic of the compensated form of chronic tonsillitis?

- A. there are local signs of inflammation, submaxillary lymphadenitis
- B. enlargement of the tonsils
- C. there are no signs of local inflammation
- D. posterior wall of the pharynx is hyperemic
- E. edema of the tongue

A patient aged 17 suffers from chronic decompensated tonsillitis. Decompensation is expressed by frequent anginas, infectious polyarthritis, pyelonephritis. What is rational method of treatment of this form of chronic tonsillitis?

- A. cryotonsillotomy
- B. tonsillectomy
- C. ultrasonic disintegration
- D. conservative treatment
- E. electro-caustics of the tonsils

Name the ear diseases, caused by adenoidal vegetations, except one:

- A. acute otitis media
- B. chronic otitis media
- C. conductive hearing disorder
- D. sensorineural hearing disorder
- E. tubo-otitis

A patient complains of frequent anginas with a high temperature in the last 8 years, sometimes 2-3 times per year. After last angina 5 months ago he had pains in the heart, subfebrile temperature was kept for approximately one month. Objectively: there are no pathologic changes in the internal organs. Examination of the ENT organs determined hyperemia of the mucous membrane along the edge of the palatine arches. The palatine tonsils somewhat protrude over the edge of arches, they are friable, adhered to the arches, the tonsil lacunas contain purulent detrite. The upper cervical lymph nodes are consolidated. What is the diagnosis?

- A. chronic compensated tonsillitis
- B. chronic decompensated tonsillitis
- C. chronic pharyngitis
- D. follicular angina
- E. none of the enumerated

A patient complains of frequent anginas, from which he has been suffering since childhood. At the age of 24 angina was complicated by paratonsillar abscess, in the last year the patient complains of pain in the region of the heart. Objectively: the state of the patient is satisfactory. Pulse is rhythmic, 76 beats per minute. The functional heart sound is revealed on auscultation. Other changes in the internal organs are not revealed. There is mild hyperemia of the mucous membrane of the front arches in the fauces. The tonsils are dense, cicatricial, adhered to the arches. There is liquid purulent detrite in the tonsil lacunas. The submandible lymph nodes are consolidated, enlarged to palpation. The mucous membrane of the posterior wall of the pharynx is pink, with single enlarged granules. What is the diagnosis?

- A. chronic compensated tonsillitis
- V. chronic pharyngitis
- C. chronic decompensated tonsillitis
- D. follicular angina
- E. none of the enumerated

A patient referred to the otolaryngologist with complaints on frequent anginas. On oropharyngoscopy: the tonsils are of small size, friable, yellowish rounded formations of 1-2 mm in size are seen through the epithelial cover of the tonsils. The methods of conservative treatment are:

- A. washing of the lacunas of the tonsils
- B. paint of the surface of the tonsils with Lugol solution
- C. physical therapeutic methods
- D. vitamin therapy
- E. all enumerated

A 5-year-old child sleeps badly at night, according to his parents, breathing is noisy, mouth is always opened. Voice is nasal, he swallows solid food with difficulty, eats slowly and for a long time. Objectively: the tonsils are smooth, of large size, converge across the central line. The palatine arches are unchanged, lacunas are clean, regional lymph nodes are not enlarged. Prescribe treatment.

- A. adenotomy, tonsillotomy

- B. physiotherapy
- C. vitamin therapy
- D. tonsillectomy
- E. tonsillotomy

Name the ear disease, associated with adenoidal vegetations:

- A. syndrome of Wisner
- B. otomycosis
- C. chronic otitis media
- D. sensorineural hearing disorder
- E. malignant external otitis

Conservative therapy of chronic adenoiditis includes everything, except:

- A. washing out of the nasal cavity with antiseptic solutions
- B. use of preparations of the local antibacterial therapy
- C. use of the topical bacterial immunocorrectors
- D. physiotherapy
- E. systemic antibacterial therapy

A patient of 46 years old complains of constant dryness in the throat, periodically discomfort becomes worse, pain develops in swallowing. Objectively: the mucous membrane of the nose and posterior wall of the pharynx is dry, its surface is smooth, shines, it is covered with viscous phlegm. What is the diagnosis?

- A. acute rhinopharyngitis
- B. chronic atrophic rhinopharyngitis
- C. chronic vasomotor rhinitis
- D. ozena
- E. none of the enumerated

The diagnosis of chronic adenoiditis differs from that of adenoidal vegetations by:

- A. duration of the disease
- B. presence of the ear symptoms
- C. bacterial semination
- D. addition of disorders of general nature
- E. belonging to children with allergic reactions

A 8-year-old patient complains of discomfort in the throat: tickling, burning, which appeared after consumption of cold food. On examination by the ENT doctor acute pharyngitis is diagnosed. What are its clinical symptoms?

- A. hyperemia and moderate infiltration of the mucous membrane of the posterior wall of the throat
- B. hyperemia of the mucous membrane of the pharynx, the lymphoid granules are visible on its posterior wall
- C. posterior wall of the pharynx is covered with viscous mucous secretion
- D. protrusion, hyperemia of the posterior wall of the pharynx
- E. positive symptoms of Gieze and Zak

A child of 5 years old breathes through the nose badly, he is frequently ill with respiratory diseases, he sleeps badly, he yells in the sleep, night enuresis is noted. Objectively: the skin is pale, mouth is half-open, there is smoothness of the nasolabial folds and high Gothic palate. What is the diagnosis?

- A. hypertrophy of the adenoidal tissue
- B. chronic adenoiditis
- C. acute rhinitis
- D. chronic allergic rhinitis
- E. none of the enumerated

A child of 5 years old who suffers from chronic adenoiditis was administered the course of conservative therapy for preparation to the operation. What does this course include?

- A. washing out of the nasal cavity by the method of displacement

- B. endonasal corticosteroids
- C. endonasal cromones
- D. endonasal antihistaminic drugs
- E. nonmedicinal blockades of the nose

Name the disease, which can be accompanied by acute pharyngitis:

- A. agranulocytosis
- B. chronic pancreatitis
- C. mediastenitis
- D. tuboeustacheitis
- E. lymphadenitis

Name the ear disease associated with adenoidal vegetations:

- A. conductive hearing disorder
- B. furuncle of the external auditory meatus
- C. otosclerosis
- D. Meniere's disease
- E. atresia of the external auditory meatus

Which is not related to complications of acute tonsillitis:

- A. tonsillogenic sepsis
- B. retropharyngeal abscess
- C. anaphylactic shock
- D. purulent lymphadenitis
- E. tonsillogenic mediastenit

Predisposing factors of hypertrophy of the lymphoepithelial pharyngeal ring elements are all except:

- A. lymphatico- hypoplastic diathesis
- B. latent infection of the tonsils and oral cavity
- C. frequent acute or chronic otites media
- D. acute respiratory diseases
- E. hypovitaminosis

A patient referred with complaints on tickling, a feeling of a foreign body in the throat, pain in "empty" swallow. A similar state has been disturbing periodically for 10-12 years, the temperature is normal, the general state of the organism is satisfactory. Hyperemia of the mucous membrane of the pharynx is noted on pharyngoscopy, the lymphoid granules are visible on its posterior wall, the palatine tonsils are of II degree, pink, without pathologic contents in the lacunas. What is the diagnosis?

