Ministry of Health of the Russian Federation

federal state budgetary educational institution
higher education
"North-Western State Medical University named after I.I. Mechnikov"

Ministry of Health of the Russian Federation

(Federal State Budgetary Educational Institution of Higher Education North-Western State Medical University named after I.I. Mechnikov of the Ministry of Health of Russia)

DISCIPLINE WORK PROGRAM

"Current Issues in Gastroenterology"

Specialty: 31.05.01 General Medicine

Specialization: **Organization and provision of primary health care to the adult population in medical organizations**

Implementation language: Russian, English

2021

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The work program of the discipline "Current Issues in Gastroenterology" is compiled on the basis of the Federal State Educational Standard of Higher Education - specialty in the specialty 31.05.01 General Medicine, approved by Order of the Ministry of Science and Higher Education of the Russian Federation dated August 12, 2020 No. 988 "On approval of the Federal State Educational Standard of Higher Education - specialty in 31.05.01 General Medicine."

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The work program of the discipline was discussed at a department meeting
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April 16, 2021, Protocol No. 7

Head of the department _____ / Bakulin I.G./
(signature)

Approved by the Methodological Commission for the specialty 31.05.01 General Medicine
May 11, 2021

Chairman _____ / Bakulin I.G./
(signature)

Reviewed by the Methodological Council and recommended for approval by the Academic Council
May 20, 2021

Chairman _____ / Artyushkin S.A. /
(signature)

Date of update:

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1. The purpose of mastering the discipline

The purpose of mastering the discipline “Current Issues in Gastroenterology” is to develop the student’s competencies necessary to work as a district physician in the field of healthcare organization.

2. The place of discipline in the structure of the educational program

The discipline “Current Issues in Gastroenterology” refers to the part formed by participants in educational relations, Block 1 “Disciplines (modules)” of the main professional educational program in the specialty 31.05.01 General Medicine (specialty level of education), focus: organization and provision of primary health care to the adult population in medical organizations. The discipline is elective.

3. List of planned learning outcomes in the discipline, correlated with the planned results of mastering the educational program

Code and name of competency	Code and name of the competency achievement indicator
PC-2 Capable of examining a patient in order to identify the main pathological conditions, symptoms, disease syndromes, nosological forms	ID-1 PC-2.1. Conducts a survey and examination of the patient (collection of complaints, history of the patient’s life and illness, examination, palpation, percussion, auscultation) ID-2 PC-2.2. Formulates a preliminary diagnosis, draws up a plan and refers the patient for laboratory and/or instrumental examination if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations for the provision of medical care, taking into account the standards of medical care ID-3 PC-2.3. Refers the patient for consultation with medical specialists and/or for the provision of specialized medical care in an inpatient setting or in a day hospital if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations for the provision of medical care, taking into account the standards of medical care ID-4 PC-2.4. Conducts differential diagnosis with other diseases/conditions ID-5 PC-2.5. Establishes a diagnosis taking into account clinical classifications and the current International Statistical Classification of Diseases and Related Health Problems (ICD)
PC-3 Capable of managing and treating patients in need of medical attention	ID-1 PC-3.1. Develops a plan and prescribes non-drug and drug treatment for patients, taking into account the diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations for the provision of medical

	care, taking into account the standards of medical care in primary health care settings ID-2 PC-3.2. Conducts assessments of the effectiveness and safety of the use of drugs, medical devices and nutritional therapy and other treatment methods in primary health care settings ID-3 PC-3.3. Provides palliative care in collaboration with medical specialists and specialized medical organizations and social services in primary health care settings ID-4 PC-3.4. Provides personalized general therapeutic care to patients, including pregnant women, elderly and senile patients in primary health care settings
PC-4 Capable of implementing a range of activities to prepare and conduct various types of examinations	ID-1 PC-4.1. Conducts examination of temporary disability ID-2 PC-4.2. Determines indications for referral for medical and social examination in primary health care settings
PC-5 Able to determine the need for the use of natural healing factors, drug, non-drug therapy and other methods in patients in need of medical rehabilitation and sanatorium-resort treatment	ID-1 PC-5.1. Identifies and refers patients in need of medical rehabilitation to a specialist doctor for the appointment and implementation of medical rehabilitation and/or sanatorium-resort treatment, including the implementation of an individual program of rehabilitation or habilitation for people with disabilities, in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care

