VOLGOGRAD STATE
MEDICAL UNIVERSITY
Department of Pathological Anatomy

Coronary heart disease. Rheumatic diseases. Congenital and acquired heart defects.

Guidelines for students
III year of medical faculty
for practical exercises in pathological anatomy

Volgograd

QUESTIONS

Choose one correct answer

1. Which of the following clearly indicates the inflammatory nature of joint pain:
A. Soreness on movement.
B. Crepitation.
B. Proliferative joint defiguration.
D. Swelling and local temperature rise over the joint.
D. Joint instability.

2. Individual sensitivity to streptococcal antigens is associated with:
A. Genetically determined immune response.
B. Age.
B. Elevated antibody titers.
D. Antibody cross-reacting.
E. Bypassing the path of tolerance.

3. The girl is 7 years old after 5 weeks. After suffering streptococcal sore throat, fever, migratory pain and swelling in the joints, pericardial rubbing noise appeared. Conclusion:
A. Rheumatoid arthritis.
B. Migratory polyarthritis.
B. Systemic lupus erythematosus.
D. Acute rheumatism.

4. The cellular composition of Ashoff's nodules does not include:
A. Lymphocytes.
B. Neutrophils.
B. Macrophages.
D. Plasma cells.
D. Anichkov's cells.

5. For the structure of "flowering" granulomas in rheumatic myocarditis, the presence is not characteristic.
A. Fibrinoid necrosis.
B. Ashoff cells.
V. Anichkov's cell.
G. Calcareous formations.
D. Lymphocytes and macrophages.

6. Does not belong to the group of rheumatic diseases.
A. Systemic scleroderma.
B. Systemic lupus erythematosus.
B. Sjogren's disease.
D. Raynaud's disease.
D. Rheumatoid arthritis.

7. Clinical and morphological features of rheumatic diseases:
A. Presence of a focus of chronic infection.
B. Predominantly acute course.
B. Impaired immune homeostasis.
D. Generalized vasculitis.
D. Systemic damage to connective tissue.

E. True A, B, D, D.
J. Verno A, B, D.
H. All of the above is true.

8. Which of the following heart defects is the least typical for rheumatism:
A. Stenosis of the mitral foramen.
B. Insufficiency of the aortic valve.
B. Stenosis of the aortic opening.
D. Stenosis of the pulmonary artery.

9. A 25-year-old woman has suffered from mitral valve defect since childhood. Against the background of active rheumatism, she developed a cerebrovascular accident. The reasons for the development of a stroke:
A. Hypertensive crisis.
B. Atherosclerotic occlusion of cerebral vessels.
B. Thromboembolism from the valve leaflets into the vessels of the brain.
D. Rupture of congenital vascular aneurysm.

10. For rheumatism, in addition to heart damage, are characteristic:
A. The defeat of large joints.
B. Erythema nodosa.
B. Pancreatitis.
D. Polycystic kidney disease.
D. Small chorea.
E. Verno A, B, G.
J. Verno B, C, D, D.
Z. Correct A, B, D.

11. A 60-year-old man had a cardiovascular form of rheumatism since childhood, died of chronic cardiovascular insufficiency. Pathological examination is the least likely to detect
A. Stenosis of the mitral valve.
B. Diffuse small focal cardiosclerosis.
B. Deformities and ankylosis of the joints.
G. "Muscat" liver.

12. Periarteritis nodosa is characterized by:
A. Lesion of arteries of medium and small caliber.
B. Vascular aneurysms.
B. Steatosis of the liver.
D. Hemorrhage in the brain.
D. Essential hypertension.
E. Verno A, B, C.
J. Verno V, G, D.

13. Rheumatoid arthritis is not characterized by:
A. Arthritis of 3 or more joints.
B. Symmetrical nature of the lesions.
B. Non-suppurative proliferative synovitis.
D. Unlimited range of motion of the joints.
D. Rheumatoid nodules in the skin.

14. A 70-year-old woman suffered from rheumatoid arthritis for a long time. She died of chronic renal failure due to secondary amyloidosis. A biopsy in the joint revealed:

A. Bulbous villi.
B. Fibrosing pannus.
B. Granulomatous synovitis.
D. Lymphomacrophage infiltration of cartilage.
D. Admixture of leukocytes in the infiltrate.
E. Verno A, B, D.
J. Verno V, G, D.
Z. Correct A, B, D.

15. Complications of rheumatoid arthritis:
A. Secondary amyloidosis.
B. Chronic stomach ulcer.
B. Reiter's Syndrome.
G. Ankylosis.
D. Obliterating endarteritis.
E. Verno A, B, C.
J. Verno B, C, G.
Z. Correctly A, G, D.

16. In the pathogenesis of rheumatoid arthritis, the main role is played by:
A. Genetically determined susceptibility.
B. Streptococcal infection.
B. Autoimmune reactions in the synovial membranes.
D. Joint injuries.
D. Epstein-Barr virus.
E. Verno A, B, C.
J. Verno A, B, D.
Z. Verno B, G.

17. Rheumatoid arthritis is not characterized by:
A. Non-suppurative proliferative synovitis.
B. Erythema nodosa.
B. Heart attacks of the nail bed.
D. Bone ankylosis.

18. Systemic lupus erythematosus is not characterized by:
A. Vasculitis.
B. Bulbous sclerosis of arterioles of spleen follicles.
B. Lupus glomerulonephritis.
D. Polypoid-ulcerative endocarditis.
D. "red butterfly" on the skin of the face.