- A. chronic catarrhal pharyngitis
- B. acute pharyngitis
- C. chronic hypertrophic pharyngitis
- D. chronic compensated tonsillitis
- E. chronic sub-atrophic pharyngitis

A child of 4 years old is frequently ill with respiratory diseases. A notable enlargement of the palatine tonsils is determined in the throat, which are practically closed across the central line. There are no hyperemia of the mucosa, coatings and purulent plugs in the tonsils. What is the diagnosis?

- A. chronic compensated tonsillitis
- B. hypertrophy of the palatine tonsils
- C. chronic decompensated tonsillitis
- D. bilateral paratonsillitis
- E. none of the enumerated

A 5-year-old child was made a diagnosis: the adenoidal vegetations of III degree. There are no signs of chronic adenoiditis. Name the leading symptom in this form of pathology, except:

- A. difficulty of nasal breathing
- B. muco-purulent discharged from the nose

- C. recurrent acute otitis
- D. night enuresis
- E. closed nasality

A child of 5 years old who suffers from chronic adenoiditis was administered the course of conservative therapy for preparation to the operation. What does this course include ?

- A. washing out of the nasal cavity by the method of displacement
- B. administration of antibacterial astringent drops in the nose
- C. injection of sulfomixture in the nose
- D. antihistaminic therapy
- E. nonmedicinal blockades of the nose

Name the ear diseases, caused by adenoidal vegetations, except one:

- A. acute otitis media
- B. chronic otitis media
- C. conductive hearing disorder
- D. sensorineural hearing disorder
- E. tubo-otitis

A child of 3 years old is frequently ill with respiratory diseases. According to his mother, during sleep in the lying position his nasal and oral breathing is disturbed, there is snoring, agitated sleep. The otolaryngologist made a diagnosis of hypertrophy of the tonsils. What is a clinical picture of the disease?

- A. enlarged tonsils with purulent contents in the lacunas on pharyngoscopy
- B. enlarged tonsils, which are practically closed in the central line, there is no hyperemia of the mucosa, there are no coatings and purulent plugs in the tonsils
- C. enlarged tonsils, positive symptom of Zak on pharyngoscopy
- D. enlarged tonsils, positive symptom of Gieze on pharyngoscopy
- E. enlarged tonsils, which are covered with purulent or fibrinous coatings

A 4-year-old child is made a diagnosis: adenoidal vegetations of III degree. There are no signs of chronic adenoiditis. Name the consequences, which may be associated with this pathology.

- A. allergic rhinitis
- B. atrophic rhinopharyngitis
- C. chronic hypertrophic pharyngitis
- D. recurrent otitis media
- E. open nasality

A baby of 5 months is restless, it cries, rejects the breast, breathes through the open mouth, the temperature is 39.8°C. Objectively: trismus of the masticatory muscles is absent, there is no asymmetry of the soft palate, protrusion of the rounded form is somewhat eccentrically determined on the posterior wall of the pharynx, there is hyperemia of the mucous membrane. Nasal breathing is sharply worsened. Make the diagnosis.

- A. paratonsillary abscess
- B. parapharyngeal abscess
- C. retropharyngeal abscess
- D. acute pharyngitis
- E. angina

The causes for development of chronic tonsillitis include the following, except:

- A. infectious agent (more frequent β - hemolytic streptococcus)
- B. allergization and autosensitization to the bacterial and tissue antigens
- C. reduction in the reactivity of the organism
- D. virulence of the microflora
- E. realization of the factors of specific and nonspecific protection of the mucous membranes of the upper respiratory tract

What data are characteristic of the compensated stage of chronic tonsillitis (classification by I.B Lukovskiy)

- A. recurrent acute tonsillitis in the anamnesis; the tonsils are of the middle size, liquid pus in the

lacunas; the band-shaped thickening of the front and posterior palatine arches

B. on pharyngoscopy: 3 degree of hypertrophy of the palatine tonsils; the mucous membrane of the tonsils is of the pink colour

C. frequent angina in the anamnesis, periodic pain in the region of the heart, joints, rapid fatigue. On pharyngoscopy: the tonsils are of 2 degrees of hypertrophy, the symptoms of Zak, Gieze, Preobrazhenskiy are positive

D. tonsils of 1 degree of hypertrophy, cicatricial adhesions between the tonsils and arches (in the past he had tonsillotomy) are noted

E. on pharyngoscopy: tonsils of the middle size, liquid pus in the lacunas, Preobrazhenskiy's symptom is positive, the bands of Koritskiy are palpated. In the anamnesis: angina with a frequency of 1-2 times per year, with sharply pronounced intoxication. He is ill with rheumatism

In what cases the conservative treatment of chronic tonsillitis is not indicated?

A. recurrent acute tonsillitis (angina) in the anamnesis; on pharyngoscopy: the tonsils are of the middle size, liquid pus in the lacunas; the band-shaped thickening of the front and posterior palatine arches is noted

B. on pharyngoscopy: 3 degree of hypertrophy of the palatine tonsils; the mucous membrane of the tonsils is of the pink colour

C. frequent angina in the anamnesis, periodic pain in the region of the heart, joints, rapid fatigue. On pharyngoscopy: the tonsils are of 2 degrees of hypertrophy, the symptoms of Zak, Gieze, Preobrazhenskiy are positive

D. tonsils of 1 degree of hypertrophy, cicatricial adhesions between the tonsils and arches (in the past he had tonsillotomy) are noted

E. on pharyngoscopy: tonsils of the middle size, liquid pus in the lacunas, Preobrazhenskiy's symptom is positive, the bands of Koritskiy are palpated. In the anamnesis: angina with a frequency of 1-2 times per year, with sharply pronounced intoxication. He is ill with rheumatism

The compensated form of chronic tonsillitis (classification by I.B.Soldatov) is diagnosed in presence of:

A. objective local signs of chronic tonsillitis

B. recurrent acute tonsillitis

C. tonsillogenic intoxication of different degree of manifestation

D. metatonsillar diseases of the distant organs and systems

E. local complications of chronic tonsillitis - paratonsillitis, paratonsillar abscess, cervical lymphadenitis with abscess formation

A 2- year-old child developed hoarseness 3 months ago. Laboured breathing was growing gradually which has recently become noisy. Data of direct laryngoscopy: the glottis is partially closed by fine tuberos formations of gray colour. Make a preliminary diagnosis.

