Федеральное государственное бюджетное образовательное учреждение

высшего образования

«Казанский государственный медицинский университет»

Министерства здравоохранения Российской Федерации

Кафедра госпитальной терапии

**Экзаменационный билет № 5**

1. Chronic obstructive pulmonary disease. Definition. Risk factors. Modern classification. Clinical manifestation.
2. Gastric ulcer and duodenal ulcer. Eradication therapy.

**Тезисы ответов.**

**1.** **Chronic obstructive pulmonary disease (COPD) -** disease state characterized by the presence of airflow obstruction due to chronic bronchitis or emphysema/The airflow obstruction is generally progressive, may be accompanied by airflow hyperactivity, and may be viewed as partially reversible. Includes emphysema and chronic bronchitis. Risk Factors: 1. smoking (3000 new people take up smoking daily, Nearly all patients with symptomatic, COPD are current or former smokers, 10-20% of smokers will develop symptomatic COPD. In men who smoke one pack/day, the drop in FEV1 per year was 9 mL more than in non-smokers). 2. Occupational Exposures. 3. Dusts, gases, fumes. 4. Alpha1-antitrypsin deficiency (Alpha1-antitrypsin is an important protease inhibitor that usually presents elastases from causing lung destruction). Modern classification. An important revision concerns the “ABCD” classification for the management of patients with COPD, which classifies patients into groups A (low risk, fewer symptoms), B (low risk, more symptoms), C (high risk, fewer symptoms), and D (high risk, more symptoms). Clinical manifestation. Dyspnea, Cough (usually worse in morning, sputum production), Wheezing, Cyanosis, Right heart failure, Weight loss, anorexia. Types of COPD: 1. Сhronic bronchitis. Presence of a cough productive of sputum not attributable to other causes on most days for at least 3 months over 2 consecutive years. May be present in the absence of airflow limitation. “Blue bloater”. 2. Emphysema. Permanent and destructive enlargement of airspaces distal to the terminal bronchioles without obvious fibrosis and with loss of normal architecture. Always involves clinically significant airflow limitation. “Pink puffer”

**2. 2. Gastric ulcer and duodenal ulcer. Eradication therapy.**

According Мааstricht V Eradication of .H.pylori: Triple therapy (10-14 days): 1. PPI twice daily. 2. Clarithromycin 500 mg twice daily. 3. Amoxicillin 1 g twice daily.

Quadruple therapy (10-14 days): 1. PPI twice daily. 2. Bismuth subsalicylate 525 mg twice daily

Metronidazole 500 mg three times daily. 3. Tetracycline 500 mg four times daily.

Control eradication after 4-6 weeks

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**Задача №15**

по дисциплине «Факультетская терапия»

A 48-year-old man came to the Emergency Department with complaints of severe weakness, severe pain in the epigastric region, nausea, and vomiting twice.

From the anamnesis: arterial hypertension for 10 years.

Objectively: the skin is pale, moist. In the lungs, vesicular breathing, no wheezing. Heart sounds are muffled, rhythmic, pulse 90 beats/min. BP 150/90 mmHg

The abdomen is soft, slightly painful on palpation in the epigastrium, painless in other parts. Symptoms of peritoneal irritation are negative.

ECG: sinus rhythm. Left axis deviation. Elevation of the ST segment by 2.5 mm in II, III, aVF. R wave in V5 > R wave in V4.

**Вопросы к задаче:**

1. Determine the emergency condition.

2. Make an emergency care algorithm.

**Ответ к задаче №15**

1. ACS with ST segment elevation along the lower wall of the left ventricle.

2. Emergency:

- Call an ambulance.

- Inhalation of oxygen (2-4 l / min) in the presence of shortness of breath and other signs of heart failure.

- Acetylsalicylic acid 300 mg (3 tablets of 100 mg - 300 mg), orally, chew.

- Clopidogrel 600 mg (8 tablets of 75 mg–600 mg) orally with water

 - Heparin solution 5000 IU / ml - 1 ml of solution, diluted in 5-10 ml of 0.9% NaCl, injected intravenously as a bolus.

- Morphine 1 ml (10 mg) diluted in 20 ml of 0.9% NaCl, injected slowly intravenously.

- With persistent pain, Nitroglycerin is administered intravenously under the control of blood pressure: 10 ml of a 0.1% solution is diluted in 100 ml of saline. Constant monitoring of heart rate and blood pressure is required, do not administer when SBP <90 mm Hg decreases.

-Reperfusion therapy (percutaneous coronary intervention (PCI) or thrombolysis) is indicated for all patients with chest pain/discomfort lasting <12 hours and persistent ST-segment elevation or new left bundle branch block. Thrombolytic therapy is performed if PCI cannot be performed within 120 minutes from the first contact with the healthcare worker (after the ECG is taken).