Competency achievement indicator code	Learning outcomes (assessment indicators)	Evaluation tools
ID-1 PC-2.1.	Knows - methodology for collecting complaints. History of the patient's life and illness - Methodology for a complete physical examination of the patient (inspection, palpation, percussion, auscultation)	test questions, test tasks, situational tasks, demonstration of practical skills using simulation equipment
	can - collect complaints, medical history and illness of the patient and analyze the information received - conduct a complete physical examination of the patient (inspection, palpation, percussion, auscultation) and interpret its results	
	has the skill of: collecting complaints, anamnesis of the patient’s life and illness, conducting a complete physical examination of the patient (inspection, palpation, percussion, auscultation)	

ID-2 PC-2.2.	knows - procedures for the provision of medical care, clinical recommendations (treatment protocols) on issues of medical care, standards of medical care - methods of laboratory and instrumental research to assess health status, medical indications for research, rules for interpreting their results	test questions, test tasks, situational tasks, demonstration of practical skills using simulation equipment
	Can - formulate a preliminary diagnosis and draw up a plan for examining the patient - justify the need and scope of laboratory examination of the patient - justify the need and scope of instrumental examination of the patient - analyze the results of the patient's examination, if necessary, justify and plan the scope of additional research	
	has the skill: - formulating a preliminary diagnosis and drawing up a plan for laboratory and instrumental examinations of the patient; - referral of the patient for laboratory examination if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care; - referral of the patient for instrumental examination if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care	
ID-3 PC-2.3.	knows - general issues of organizing medical care to the population	test questions, test tasks, situational tasks
	can - justify the need to refer the patient for consultation with medical specialists	
	has the skill - referral of the patient for consultation with medical specialists if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care - referral of a patient for specialized medical care in an inpatient setting or in a day hospital if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on	

	the provision of medical care, taking into account the standards of medical care	
ID-4 PC-2.4.	knows - patterns of functioning of a healthy human body and mechanisms for ensuring health from the perspective of the theory of functional systems; Features of the regulation of functional systems of the human body during pathological processes - etiology, pathogenesis and pathomorphology, clinical picture, differential diagnosis, course features, complications and outcomes of diseases of internal organs	test questions, test tasks, situational tasks, demonstration of practical skills using simulation equipment
	can - carry out differential diagnosis of gastroenterological diseases	
	has the skill - carrying out differential diagnosis with other diseases/conditions, including emergencies	
ID-5 PC-2.5.	knows - ICD	test questions, test tasks, situational tasks
	can - establish a diagnosis taking into account clinical recommendations	
	has the skill - establishing a diagnosis taking into account the current international statistical classification of diseases and related health problems (ICD)	
ID-1 PC-3.1.	knows - modern methods of using medicines, medical devices and nutritional therapy for diseases and conditions of the patient in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care -modern methods of non-drug treatment of diseases and conditions in the patient in accordance with the current procedures for providing	test questions, test tasks, situational tasks
	can - draw up a treatment plan for the disease and condition of the patient, taking into account the diagnosis, age of the patient, clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) for the provision of medical care, taking into account the standards of medical care - prescribe non-drug treatment taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the	

	provision of medical care, taking into account the standards of medical care - prescribe medications, medical devices and medical nutrition, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care	
	has the skill - development of a treatment plan for a disease or condition, taking into account diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) for the provision of medical care, taking into account the standards of medical care - prescription of medications, medical devices and nutritional therapy, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care - prescription of non-drug treatment, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care	
ID-2 PC-3.2.	knows - modern methods of using medicines, medical devices and nutritional therapy for diseases and conditions of the patient in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care - mechanism of action of drugs, medical devices and medical nutrition, medical indications and contraindications for their use; complications caused by their use	test questions, test tasks, situational tasks
	can - evaluate the effectiveness and safety of the use of drugs, medical devices and medical nutrition	
ID-3 PC-3.3.	knows - procedure for providing palliative care	test questions, test tasks, situational tasks
	can - provision of palliative care in collaboration with medical specialists and other medical professionals	