A. chronic stenosis of the larynx

B. diphtheria of the throat

C. papillomatosis of the larynx

D. edema of the larynx

E. chronic hypertrophic laryngitis

Symptoms of chondroperichondritis of the larynx are..., except:

A. increase in the body temperature

B. intensification of pain on swallowing

C. ringing voice

D. presence of inflammatory edema in laryngoscopy

E. hoarse voice

Characteristic of acute subglottic laryngitis:

A. barking cough

B. bronchospasm

C. expiratory dyspnea (shortness of breath)

- D. instantaneous onset of the disease
- E. ringing voice

On indirect laryngoscopy a patient is found to have “putrid” position of both vocal folds, he had operation on the thyroid gland two weeks ago. What function of the larynx suffers in bilateral paralysis of the supralaryngeal nerve?

- A. resonator
- B. protective
- C. respiratory
- D. voice-forming
- E olfactory

A patient aged 52, complains of a bad sore throat, which intensifies in swallowing, laboured breathing. He has been ill for three days, after drinking cold water. Objectively: the body temperature is increased to 38.8°C, there is inspiratory dyspnea. The cervical lymph nodes are enlarged and painful to palpation. Data of laryngoscopy: edema of the epiglottis, sites of abscess formation on it, the glottis is not seen. Make a preliminary diagnosis.

- A. hematoma of the larynx
- B. acute laryngitis
- C. phlegmonous laryngitis
- D. guttural angina
- E. abscess of the epiglottis

A patient complains of a bad sore throat, which intensifies in swallowing, laboured breathing, hoarseness, cough. He has been ill for three days, after drinking cold water. The diagnosis is phlegmonous laryngitis. Describe the objective picture.

- A. hyperthermy
- B. inspiratory shortness of breath
- C. painful enlarged lymph nodes
- D. hyperemia and infiltration of the mucous membrane of the larynx
- E. all of the listed

A patient aged 28, complains of the sensation of tickling in the throat, dry cough, hoarseness and rapid fatigue of voice. He has been ill for 2 days, overcooling preceded the disease. Objectively: the patient’s general state is satisfactory. The diagnosis is acute laryngitis. Which of the therapeutic measures is correct?

- A. antibiotic therapy
- B. vocal regimen
- C. hormonotherapy
- D. sedatives
- E. antiedematous therapy

Complications of phlegmonous laryngitis are..., except:

- A. sepsis
- B. asphyxia
- C. phlegmon of the oral cavity bed
- D. retropharyngeal abscess
- E. pneumonia

Formation of “vocal” knots is associated with:

- A. anomaly of the larynx
- B. overloading of vocal folds during singing
- C. hereditary tendency
- D. abuse of alcohol
- E. smoking

Principles of the treatment of acute phonasthenia are..., except:

- A. sedative therapy
- B. strict vocal regimen for one week

- C. multivitamins, general strengthening therapy
- D. "switching off" of the auditory control
- E. respiratory gymnastics

The form of chronic laryngitis includes:

- A. allergic
- B. atrophic
- C. serous
- D. cystic
- E. papillomatous

A patient complains of severe pain in turnings of the head, swallowing, chill, increase of the body temperature to 38°C. The disease began sharply 3 days ago. The mucous membrane of the throat and larynx is hyperemic, moderately edematous on indirect laryngoscopy. There is a rounded protrusion, with a yellow spot on the top on the lingual surface of the epiglottis. The lower parts of the larynx are not seen.

What is the diagnosis?

- A. acute catarrhal laryngitis
- B. diphtheria of the larynx
- C. abscess of the epiglottis
- D. tumour of the larynx
- E. none of the enumerated

A 3- year-old child was admitted to the ENT department with complaints on laboured breathing, barking cough and slight hoarseness. He has been ill for 4 days, when rhinitis, cough, increased body temperature developed. The respiration sharply deteriorated during sleep. The child is excited, the skin is pale, auxiliary musculature participates in the act of respiration. During direct laryngoscopy the mucous membrane of the larynx is reddened, elevations of red colour are visible in the subglottic space, the glottis is narrowed, significant amount of purulent phlegm was discharged during cough. Name the disease, with which it is necessary to make a differential diagnosis.

- A. diphtheria
- B. retropharyngeal abscess
- C. foreign body of the larynx
- D. all enumerated above
- E. none of the enumerated

A patient of 27 years old took a new antibiotic, she has complaints on a feeling of foreign body in the throat, significant difficulty of respiration, hoarseness, edema of the face and neck. The diagnosis is established: allergic edema of the larynx. Indicate laryngoscopic data which confirm the diagnosis.

- A. hyperemia and immobility of the vocal folds
- B. contraction of the glottis
- C. coatings on the lingual surface of the epiglottis
- D. edema of arytenoid epiglottal folds, posterior wall of the entrance in the larynx
- E. tumour-like formation of yellow- transparent colour on the posterior wall of the entrance in the larynx

A patient complains of sharp general weakness, increase of the body temperature to 38.5°C, sore throat, difficult swallowing, choking during consumption of food, loss of voice, unbearable voiceless cough with periodic discharge of a dark gray film. Data of indirect laryngoscopy: the mucous membrane of the larynx is hyperemic, covered with a gray film, which narrows glottis. Make a preliminary diagnosis.

- A. phlegmonous laryngitis
- B. acute laryngitis
- C. diphtheria of the larynx
- D. chondroperichondritis of the larynx
- E. edema of the larynx

A patient aged 57, complains of hoarseness, discomfort in the throat, periodic dry cough. Work is connected with frequent overcooling and dustiness of the air, the patient smokes. Data of indirect laryngoscopy: the mucous membrane of the vocal folds is pink, unevenly thickened, there is stratification

of white colour in the posterior part of the vocal folds, both halves of the larynx are symmetrically mobile.

Make the diagnosis.

- A. chronic hypertrophic laryngitis
- B. leukoplakia of the vocal folds
- C. diphtheria of the larynx
- D. chondroperichondritis of the larynx
- E. chronic hypertrophic laryngitis, leukoplakia of the vocal folds

The form of chronic laryngitis includes:

- A. allergic
- B. atrophic
- C. serous
- D. cystic
- E. papillomatous

A patient complains of severe pain in turnings of the head, swallowing, chill, increase of the body temperature to 38°C. The disease began sharply 3 days ago. The mucous membrane of the throat and larynx is hyperemic, moderately edematous on indirect laryngoscopy. There is a rounded protrusion, with a yellow spot on the top on the lingual surface of the epiglottis. The lower parts of the larynx are not seen.

What is the diagnosis?

- A. acute catarrhal laryngitis
- B. diphtheria of the larynx
- C. abscess of the epiglottis
- D. tumour of the larynx
- E. none of the enumerated

A 3- year-old child was admitted to the ENT department with complaints on laboured breathing, barking cough and slight hoarseness. He has been ill for 4 days, when rhinitis, cough, increased body temperature developed. The respiration sharply deteriorated during sleep. The child is excited, the skin is pale, auxiliary musculature participates in the act of respiration. During direct laryngoscopy the mucous membrane of the larynx is reddened, elevations of red colour are visible in the subglottic space, the glottis is narrowed. What is diagnosis?