19. Scleroderma is not characterized by:
A. Mask-like face.
B. Cellular lung.
B. Large focal cardiosclerosis.
D. Serous-fibrinous synovitis.
D. Damage to the vessels of the kidneys.

20. For lesions of the gastrointestinal tract in systemic scleroderma are not typical:
A. Sclerosis of the submucosal layer.
B. Fibrosis of the muscle layer.

B. Hypertrophy of the mucous membrane.
D. Swallowing and motility disorders.
E. Development of malabsorption syndrome

21. Skin lesions in systemic scleroderma:
A. Diffuse atrophy of the epidermis.
B. Formation of nodules.
C. Ulcers and necrosis in the skin.
D. Vasculitis with intimal proliferation.
D. Compaction and lack of movement.
E. Verno A, G, D.
J. Verno A, B, D.
Z. Verno B, V.

22. Sjogren's disease is not characterized by:
A. Xerostomia.
B. Xerophthalmia.
B. Mesangioproliferative glomerulonephritis.
D. Autoimmune parotitis.

23. An elderly woman has recently been diagnosed with xerostomia, xerophthalmia and keratoconjunctivitis. Microscopic examination of a biopsy sample of the small salivary glands of the lower lip revealed:
A. Dilation of the excretory ducts.
B. Infiltration with lymphoid and plasma cells.
B. Atrophy of acini.
D. Lymphoepithelial islets.
D. Lime stones in the ducts.
E. Verno A, B, C.
J. Verno V, G, D.
Z. Verno A, B.

24. Typical complications of dermatomyositis:
A. Glomerulonephritis.
B. Bronchopneumonia.
B. Cachexia.
G. Ankylosis.
D. Portal hypertension.
E. Verno B, V.
J. Verno G, D.
Z. Verno A, B.

25. To identify the stages of connective tissue disorganization use:
A. Sudan III.
B. Pikrofuksin.
B. Perls reaction.
G. Toluidine blue.
D. Hematoxylin and eosin.

26. Which rheumatic myocarditis is characterized by the formation of granulomas:
A. Nodular productive.
B. Focal exudative interstitial.

B. Diffuse exudative interstitial.

27. Pancarditis is a defeat:
A. Endocardium.
B. Myocardium.
B. Pericardium.
D. Endocardium, myocardium and pericardium.
D. Endocardium and myocardium.

28. Rheumatic heart disease is a lesion:
A. Endocardium.
B. Myocardium.
B. Pericardium.
D. Endocardium, myocardium and pericardium.
D. Endocardium and myocardium.

29. Complications of rheumatism are not:
A. Thromboembolic syndrome.
B. Myocardial rupture.
B. Arrhythmias.
D. Heart defects.
D. Chronic cardiovascular failure.

30. What are the factors that do not matter for the development of systemic lupus erythematosus
A. Infection.
B. Smoking.
B. Insolation.
D. Drug intolerance.
E. Genetic factor

List of recommended literature:

Basic literature:

1. “Basic pathology” Vinay Kumar, Ramzi S. Cotran, Stanley L. Robbins, 1997.

Additional literature:

1. “Pathology. Quick Review and MCQs” Harsh Mohan, 2004.
2. “Textbook of Pathology ” Harsh Mohan, 2002.
3. “General and Systemic Pathology” Joseph Hunter, 2002.
4. “General and Systematic Pathology ” Ed. J.C.E. Underwood – Edinburgh: Churchill Livingstone, 1996 (2th).
5. “Histology for Pathologist” Ed. S.S.Sternberg – Philadelphia: Lippincott Raven Publ, 1997 (2th).
6. “Histopathology. A Color Atlas and Textbook” Damjanov I., McCue P.A. – Baltimore, Philadelphia, London, Paris etc.: Williams and Wilkins, A Waverly Co., 1996.
7. “Muir’s Textbook of Pathology” Eds. R.N.M. MacSween, K. Whaley London: ELBS, 1994 (14th).
8. “Pathology” Eds. Rubin, J.L. Farber – Philadelphia: Lippincott Raven Publ, 1998 (3th).
9. “Pathology Illustrated” Govan A.D.T., Macfarlane P.S., Callander R. – Edinburgh: Churchill Livingstone, 1995 (4th).
10. “Robbins Pathologic Basic of Disease” Eds. R.S.Cotran, V.Kumar, T.Collins – Philadelphia, London, Toronto, Montreal, Sydney, Tokyo: W.B.Saunders Co., 1998 (6th).
11. “Wheater’s Basic Histopathology. A Color Atlas and Text” Burkitt H.G., Stevens A.J.S.L., Young B. – Edinburgh: Churchill Livingstone, 1996 (3th).
12. “Color Atlas of Anatomical Pathology” Cooke R.A., Steward B. – Edinburgh: Churchill Livingstone, 1995 (10th).
13. “General Pathology ” Walter J.B., Talbot I.C. – Edinburgh: Churchill Livingstone, 1996 (7th).
14. “Concise Pathology” Parakrama Chandrasoma, Glive R. Taylor.
15. “Pathology” Virginia A. LiVolsi, Maria J. Merino, John S. J. Brooks, Scott H. Saul, John E. Tomaszewski, 1994.
16. “Short lectures on pathology” Zagoroulko A., 2002
17. “Robbins pathologic basis of diseases” Cotran R., Kumar V., Collins T.
18. “General pathology” Dr. Fatma Hafez, 1979.
19. “Anderson’s Pathology ” Damjanov I., Linder J. – St. Louis: Mosby Inc., 1995 (10th).

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https://volgmu-pat-anat.3dn.ru/
https://webpath.med.utah.edu/