ID-4 PC-3.4.	knows rules for personalized treatment of gastroenterological patients, including pregnant women, elderly and senile patients, assessment of the effectiveness and safety of treatment	test questions, test tasks, situational tasks
ID-1 PC-4.1.	Knows - legislation of the Russian Federation in the field of health care, regulatory legal acts and other documents defining the activities of medical organizations and medical workers - general issues of organizing medical care to the population - rules for conducting an examination of temporary disability	test questions, test tasks, situational tasks
ID-2 PC-4.2.	Knows Rules for registration and issuance of medical documents when referring patients for specialized medical care, for sanatorium treatment, for medical and social examination	test questions, test tasks, situational tasks
ID-1 PC-5.1.	knows - medical indications and contraindications for the appointment of sanatorium-resort treatment as a stage of medical rehabilitation of the patient	test questions, test tasks, situational tasks, demonstration of practical skills using simulation equipment

4. Scope of discipline and types of academic work

Type of educational work	Labor intensity	Semesters
		12
Contact work between students and teachers	**48**	**48**
Classroom work:	46	46
Lectures (L)	12	12
Practical exercises (PP)	34	34
Independent work:	**24**	**24**
during theoretical training	20	20
preparation for the test	4	4
Intermediate assessment: test, including delivery and group consultations	2	2
Total labor intensity: academic hours	**72**	
credit units	**2**	

5. The content of the discipline, structured by sections (topics) indicating the number of academic hours and types of training sessions

5.1.Content of discipline sections

No.	Name of discipline section	Annotated content of the discipline section	List of competencies formed in the

			process of mastering the section
1.	Current issues in the management of patients with diseases of the esophagus and stomach	Introducing students to chronic diseases of the esophagus and stomach. Identification of the main symptoms and syndromes of these diseases. Introducing students to current Russian and foreign clinical recommendations. Differential diagnosis. Indications for hospitalization. Prevention, rehabilitation, clinical observation. Mastering algorithms for examining and treating patients with these diseases at the present stage.	PC-2; PC-3; PC-4; PC-5
2	Current issues in the management of patients with liver diseases and biliary tract	Introducing students to chronic diseases of the liver and biliary tract. Identification of the main clinical, laboratory and instrumental syndromes in diseases of the liver and biliary tract. Introducing students to current Russian and foreign clinical recommendations. New methods in the diagnosis of chronic diseases of the liver and biliary tract. Differential diagnosis Indications for hospitalization, prevention, rehabilitation, clinical observation.	PC-2; PC-3; PC-4; PC-5
3	Current issues in the management of patients with intestinal diseases	Introducing students to chronic intestinal diseases. The place of these diseases in the practice of a therapist. Introducing students to current Russian and foreign clinical recommendations. Differential diagnosis. Laboratory and instrumental research methods. Application of diagnostic and treatment algorithms. Identification of the main symptoms and syndromes of diseases. Mastering algorithms for examining and treating patients with intestinal diseases in an outpatient setting. Differential diagnosis. Prevention, rehabilitation, clinical observation.	PC-2; PC-3; PC-4; PC-5

5.2.Thematic plan of lectures

No.	Name of discipline section	Lecture topics	Active forms of learning*	Labor intensity (academic hours)