- A. diphtheria
- B. retropharyngeal abscess
- C. foreign body of the larynx
- D. acute subglottic laryngitis
- E. acute phlegmonous laryngitis

A patient, who took a new antibiotic had complaint on a feeling of foreign body in the throat, significant difficulty of respiration (inspiratory shortness of breath), hoarseness, edema of the face and neck. Make a preliminary diagnosis.

- A. Quincke's edema, stenosis of the larynx
- B. inflammatory stenosis of the larynx
- C. phlegmonous laryngitis
- D. perichondritis the larynx
- E. acute catarrhal laryngitis

Morphological changes in burn of the gullet of III degree:

- A. damage of the superficial epithelial layer.
- B. damage of the whole thickness of the mucous membrane.
- C. necrosis of the mucous and muscular layers of the gullet.
- D. inflammatory changes penetrate the deep-lying formations (periesophageal cellular tissue of the mediastinum).
- E. all enumerated

The basic methods of removal of the foreign bodies of the nose:

- A. rhinoscopy, removal with the aid of the clamp.

- B. removal with the aid of the fibroscope
- C. with the aid of the nose pincers.
- D. rhinoscopy (anaemization of the mucous membrane, removal by the probe, by the hook).

E. by the hook; in large foreign bodies - splitting with bone forceps and further removal by the hook.

A patient S., aged 63 was admitted to the clinic with complaints on hoarseness of voice. He has been ill for a year, he noted difficult breathing in the last 5 days. Laryngoscopy: the right half of the larynx is occupied by the irregular tumour, it is immovable, the glottis is narrowed. A dense mobile lymph node is palpated on the neck on the right, of 5 cm in size. No pathology is revealed on the X-ray examination of the chest organs. What is your preliminary diagnosis?

- A. cancer of the larynx of III st
- B. tuberculosis of the larynx
- C. cancer of the larynx of II st.
- D. disease of Wegener
- E. scleroma of the larynx

A 22- year-old patient complains that he received a blow on the anterior surface of the neck during fight. Shortness of breath and hoarseness developed in several hours. The patient is excited; tachycardia, inspiratory dyspnea are revealed. Data of laryngoscopy: the tumorous formation of the cyanotic colour of the right vestibular region, it overlaps the glottis. The diagnosis is made: hematoma of the larynx. Indicate the stage of stenosis.

- A. compensation
- B. subcompensation
- C. decompensation
- D. asphyxia
- E. stenosis absent

Therapeutic measures (most important) in the first twenty-four hours after burn of the gullet:

- A. accelerated diuresis with application of 4% solution of soda.
- B. fight with shock, intoxication, dehydration, stenosis of the larynx (in its development), hunger, corticosteroid preparations, antibiotics.
- C. only antipyretic treatment.
- D. corticosteroid preparations, antibiotics, rehydration, spasmolytics, pain-killers, parenteral nourishment or the diet № 1.
- E. bougienage of the gullet + measures, indicated in D.

Symptoms of foreign bodies and rhinoliths:

- A. unilateral stuffiness of the nose, purulent runny nose, hyperemia of the mucous membrane of the nose, granulation.
- B. atrophy of the mucous membrane of the nose, wide nasal passages.
- C. unpleasant smell from the nose.
- D. nasal bleeding
- E. lacrimation, worsening in the sense of smell, headache.

Is it possible to include cancer of the larynx in the complex “infectious granuloma”? What diseases compose this complex?

- A. tuberculosis, scleroma, syphillis of the larynx, disease of Wegener
- B. cancer of the larynx, pharynx, ethmoid labyrinth
- C. angina of Vensan, Simanovskiy, syphillis of the larynx
- D. tuberculosis of the larynx, disease of Wegener
- E. none of the enumerated

A child of 3 years old is brought to the ENT department with complaints on difficult breathing, barking cough, insignificant hoarseness. The child has been ill for 4 days, when he developed runny nose, cough, increased body temperature. The respiration sharply deteriorated during sleep. The child is excited, the skin is pale, accessory musculature participates in the act of respiration. During direct laryngoscopy the mucous membrane of the larynx is reddened, bands of red colour are determined in the subglottic space,

the glottis is sharply narrowed. A significant quantity of purulent sputum was discharged during cough. Make a preliminary diagnosis.

- A. ARVI. Acute laryngotracheitis. Stenosis of the larynx in the stage of incomplete compensation
- B. acute stenosing laryngotracheitis
- C. primary acute laryngotracheitis, 1 variant.
- D. stenosis of the larynx in the stage of decompensation
- E. stenosis of the larynx in the stage of incomplete compensation

Therapeutic measures (most important) in the first seven days after burn of the gullet:

- A. accelerated diuresis with application of 4% solution of soda.
- B. fight with shock, intoxication, dehydration, stenosis of the larynx (in its development), hunger, corticosteroid preparations, antibiotics.
- C. only antipyretic treatment.
- D. corticosteroid preparations, antibiotics, rehydration, spasmolytics, pain-killers, parenteral nourishment or the diet № 1.
- E. bougienage of the gullet + measures, indicated in D.

Methods of diagnostics of foreign bodies of the upper respiratory tract are:

- A. anamnestic information (presence of short-term asphyxia at the moment of passage of the foreign body through the glottis).
- B. physical methods.
- C. roentgenography of the larynx and lungs.
- D. endoscopic methods.
- E. all enumerated.

On pharyngoscopy a patient is determined to have an irregular whitish tumour with disintegration. The tumour involves the lower pole of the right palatine tonsil with passage to the lateral side of the tongue and cellular tissue of the floor of the oral cavity. The mobility of the larynx is preserved. Planocellular cancer without keratinization is histologically verified. What is your therapeutic tactics?

- A. chemoradiation therapy
- B. selective chemotherapy, radiation therapy
- C. operation
- D. antibiotic therapy
- E. cryo-destruction of the tumour

In 3 hours after tracheostomy a patient's respiration deteriorated, crepitation of the subcutaneous cellular tissue was noted in the region of the anterior part of the neck. Determine therapeutic tactics.

- A. make a revision of the tracheostoma
- B. carry out the intubation
- C. replace the tracheocanuula for the smaller size
- D. introduce tracheocannula in the trachea opening after revision

E. hormonotherapy
What chemical substances cause more profound alterations in the walls of the gullet in burns?

- A. acids
- B. alkali
- C. alcohol
- D. all of enumerated
- E. none of the enumerated

The characteristic of organic foreign bodies of the respiratory tract:

- A. roentgenocontrast, diagnosed with difficulty.
- B. get swollen, decompose, cause the processes of decay in the tracheobronchial tree.
- C. crumble in removal (second plurality of foreign bodies).
- D. all enumerated.
- E. none of the enumerated

What form of tracheostomy is expedient in cancer of the larynx in case of stenosis?

- A. upper

- B. lower
- C. median
- D. lateral
- E. any of the enumerated

A patient aged 52 years has been under clinical observation of the otolaryngologist for 1.5 years for cancer of the larynx of 2 st. He refused the proposed treatment. Objectively: stridor, pale skin, cyanosis of the lips, moderate participation of the accessory musculature in the act of respiration, the patient is conscious, active. On indirect laryngoscopy: extended tumour of the larynx, which shuts its opening, the width of the glottis is 3 mm. What are your therapeutic measures?