If less than 2 hours have passed since the onset of symptoms, and PCI cannot be performed within 90 minutes, thrombolytic therapy should be performed if there is a large MI and a low risk of bleeding (if there are no contraindications).

Thrombolysis drugs:

Alteplase (tissue plasminogen activator) 15 mg IV as a bolus of 0.75 mg/kg over 30 minutes followed by 0.5 mg/kg over 60 minutes IV. The total dose should not exceed 100 mg.

Tenecteplase - once in / in the form of a bolus, depending on body weight 30-50 mg.

**Интерпритация анализа**



• A biochemical blood test is presented.

• The following laboratory syndromes have been identified:

Cholestasis syndrome - an increase in alkaline phosphatase, total bilirubin due to the direct fraction, an increase in GGTP.

Cytolysis syndrome - increase in AST

Based on this conclusion, it can be assumed that the patient has liver disease. First of all, exclude chronic hepatitis.

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**Экзаменационный билет № 3**

1. Gastric ulcer and duodenal ulcer. Eradication therapy.
2. Chronic obstructive pulmonary disease. Definition. Risk factors. Modern classification. Clinical manifestation.

**Тезисы ответов.**

1. **Gastric ulcer and duodenal ulcer. Eradication therapy.**

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Quadruple therapy (10-14 days): 1. PPI twice daily. 2. Bismuth subsalicylate 525 mg twice daily

Metronidazole 500 mg three times daily. 3. Tetracycline 500 mg four times daily.

Control eradication after 4-6 weeks

1. **Chronic obstructive pulmonary disease (COPD) -** disease state characterized by the presence of airflow obstruction due to chronic bronchitis or emphysema/The airflow obstruction is generally progressive, may be accompanied by airflow hyperactivity, and may be viewed as partially reversible. Includes emphysema and chronic bronchitis. Risk Factors: 1. smoking (3000 new people take up smoking daily, Nearly all patients with symptomatic, COPD are current or former smokers, 10-20% of smokers will develop symptomatic COPD. In men who smoke one pack/day, the drop in FEV1 per year was 9 mL more than in non-smokers). 2. Occupational Exposures. 3. Dusts, gases, fumes. 4. Alpha1-antitrypsin deficiency (Alpha1-antitrypsin is an important protease inhibitor that usually presents elastases from causing lung destruction). Modern classification. An important revision concerns the “ABCD” classification for the management of patients with COPD, which classifies patients into groups A (low risk, fewer symptoms), B (low risk, more symptoms), C (high risk, fewer symptoms), and D (high risk, more symptoms). Clinical manifestation. Dyspnea, Cough (usually worse in morning, sputum production), Wheezing, Cyanosis, Right heart failure, Weight loss, anorexia. Types of COPD: 1. Сhronic bronchitis. Presence of a cough productive of sputum not attributable to other causes on most days for at least 3 months over 2 consecutive years. May be present in the absence of airflow limitation. “Blue bloater”. 2. Emphysema. Permanent and destructive enlargement of airspaces distal to the terminal bronchioles without obvious fibrosis and with loss of normal architecture. Always involves clinically significant airflow limitation. “Pink puffer”

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**Задача №12**

по дисциплине «Факультетская терапия»

A 48-year-old man came to the Emergency Department with complaints of severe weakness, severe pain in the epigastric region, nausea, and vomiting twice.

From the anamnesis: arterial hypertension for 10 years.

Objectively: the skin is pale, moist. In the lungs, vesicular breathing, no wheezing. Heart sounds are muffled, rhythmic, pulse 90 beats/min. BP 150/90 mmHg

The abdomen is soft, slightly painful on palpation in the epigastrium, painless in other parts. Symptoms of peritoneal irritation are negative.

ECG: sinus rhythm. Left axis deviation. Elevation of the ST segment by 2.5 mm in II, III, aVF. R wave in V5 > R wave in V4.

**Вопросы к задаче:**

1. Determine the emergency condition.

2. Make an emergency care algorithm.

**Ответ к задаче №12**

1. ACS with ST segment elevation along the lower wall of the left ventricle.

2. Emergency:

- Call an ambulance.

- Inhalation of oxygen (2-4 l / min) in the presence of shortness of breath and other signs of heart failure.

- Acetylsalicylic acid 300 mg (3 tablets of 100 mg - 300 mg), orally, chew.

- Clopidogrel 600 mg (8 tablets of 75 mg–600 mg) orally with water

 - Heparin solution 5000 IU / ml - 1 ml of solution, diluted in 5-10 ml of 0.9% NaCl, injected intravenously as a bolus.

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