No.	Name of discipline section	Lecture topics	Active forms of learning*	Labor intensity (academic hours)
1	Current issues in the management of patients with diseases of the esophagus and stomach	L-1 Acid-dependent diseases of the digestive system (gastroesophageal reflux disease, peptic ulcer of the stomach and duodenum, NSAID gastroenteropathy). Differential diagnosis. Patient management tactics in accordance with clinical guidelines.	LB, PL	2
2	Current issues in the management of patients with liver diseases and biliary tract	L-2 Diagnosis and differential diagnosis of chronic liver diseases. Basic clinical and laboratory syndromes for diseases of the liver and biliary tract. Algorithms for diagnosis and treatment. L-3 Cirrhosis of the liver. Etiology. Clinic. Complications of liver cirrhosis: diagnosis and treatment. Current clinical recommendations. L-4 Hereditary (genetic) liver diseases. Current clinical recommendations.	LB, PL	6
3	Current issues in the management of patients with intestinal diseases	L-5 Inflammatory bowel diseases. Etiology. Clinic. Differential diagnosis. Laboratory and instrumental research methods. Current clinical recommendations. L-6 Functional bowel diseases. Etiology. Clinical picture. Algorithms for diagnosis and treatment. Current clinical recommendations.	LB, PL	4
		TOTAL:		12

* LB – lecture-conversation
PL – problem lecture

5.3.Thematic plan for practical classes

№ p/p	Name of discipline section	Topics of practical classes	Active forms of learning	Current control forms	Labor intensity (academic hours)
1	Current issues in the management of patients with diseases of the esophagus and stomach	PZ.1 Diseases of the esophagus. Diagnosis and differential diagnosis. Diagnostic and treatment algorithms	GD, RI, AIM, AS	test questions, test tasks, situational tasks, demonstration of practical skills using simulation equipment	12
		PZ.2 Acid-dependent diseases of the digestive system. Diagnostic and treatment algorithms taking into account clinical recommendations			

		PZ.3 Functional diseases of the stomach. Algorithms for diagnosis and treatment taking into account clinical recommendations.			
2	Current issues in the management of patients with liver diseases and biliary tract	PZ.4 Diagnosis and differential diagnosis of chronic liver diseases. Algorithms for diagnosis and treatment taking into account clinical recommendations.	GD, RI, AIM, AS	test questions, test tasks, situational tasks, demonstration of practical skills using simulation equipment	12
		PZ.5 Cirrhosis of the liver. Complications of liver cirrhosis: diagnosis and treatment. Edema-ascitic syndrome, patient management. Differential diagnosis for edematous syndrome.			
		PZ.6 Hereditary (genetic) liver diseases. Patient management tactics taking into account clinical recommendations.			
3	Current issues in the management of patients with intestinal diseases	PZ.7 Diseases of the small intestine. Differential diagnosis. Diagnostic and treatment algorithms taking into account clinical recommendations..	GD, RI, AIM, AS	test questions, test tasks, situational tasks, demonstration of practical skills using simulation equipment	10
		PZ.8 Inflammatory bowel diseases in the practice of a therapist. Differential diagnosis. Laboratory and instrumental research methods. Diagnostic and treatment algorithms taking into account clinical recommendations..			
		PZ.9 Tactics for managing patients with functional bowel diseases in outpatient practice. Diagnostic and treatment algorithms taking into account clinical recommendations..			
				TOTAL:	34

*RI - role-playing game
GD - group discussion
AS - situation analysis
AIM - analysis of simulation models

5.4. Thematic plan of seminars – not provided

5.5.Thematic plan of laboratory work – not provided

5.6. Independent work:

No.	Name of discipline section	Types of independent work*	Current control forms	Labor intensity (academic hours)

No.	Name of discipline section	Types of independent work*	Current control forms	Labor intensity (academic hours)
1	Current issues in the management of patients with diseases of the esophagus and stomach	Working with lecture material L.1 Working with educational literature, see paragraph. 8.1. Educational literature, paragraph 1 textbook	Testing Security questions Solving situational problems	4
2	Current issues in the management of patients with liver diseases and biliary tract	Preparation for classroom monitoring activities Working with lecture material L.2-4 Working with educational literature, see paragraph. 8.1. Educational literature, paragraph 1 textbook.	Testing Security questions Solving situational problems	10
3	Current issues in the management of patients with intestinal diseases	Preparation for classroom monitoring activities Working with lecture material L.5-6 Working with educational literature, see paragraph. 8.1. Educational literature, paragraph 1 textbook	Testing Security questions Solving situational problems	6
	Preparation for intermediate certification events (test)			4
			TOTAL	24

6. Guidelines for students on mastering the discipline

To effectively study the discipline, you must independently study the educational and methodological materials posted in the MOODLE system; actively practice practical skills in practical classes, and, if necessary, receive advisory assistance from a teacher.