- A. operation for a tumour of the larynx
- B. tracheotomy
- C. drug destenosis
- D. intubation
- E. none of the enumerated

What chemical substances cause coagulation necrosis of the tissues in burns of the gullet?

- A. acids
- B. alkali
- C. both
- D. neither of them
- E. none of the enumerated

The method of removal of the foreign bodies of the larynx in an adult:

- A. bronchoscopy.
- B. indirect laryngoscopy.
- C. digital removal.
- D. through laringofissura

E. direct laryngoscopy A patient A. aged 67 was admitted to the ENT clinic with complaints on pain, itching and bleeding from the left auricle. According to the words of the patient he has been suffering for a month. He referred for aid after the sequential renewal of bleeding. The ulcerated surface of 1.5 to 2.5 cm is determined in the region of the helix of dark brown colour, the skin around the formation is macerated. Otoscopy is without any peculiarities. Hearing corresponds to the age changes. The histologic type of the tumour: highly differentiated cancer. What is the therapeutic tactics?

- A. surgical removal of the tumour within the healthy tissues
- B. chemoradiation therapy
- C. segmental resection of the auricle
- D. complete resection of the auricle
- E. none of the enumerated.

A patient aged 52 years has been under clinical observation of the otolaryngologist for 1.5 years for cancer of the larynx of 2 st. He refused the proposed treatment. Objectively: stridor, pale skin, cyanosis of the lips, moderate participation of the accessory musculature in the act of respiration, the patient is conscious, active. On indirect laryngoscopy: extended tumour of the larynx, which shuts its opening, the width of the glottis is 3 mm. What are your therapeutic measures?

- A. operation for a tumour of the larynx
- B. tracheotomy
- C. drug destenosis
- D. intubation
- E. none of the enumerated

At what period after burn of the gullet is it expedient to carry out esophagoscopy for the diagnostic purpose?

- A. on the first 24 hours
- B. on the 5th day.
- C. on the 10th day.
- D. on the 20th day.

E. on the 30th day.

The method of the removal of the foreign body of the larynx in a child:

- A. bronchoscopy.
- B. indirect laryngoscopy.
- C. digital removal.
- D. through laringofissura
- E. direct laryngoscopy.

What diseases should cancer of the subglottic part of the larynx be differentiated with first of all?

- A. scleroma
- B. syphilis
- C. Wegener's granulomatosis
- D. cicatricial stenosis of the larynx
- E. none of the enumerated

Which of the enumerated methods you will use in a patient in 3 st. of stenosis of the tumour genesis:

- A. drug destenosis
- B. intubation
- C. distracting therapy
- D. tracheotomy
- E. antipyretic therapy

What chemical substances cause coagulation necrosis of the tissues in burns of the gullet?

- A. acids
- B. alkali
- C. both
- D. neither of them

E. none of the enumerated
During consumption of the food a patient choked with a fish bone. He made an attempt to push it by consumption of rough food. He developed piercing pain, which intensified on swallowing. The ENT doctor of the polyclinic did not reveal a foreign body. Next day the symptoms increased and patient referred to the ENT clinic. Indirect laryngoscopy showed edema and hyperemia of the arytenoid mucous membrane and entrance in the gullet. What is a preliminary diagnosis, diagnostic tactics?

- A. consultation of the phthisiologist
- B. revision of this zone by the finger of the doctor
- C. antibiotics, hypopharyngoscopy
- D. spasmalytics, antibiotics
- E. diagnostic esophagoscopy

A patient aged 60 referred to the clinic with complaints on nasality of her voice, difficult painless swallowing. She has been ill for 3 months. Pharyngoscopy: the right palatine tonsil, paratonsillar cellular tissue are of pink colour, infiltrated, the fauces is asymmetric. The chains of small and large, dense mobile lymph nodes are palpated on the neck on both sides, of 5 cm in size. Enlarged lymph nodes of the mediastinum are determined on X-ray examination of the chest organs. Preliminary diagnosis is lymphogranulomatosis. What methods of diagnostics are necessary for making the diagnosis?

- A. culture from the fauces on the right
- B. CT of the neck
- C. biopsy of the tonsil, US of the neck, organs of the abdominal cavity, CT of the lungs and mediastinum
- D. biochemistry of the blood
- E. none of the enumerated

. Name the disease which may be the cause of chronic stenosis of the larynx:

- A. paresis of the recurrent nerves after strumectomy
- B. subglottic laryngitis
- C. paratonsillar abscess
- D. singing nodules

E. disease of the kidneys At what period after burn of the gullet is it expedient to carry out esophagoscopy for the diagnostic purpose?

- A. on the first 24 hours
- B. on the 5th day.
- C. on the 10th day.
- D. on the 20th day.
- E. on the 30th day.

A patient of 75 years old is admitted to the clinic with complaints on pain in the substernal area, between the scapulae and nonpassage of food through the gullet. He has been ill for 1 day. According to the words of the patient he choked with a part of the maxilla denture during dinner. He referred for aid to a dentist at once. He was administered the antiinflammatory therapy and went home. On the second day the pain intensified in the substernal area and between the scapulae, the temperature was 38°C in the evening. The diagnosis: a foreign body of the gullet (dental prosthesis). What is a therapeutic tactics?

- A. consultation of the therapist
- B. fibroscopy with removal of the foreign body
- C. mediastenotomy with removal of the foreign body
- D. esophagoscopy with removal of the foreign body, antibiotics
- E. diagnostic esophagoscopy

A patient developed sharply difficult nasal breathing on the right against the background of chronic runny nose. According to the words of the patient he has been ill for about three months. He was treated by the ENT doctor of the polyclinic. He took antibiotics, UHF to the nose. The state of the patient deteriorated: apathy, adynamia, weakness and periordic bleeding from the right half of the nose developed. He noted worsening in vision in the right eye and discomfort in the eye. On rhinoscopy: the mucous membrane of the nose is of pink colour on the right, tumorous formation with the bleeding areas is determined in the upper and middle nasal passages. The lower nasal passage is free. The paranasal sinuses are painless to palpation. There is no revealed lymphadenopathy on the neck. The assumed diagnosis is cancer of the ethmoid labyrinth. What methods of study should you make?

- A. cytological study
- B. computer study of the paranasal sinus, biopsy of the tumour
- C. blood count, biopsy of the tumour
- D. posterior rhinoscopy
- E. none of the enumerated

What symptom is characteristic of 2 stage of stenosis, except?

- A. fear
- B. expiratory dispnoe
- C. tachycardia
- D. paleness
- E. increasing of arterial pressure

What of the factors indicated the least depend on the degree of burn of the gullet?

- A. concentration of poison, duration of influence on the tissues
- B. amount of poison.
- C. duration of influence on the tissues.
- D. condition of a patient at the moment of poisoning.
- E. character of damage (acid, alkali).

A child of 7 years old drank the concentrated solution of the caustic soda when he was three year old. No treatment was given at that time and up to now he felt well. 4 days ago the boy ate a small piece of the fried lard; he eats or drinks nothing after this. The child is exhausted, hypodermic fatty layer is expressed weakly, the tongue is dry. He walks with difficulty, suffers from unquenchable thirst and requires water all the time, which he immediately ejects back by emetic motions. The pharynx and larynx are without visible changes. What diseases should we think of?

- A. cicatricial stenosis of the gullet.
- B. food obstruction.

- C. cicatricial stenosis of the gullet. Food obstruction.
- D. none of the enumerated
- E. all enumerated.

A patient S., aged 63 was admitted to the clinic with complaints on hoarseness of voice, shortness of breath. The patient smokes and drinks a lot. He was treated 1-2 times a year by the therapist for chronic tracheobronchitis. He has been ill for 2 years, he noted worsening of shortness of breath and difficult breathing in the past 5 days. Laryngoscopy: the right half of the larynx is protruded in the opening of the larynx, the surface of the protrusion is smooth, the larynx is immobile, the glottis is narrowed. There is no revealed lymphadenopathy on the neck. On X-ray examination of the chest organs no pathology is revealed. What is a preliminary diagnosis? Cancer of the right half of the larynx (endophyte type of the growth)? What additional methods of study should you make?

- A. cytological study
- B. computer study of the larynx, biopsy of the tumour
- C. tracheostomy, diagnostic thyreotomy with express biopsy
- D. bronchoscopy
- E. none of the enumerated.

Name the complications of tracheotomy:

- A. hemorrhage
- B. emphysema of the mediastinum
- C. hypodermic emphysema
- D. pneumothorax
- E. all enumerated above

What of the factors indicated the least depend on the degree of burn of the gullet?

- A. concentration of poison.
- B. amount of poison.
- C. duration of the influence on the tissue.
- D. condition of a patient at the moment of poisoning.
- E. character of damage (acid, alkali).

A patient who choked with a meat bone, was made a control X-ray examination of the neck in the side projection after esophagoscopy. The narrow strips of the air in the prevertebral soft tissues were determined on the X-ray . What is your conclusion?

- A. perforation of the gullet
- B. cicatricial contraction of the gullet.
- C. burn of the gullet.
- D. acute esophagitis
- E. none of the enumerated

A patient of 24 years old was admitted to the clinic with difficult nasal breathing, periodic nasal bleedings. He has been suffering for 3 months. He was not treated, he referred for aid only after an increase in frequency of nasal bleedings. Rhinoscopy is without any peculiarities, because of the deviation of the nasal septum the posterior parts could not be examined. A tumorous formation with ulceration is determined on fibroscopy, the formation shuts the upper and middle part of the choanna. The histologic type of the formation: low-differentiated cancer of the nasopharynx. There is no revealed lymphadenopathy on the neck. What is your therapeutic tactics?

- A. surgical removal of the tumour by the external access
- B. chemoradiation therapy
- C. surgical removal of the tumour under the control of sight
- D. antibiotic therapy
- E. none of the enumerated.

A child of 2 years suddenly developed barking cough, hoarseness against the background of ARVI at night. There are emotional and motor restlessness, difficulty of respiration on physical exertion. What is the diagnosis?

- A. acute nasopharyngitis

- B. acute tracheobronchitis
- C. acute subglottic laryngitis, stenosis of the larynx of the 1 degree
- D. allergic edema of the larynx
- E. none of the enumerated

Pathoanatomic stage of burn of the gullet, in which maximum development of the connective tissue occurs:

- A. stage of necrosis (I stage)
- B. II stage (ulcerations)
- C. III stage (granulations)
- D. IV stage (cicatrizations)
- E. III -IV stage

A girl of 7 years old, while playing with beads, pushed one of them in the auditory passage. On-duty nurse, to whom they referred for aid, tried to remove a foreign body by pincers, but the attempt failed – the bead fell in the depth of the auditory passage. The girl is brought to the ENT department. Objectively: on examination mild infiltration of the tissues of the left auditory passage is noted, there are single bruises on its the skin. A foreign body is visualized in the depth of the auditory passage, behind the isthmus. The eardrum is not visible. The attempt to remove the foreign body from the auditory passage by washing failed. What is tactics?

- A. removal of the foreign body by surgery
- B. removal of the foreign body by pincers
- C. removal of the foreign body by the hook
- D. removal of the foreign body by the clamp
- E. none of the enumerated

A patient of 72 years old is admitted to the clinic with complaints on hoarseness of voice and tumorous formation on the neck on both sides. In the recent two weeks he developed pains on the right with irradiation to the right ear and shortness of breath on physical exertion. The patient smokes and drinks a lot. Objectively: the right half of the larynx is immobile, the glottis is clean, it is sufficient for respiration, the right pear-shaped sinus is not opened, there is a lake of saliva at its entrance. Preliminary diagnosis: Cancer of the pear-shaped sinus? What additional methods of study should you make for exception or affirmation of cancer of the pear-shaped sinus?

- A. diagnostic lymphadenectomy
- B. atropine, dimedrol dropwise, revision and biopsy from the pear-shaped sinus
- C. US investigation of the larynx and neck
- D. antibiotic therapy
- E. none of the enumerated

Causes of acute stenosis of larynx are:

- A. phlegmon of the larynx
- B. paratonsillitis
- C. chondroperichondritis of the larynx
- D. retropharyngeal abscess
- E. all enumerated above

How many degrees of burn of the gullet are distinguished?

- A. three degrees.
- B. four degree.
- C. five degrees
- D. onedegree.
- E. two degree

A mother of the 3- year-old child notes runny nose from the left half of the nose, absence of nasal breathing for a month. He was treated by the pediatrician for a week with deterioration. He developed edema of the lower eyelid on the left, sleepless nights, t 38-39°C. He was examined by the ENT doctor. Rhinoscopy on the left is impossible because of edema of the mucous membrane of the nose, abundant

quantity of mucopurulent discharge with unpleasant smell. Make the diagnosis. What studies should be made?

- A. computer tomography of the nose and PNS
- B. anemization of the nose mucosa, rhinoscopy
- C. blood count
- D. consultation of the oculist
- E. bacteriological study

A patient (hypersthenic) was urgently admitted to the oncologic ENT department with complaints on shortness of breath and hoarseness of voice. Harmful habits are absent. The patient was treated at the therapeutic department for bronchial asthma, she was discharged three days ago. She was given a hormonal therapy. Her state insignificantly improved. She was brought to the ENT hospital by ambulance with stenosis of the larynx of II degree. On indirect laryngoscopy hypertrophy of the tissue is determined in the region of the right vocal fold. It is impossible to examine the larynx in detail because of the anatomical peculiarities. The ENT doctor made the preliminary diagnosis of cancer of the middle part of the larynx? What is your therapeutic tactics?