As part of ongoing monitoring, it is necessary to familiarize yourself with the assessment materials for each lesson.

To successfully pass the intermediate assessment in the form of a test, it is necessary to study and work through all assessment tools: interview questions, situational tasks.

7. Evaluation materials

Evaluation materials for the discipline for ongoing monitoring of progress and intermediate certification of students include examples of evaluation tools (Appendix A to the work program of the discipline), procedure and assessment criteria.

8. List of educational literature and Internet resources necessary for mastering the discipline

8.1. Educational literature:

1. Internal diseases. In 2 volumes - 3rd ed., revised. and additional - 5. Ed. V.S. Moiseeva and others,
M.:GEOTAR-Media, 2015.- T.1.-958 p. ; T.2.-895 p.
Electronic Library System “Student Consultant T.1.-
http://www.studmedlib.ru/book/ISBN9785970433102.html
T.2. -http://www.studmedlib.ru/book/ISBN9785970433119.html
2. Gastroenterology. National leadership [Electronic resource] /: Ed. V. T. Ivashkina, T. L. Lapina - M. GEOTAR-Media, 2018. – 464 p.
http://www.rosmedlib.ru/book/ISBN9785970444061.html
3. Outpatient gastroenterology: a guide for doctors / I. G. Bakulin, I. A. Oganezova, N. V. Bakulina [etc.]; ed. I. G. Bakulin. - M. : UMI, 2020. - 294 p. - Bibliography: p. 284-291 (71 titles).
Ignatenko G.A. Propaedeutics of internal diseases: textbook / G. A. Ignatenko, O. V. Remizov, V. A. Tolstoy. - M.: GEOTAR-Media, 2020. - 812 p.
4.Ignatenko, G. A. Propaedeutics of internal diseases: textbook / G. A. Ignatenko, O. V. Remizov, V. A. Tolstoy. - Moscow: GEOTAR-Media, 2020. - 816 p. - ISBN 978-5-9704-5827-3. - Text: electronic // Electronic Library System "Student Consultant": [website]. - URL : https://www.studentlibrary.ru/book/ISBN9785970458273.html
5. Mukhin, N. A. Propaedeutics of internal diseases: Textbook / N. A. Mukhin, V. S. Moiseev. – 3rd ed., rev. - M.: IG "GEOTAR - Media", 2005. - 768 p.
6. Mukhin, N. A. Propaedeutics of internal diseases: textbook / N. A. Mukhin, V. S. Moiseev. - 2nd ed. , rev. and additional - Moscow: GEOTAR-Media, 2023. - 848 p. - ISBN 978-5-9704-7981-0. - Text: electronic // Electronic Library System "Student Consultant": [website]. - URL : https://www.studentlibrary.ru/book/ISBN9785970479810.html

8.2. Resources of the Internet information and telecommunications network:

Name of Internet resource	Email address of the resource
Journal of medical Internet research	http://www.jmir.org
Information and educational system for medical practitioners	http://www.rosmedlib.ru
Russian medical portal	http://www.rosmedportal.com
World Health Organization	http://www.who.int

9. List of information technologies used to master the discipline, including a list of software, professional databases and information reference systems

9.1. List of information technologies used in the educational process:

No.	Name of discipline section	Information technology
1	Current issues in the management of patients with diseases of the esophagus and stomach	Placement of educational materials in EIEE FSBEI HE North-Western State Medical University named after I.I. Mechnikov of the Ministry of Health of Russia, https://moodle.szgmu.ru/course/view.php?id=834 MOODLE forum discussion of questions and situational tasks on the topics of the discipline being studied