- A. tracheostomy, biopsy
- B. chemoradiation therapy
- C. surgical removal of the tumour under the control of sight
- D. antibiotic therapy
- E. none of the enumerated

A child with stenosing laryngotracheitis developed IV stage of stenosis of the larynx. Determine therapeutic measures.

- A. drug destenosis
- B. prolonged nasotracheal intubation
- C. upper tracheotomy
- D. lower tracheotomy
- E. none of the enumerated

Pathologoanatomic stage of burn of the gullet, in which maximum development of the connective tissue occurs:

- A. stage of necrosis (I stage)
- B. II stage (ulcerations)
- C. III stage (granulations)
- D. IV stage (cicatrizations)
- E. III -IV stage

A 3-year-old girl is brought to the clinic. Her parents noted that about 2 hours ago she played with a button and pushed it in the right half of the nose. An attempt to take out the button failed, the button passed into the depth of the nasal passage. Rhinoscopy: the mucous membrane of the nasal cavity is hyperemic on the right. The foreign body is determined in the depth of the general nasal passage, nasal breathing is difficult on the right. How can the foreign body be removed?

- A. general narcosis, removal with the aid of the pincers
- B. anemization of the nose mucosa, removal with the aid of the hook
- C. blood count
- D. consultation of the oculist
- E. bacteriological study

A patient S., aged 63 was admitted to the clinic with complaints on pain in the throat on the right, intensifying on swallowing and irradiating into the right ear. He has been ill for 7 months. Pharyngoscopy: the fauces is asymmetric. A tuberos formation is determined on the right damaging the palatine tonsil, there is a deep ulcer with irregular edges and desintegration in the centre of the tumour. The enlarged, more than 2.5 cm, dense mobile lymph nodes are palpated on the neck on both sides. What is your preliminary diagnosis? What studies should be made first of all?

- A. pharyngoscopy
- B. computer study of the pharynx

- C. US investigation of the pharynx
- D. biopsy of the tumour
- E. biopsy of the tumour, US of the organs of the neck, retroperitoneal space.

Name the disease, which may be the cause chronic stenosis of the larynx:

- A. foreign bodies of the larynx
- B. pachydermia of the vocal fold
- C. paratonsillar abscess
- D. vocal cords
- E. cancer of the larynx

How many degrees of burn of the gullet are distinguished?

- A. three degrees.
- B. four degree.
- C. five degrees
- D. onedegree.
- E. two degree

A 6-year-old girl was brought by her parents with complaints on cough, shortness of breath, which developed after choking with a button. Objectively: the skin is pale, moist. Difficult breathing develops during cough, in this case the skin becomes cyanotic. On examination the ENT organs are without any peculiarities. The glottis is wide, the mucous membrane of the larynx is moderately hyperemic. There is mucus in the subglottic part. What is diagnostics and tactics of the doctor?

- A. blood count
- B. anemization of the nose mucosa
- C. R-scopy of the tracheobronchial tree, tracheobronchoscopy
- D. consultation of the pediatrician
- E. bacteriological study

A patient of 53 years old was admitted to the clinic with complaints on hoarseness, difficulty of breathing on physical exertion. On laryngoscopy: tuberos tumour occupies the right half of the larynx. Stenosis is intensified in an attempt to carry out biopsy of the new formation. What is your tactics?

- A. laryngotomy with urgent pathohistologic identification
- B. tracheostomy, biopsy
- C. urgent tracheostomy
- D. resection of the larynx
- E. laryngectomy

What symptom is characteristic of 2 stage of stenosis:

- A. sweating
- B. respiration of Cheyne- Stokes
- C. dilated pupils
- D. bradycardia
- E. pale nasolabial triangle

Morphological changes in burn of the gullet of III degree:

- A. damage of the superficial epithelial layer.
- B. damage of the whole thickness of the mucous membrane.
- C. necrosis of the mucous and muscular layers of the gullet.
- D. inflammatory changes penetrate the deep-lying formations (periesophageal cellular tissue of the mediastinum).
- E. all enumerated

A patient referred to the ENT doctor with complaints on a sore throat and a feeling of tingling. She associates the disease with eating fish two days ago. The patient made an attempted to help herself by taking a great amount of bread crusts. Objectively: moderate edema of the mucosa of the fauces is noted on the left and small wound areas of the front palatine arch, palatine tonsil. The end of the small fish bone is determined between the arch and capsule of the palatine tonsil. What is tactics of the doctor?

- A. general narcosis, removal with the aid of the pincers

- B. anemization of the fauces mucosa, removal with the aid of the clamp
- C. R-tomography of the pharynx, removal with the aid of the fibroscope
- D. removal with the aid of Kocher's clamp
- E. bacteriological study of the pharynx

A patient complains of expressed headache, pain in the left ear, bleeding from the ear. He has been ill for eight months. Otoscopy revealed a tuberos infiltration obturating the auditory meatus with presence of blood-containing necrotic masses with unpleasant smell. Moderate bleeding started in an attempt to make toilet and revision. A preliminary diagnosis is cancer of the middle ear? What studies should be carried out first of all?

- A. computer tomography of the temporal region
- B. biopsy
- C. bacteriologic study
- D. biopsy, computer tomography of the temporal region
- E. blood count, coagulability, duration of hemorrhage

A patient has been troubled by a bad sore throat for 5 days. He referred to the doctor because of the increasing difficulty of breathing. On examination there are expressed inspiratory dyspnea at rest, acrocyanosis, tachycardia. The patient's position is forced. What inflammatory illnesses can be the cause for development of acute stenosis of the larynx?

- A. angina of the palatine tonsils
- B. acute rhinitis
- C. phlegmon of the larynx, chondroperichondritis
- D. acute pharyngitis
- E. none of the enumerated

Therapeutic measures (most important) in the first twenty-four hours after burn of the gullet:

- A. accelerated diuresis with application of 4% solution of soda.
- B. fight with shock, intoxication, dehydration, stenosis of the larynx (in its development), hunger, corticosteroid preparations, antibiotics.
- C. only antipyretic treatment.
- D. corticosteroid preparations, antibiotics, rehydration, spasmolytics, pain-killers, parenteral nourishment or the diet № 1.
- E. bougienage of the gullet + measures, indicated in D.

A patient was admitted to the clinic with complaints on pain in the substernal area, between the scapulae and nonpassage of food through the gullet. She has been ill for 3 days. According to the words of the patient she choked with a hen bone during supper. She did not refer for help. On the second day the pain intensified in the substernal area and between the scapulae, the temperature was 38°C in the evening. On the day of reference the temperature was 39°C. What is diagnostic tactics?

- A. R-graphy of the esophagus
- B. R- scopy of the gullet with barium
- C. R-computer tomography
- D. bacteriological study
- E. consultation of the thoracic surgeon

A patient has been treated for chronic hyperplastic rhinitis, frequent nasal bleedings (3-4 times per week), hemoptysis for a long time; posterior rhinoscopy visualized the tumorous tumour occupying the fornix of the nasopharynx and lateral walls of the nasopharynx, the choanae are closed in the upper and middle part. What is your preliminary diagnosis?

- A. juvenile fibroma
- B. cancer of the nasopharynx
- C. foreign body of the nasopharynx
- D. choanal polyp
- E. abscess of the nasopharynx

A patient complains that he received a blow on the anterior surface of the neck during fight. Shortness of breath and hoarseness developed in several hours. The patient is excited; tachycardia, inspiratory dyspnea

are revealed. Data of laryngoscopy: the tumorous formation of the cyanotic colour of the right vestibular region, it overlaps the glottis. Make a preliminary diagnosis.

- A. edema of the larynx
- B. hematoma of the larynx
- C. chondroperichondritis of the larynx
- D. hematoma of the larynx, stenosis of the larynx
- E. stenosis of the larynx

Therapeutic measures (most important) in the first seven days after burn of the gullet:

- A. accelerated diuresis with application of 4% solution of soda.
- B. fight with shock, intoxication, dehydration, stenosis of the larynx (in its development), hunger, corticosteroid preparations, antibiotics.
- C. only antipyretic treatment.
- D. corticosteroid preparations, antibiotics, rehydration, spasmolytics, pain-killers, parenteral nourishment or the diet № 1.
- E. bougienage of the gullet + measures, indicated in D.

A patient of 68 years old is admitted to the clinic with complaints on pain in the substernal area, between the scapulae and nonpassage of food through the gullet. She has been ill for 2 days. According to the words of the patient she choked with a part of the maxilla denture during dinner. She did not refer for help. On the second day the pain intensified in the substernal area and between the scapulae, the temperature was 38°C in the evening. What is diagnostic tactics?

- A. consultation of the urologist, therapist
- B. R- scopy of the esophagus with barium
- C. R-computer tomography
- D. bacteriological study
- E. diagnostic esophagoscopy

A patient complains of hoarseness of her voice, tickling sensation in the throat. The mucous membrane of the larynx is focally thickened on examination. What methods of endoscopic study of the larynx should be made, except?

- A. fibrolaryngoscopy
- B. direct laryngoscopy
- C. indirect laryngoscopy
- D. esophagoscopy
- E. external examination of the neck

A patient complains of hoarseness, pain in the region of the larynx, which is enhanced on swallowing, insignificant difficult breathing. He has been ill for 2 days, the disease was preceded by ARD. The body temperature is 38.0°C, on palpation the lymph nodes of the neck are painful and enlarged. Data of laryngoscopy: hyperemia and infiltration of the mucous membrane of the aryepiglottic and vestibular folds of the larynx, the glottis is narrowed. Indicate the stage of stenosis.

- A. compensation
- B. incomplete compensation
- C. sub-compensation
- D. decompensation
- E. asphyxia

What chemical substances cause more profound alterations in the walls of the gullet in burns?

- A. acids
- B. alkali
- C. alcohol
- D. all of enumerated
- E. none of the enumerated

A patient was admitted to the clinic with complaints on pain in the substernal area, between the scapulae and nonpassage of food through the gullet. According to the words of the patient she choked with a hen bone during supper. She has been ill for 3 days. She did not refer for help. On the second day the pain

intensified in the substernal area and between the scapulae, the temperature was 38°C in the evening. On the day of reference the temperature was 39°C. A preliminary diagnosis is a foreign body of the gullet (hen bone). What is a therapeutic tactics?

- A. general narcosis, esophagoscopy with removal of the bone
- B. local anesthesia with 10% Lidocaine, esophagoscopy
- C. mediastenotomy with removal of the bone
- D. esophagoscopy with removal of the foreign body, antibiotics
- E. fibroscopy with removal of the foreign body

A patient was admitted to the clinic with complaints on hoarseness of his voice. He has been ill for a year, he notes difficult breathing in the last 5 days. The right half of the larynx is occupied by a tuberos tumour, it is immovable, the glottis is narrowed. The enlarged, dense mobile lymph node of 5 cm in size is palpated on the neck on the right. The X-ray examination of the organs of the chest did not reveal any pathology. What is the diagnosis?

- A. puncture biopsy
- B. CT of the neck
- C. biopsy of the larynx tumour, US of the neck
- D. biochemistry of the blood
- E. none of the enumerated

. What measure is most appropriate in 1 st. of stenosis of the inflammatory origin:

- A. moistened oxygen
- B. expectation
- C. conicotomy
- D. tracheotomy
- E. distracting therapy

What of the factors indicated the least depend on the degree of burn of the gullet?

- A. concentration of poison, duration of influence on the tissues
- B. amount of poison.
- C. duration of influence on the tissues.
- D. condition of a patient at the moment of poisoning.
- E. character of damage (acid, alkali).

A boy of 5 years old is brought by his parents to the otolaryngologist because while playing, he pushed a pea in the the auditory passage. Otoscopically: AS - the skin of the auricle is unchanged, a foreign body with a smooth surface is found in the external parts of the auditory passage. The eardrum is invisible. What is the tactics of the doctor?

- A. removal foreign body by washing with a syringe of Janet.
- B. removal with the aid of the hook.
- C. removal with the aid of the pincers.
- D. removal with the aid of surgery.
- E. none of the enumerated

What endoscopic methods of study help to make early diagnostics of cancer of the larynx?

- A. fibroscopy
- B. electronic stroboscopy
- C. direct micro-laryngoscopy
- D. indirect micro-laryngoscopy
- E. none of the enumerated

What symptom is characteristic of 1 stage of stenosis?

- A. cyanosis of the lips
- B. difficult breathing
- C. hoarseness
- D. intermittent respiration
- E. normal respiration

What of the factors indicated the least depend on the degree of burn of the gullet?

- A. concentration of poison.
- B. amount of poison.
- C. duration of the influence on the tissue.
- D. condition of a patient at the moment of poisoning.
- E. character of damage (acid, alkali).

A mother of the 3- year-old child notes runny nose from the left half of the nose, absence of nasal breathing for a month. He was treated by the pediatrician for a week with deterioration. He developed edema of the lower eyelid on the left, sleepless nights, t 38-39°C. He was examined by the ENT doctor. Rhinoscopy on the left is impossible because of edema of the mucous membrane of the nose, abundant quantity of mucopurulent discharge with unpleasant smell. Make the diagnosis. What studies should be made?

- A. computer tomography of the nose and PNS
- B. anemization of the nose mucosa, rhinoscopy
- C. blood count
- D. consultation of the oculist
- E. bacteriological study

After examination at the clinic a patient is made a preliminary diagnosis - cancer of the larynx. What studies must be carried out first of all?

- A. computer tomography of the larynx
- B. direct laryngoscopy
- C. biopsy of the tumour
- D. ultrasonic study of the larynx
- E. bacteriological study

Stenosis of the larynx is characterized by dyspnea:

- A. inspiratory
- B. expiratory
- C. mixed
- D. paroxysmal
- E. intermittent