2	Current issues in the management of patients with liver diseases and biliary tract	Placement of educational materials in EIEE FSBEI HE North-Western State Medical University named after I.I. Mechnikov of the Ministry of Health of Russia, https://moodle.szgmu.ru/course/view.php?id=834 MOODLE forum discussion of questions and situational tasks on the topics of the discipline being studied
3	Current issues in the management of patients with intestinal diseases	Placement of educational materials in EIEE FSBEI HE North-Western State Medical University named after I.I. Mechnikov of the Ministry of Health of Russia, https://moodle.szgmu.ru/course/view.php?id=834 MOODLE forum discussion of questions and situational tasks on the topics of the discipline being studied

9.2. List of software used in the educational process (licensed and freely distributed software, including domestically produced):

No.	Software product name	License validity period	Documents confirming right to use software products
licensed software			
1.	ESET NOD 32	1 year	Government contract № 07/2020
2.	MS Windows 8 MS Windows 8.1 MS Windows 10 MS Windows Server 2012 Datacenter - 2 Proc MS Windows Server 2012 R2 Datacenter - 2 Proc MS Windows Server 2016 Datacenter Core	Unlimited	State contract No. 30/2013-O; Government contract No. 399/2013-OA; Government contract No. 07/2017-EA.
3.	MS Office 2010 MS Office 2013	Unlimited	Government contract No. 30/2013-OA; Government contract No. 399/2013-OA.
4.	Academic LabVIEW Premium Suite (1 User)	Unlimited	Government contract № 02/2015
licensed software of domestic production			
1.	Anti-plagiarism	1 year	Government contract № 2409
2.	“WEBINAR (WEBINAR)” VERSION 3.0	1 year	Contract No. 347/2020-M
3.	"3KL e-learning environment"	1 year	Contract No. 348/2020-M
4.	TrueConf Enterprise	1 year	Contract No. 396/2020-EA
free software			
1.	Google Chrome	Unlimited	Open License Agreement GNU GeneralPublicLicense
2.	NVDA	Unlimited	Open License Agreement GNU GeneralPublicLicense

freely distributed software of domestic production			
1.	Moodle	Unlimited	Open License Agreement GNU GeneralPublicLicense

9.3. List of professional databases and information reference systems:

No.	Name software product	License validity period	Documents confirming right to use software products	Mode access for disabled students and persons with limited health capabilities
1.	Consultant Plus	1 year	Agreement No. 655/2020-EA	-
2.	EBS “Student Consultant”	1 year	Contract No. 307/2020-EA	http://www.studmedlib.ru/
3.	EMB “Doctor Consultant”	1 year	Contract No. 281/2020-EA	http://www.rosmedlib.ru/
4.	EBS "Ibooks.ru/ibooks.ru"	1 year	Contract № 06/2020	https://ibooks.ru
5.	EBS “IPRBooks”	1 year	Contract No. 08/2020-ZK	http://www.iprbookshop.ru/special
6.	Electronic library system “Bukap”	1 year	Contract № 05/2020	https://www.books-up.ru/
7.	EBS "Lan Publishing House"	1 year	Contract No. 395/2020-EA	https://e.lanbook.com/

10. Material and technical support of discipline

Classrooms for conducting lecture-type training sessions, equipped with equipment and technical teaching aids:
St. Petersburg, Piskarevsky prospect 47.
classroom 17 pavilion letter P
Specialized educational furniture:
tables, benches, computer, projector, screen, board
classroom 19 pavilion letter O
Specialized educational furniture:
tables, benches, computer, projector, screen, board
classroom 18 pavilion letter L
Specialized educational furniture:
tables, benches, computer, projector, screen, board
classroom 15 pavilion letter R
Specialized educational furniture:
tables, benches, computer, projector, screen, board
Technical teaching aids: multimedia projector, teacher’s laptop, system unit, monitor.
Special technical teaching aids: Roger Pen (Roger personal wireless transmitter in the form of a pen), Roger MyLink (Roger Pen system signal receiver) (for students with hearing impairments); IntelliKeys (wired keyboard with Russian Braille with a matte black finish), (St. Petersburg, Piskarevsky Prospekt, 47, lit. R (building 9), room No. 18.19, Federal State Budgetary Educational Institution of Higher Education North-Western State Medical University named after I.I. Mechnikov of the Ministry of Health of Russia).

Classrooms for conducting seminar-type training sessions, group and individual consultations, ongoing monitoring of progress and intermediate certification of students, equipped with equipment and technical teaching aids:

Technical teaching aids: multimedia projector, teacher's laptop, system unit, monitor.

St. Petersburg, Piskarevsky pr., 47, lit. Shch, pavilion 24,

2nd floor

1 room

2 room

3 room

7 room

8 room

9 room

4th floor

4 room

5 room

3rd floor

6 room

Equipment: Phonendoscopes, tonometers, tape recorder with a set of disks for practicing the assessment of auscultatory sounds, sets of films ECG, centimeter tape Special technical training aids: Roger Pen (Individual wireless transmitter Roger in the form of a pen), Roger MyLink (signal receiver of the Roger Pen system) (for students with hearing impairments); IntelliKeys (wired keyboard with Russian Braille with a matte black finish), (St. Petersburg, Piskarevsky Prospekt, 47, lit. R (building 9), room No. 18.19, FSBEI HE North-Western State Medical University named after I.I. Mechnikov of the Ministry of Health of Russia).

Dummy for objective examination (auscultation of the heart and lungs) Accreditation and simulation center St. Petersburg, Piskarevsky prospect, 47, pav 26. FSBEI HE North-Western State Medical University named after I.I. Mechnikov of the Ministry of Health of Russia, Peter the Great Hospital, Address St. Petersburg Piskarevsky Ave. 47, lit. Shch, pav 24, floor 4, department of gastroenterology; floor 3, therapy department No. 2

Premises for independent work of students, equipped with computer equipment with the ability to connect to the Internet and provided with access to the electronic information and educational environment of the University: St. Petersburg, Piskarevsky Prospekt, 47, lit. AE (building 32),

aud. No. 1, lit. R (building 9), room. No. 18.19 FSBEI HE North-Western State Medical University named after. I.I. Mechnikov of the Russian Ministry of Health.

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Appendix A

Ministry of Health of the Russian Federation

federal state budgetary educational institution
higher education
"North-Western State Medical University
named after I.I. Mechnikov"
Ministry of Health of the Russian Federation

(Federal State Budgetary Educational Institution of Higher Education North-Western State Medical University named after I.I. Mechnikov of the Ministry of Health of Russia)

EVALUATION MATERIALS

(for ongoing monitoring of progress and intermediate certification of students)

Specialty:	31.05.01 General medicine
Direction:	Organization and provision of primary health care to the adult population in medical organizations
Name of discipline:	"Current Issues in Gastroenterology"

St. Petersburg – 2021_

1. List of planned learning outcomes in the discipline

Competency achievement indicator code	Learning outcomes (assessment indicators)	Evaluation tools
ID-1 PC-2.1.	Knows - methodology for collecting complaints. History of the patient's life and illness - Methodology for a complete physical examination of the patient (inspection, palpation, percussion, auscultation)	test questions, test tasks, situational tasks, demonstration of practical skills using simulation equipment
	can - collect complaints, medical history and illness of the patient and analyze the information received - conduct a complete physical examination of the patient (inspection, palpation, percussion, auscultation) and interpret its results	
	has the skill of: collecting complaints, anamnesis of the patient's life and illness, conducting a complete physical examination of the patient (inspection, palpation, percussion, auscultation)	
ID-2 PC-2.2.	knows - procedures for the provision of medical care, clinical recommendations (treatment protocols) on issues of medical care, standards of medical care - methods of laboratory and instrumental research to assess health status, medical indications for research, rules for interpreting their results	test questions, test tasks, situational tasks, demonstration of practical skills using simulation equipment
	Can - formulate a preliminary diagnosis and draw up a plan for examining the patient - justify the need and scope of laboratory examination of the patient - justify the need and scope of instrumental examination of the patient - analyze the results of the patient's examination, if necessary, justify and plan the scope of additional research	
	has the skill: - formulating a preliminary diagnosis and drawing up a plan for laboratory and instrumental examinations of the patient; - referral of the patient for laboratory examination if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care; - referral of the patient for instrumental examination if there are medical indications in accordance with the current procedures for the provision of medical	

	care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care	
ID-3 PC-2.3.	knows - general issues of organizing medical care to the population	test questions, test tasks, situational tasks
	can - justify the need to refer the patient for consultation with medical specialists	
	has the skill - referral of the patient for consultation with medical specialists if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care - referral of a patient for specialized medical care in an inpatient setting or in a day hospital if there are medical indications in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care	
ID-4 PC-2.4.	knows - patterns of functioning of a healthy human body and mechanisms for ensuring health from the perspective of the theory of functional systems; Features of the regulation of functional systems of the human body during pathological processes - etiology, pathogenesis and pathomorphology, clinical picture, differential diagnosis, course features, complications and outcomes of diseases of internal organs	test questions, test tasks, situational tasks, demonstration of practical skills using simulation equipment
	can - carry out differential diagnosis of gastroenterological diseases	
	has the skill - carrying out differential diagnosis with other diseases/conditions, including emergencies	
ID-5 PC-2.5.	knows - ICD	test questions, test tasks, situational tasks
	can - establish a diagnosis taking into account clinical recommendations	
	has the skill - establishing a diagnosis taking into account the current international statistical classification of diseases and related health problems (ICD)	
ID-1 PC-3.1.	knows - modern methods of using medicines, medical devices and nutritional therapy for diseases and	test questions, test tasks, situational tasks

	conditions of the patient in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care -modern methods of non-drug treatment of diseases and conditions in the patient in accordance with the current procedures for providing	
	can - draw up a treatment plan for the disease and condition of the patient, taking into account the diagnosis, age of the patient, clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) for the provision of medical care, taking into account the standards of medical care - prescribe non-drug treatment taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care - prescribe medications, medical devices and medical nutrition, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care	
	has the skill - development of a treatment plan for a disease or condition, taking into account diagnosis, age and clinical picture in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) for the provision of medical care, taking into account the standards of medical care - prescription of medications, medical devices and nutritional therapy, taking into account the diagnosis, age and clinical picture of the disease and in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care - prescription of non-drug treatment, taking into account the diagnosis, age and clinical picture of the disease in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on	

	the provision of medical care, taking into account the standards of medical care	
ID-2 PC-3.2.	knows - modern methods of using medicines, medical devices and nutritional therapy for diseases and conditions of the patient in accordance with the current procedures for the provision of medical care, clinical recommendations (treatment protocols) on the provision of medical care, taking into account the standards of medical care - mechanism of action of drugs, medical devices and medical nutrition, medical indications and contraindications for their use; complications caused by their use	test questions, test tasks, situational tasks
	can - evaluate the effectiveness and safety of the use of drugs, medical devices and medical nutrition	
ID-3 PC-3.3.	knows - procedure for providing palliative care	test questions, test tasks, situational tasks
	can - provision of palliative care in collaboration with medical specialists and other medical professionals	
ID-4 PC-3.4.	knows rules for personalized treatment of gastroenterological patients, including pregnant women, elderly and senile patients, assessment of the effectiveness and safety of treatment	test questions, test tasks, situational tasks
ID-1 PC-4.1.	Knows - legislation of the Russian Federation in the field of health care, regulatory legal acts and other documents defining the activities of medical organizations and medical workers - general issues of organizing medical care to the population - rules for conducting an examination of temporary disability	test questions, test tasks, situational tasks
ID-2 PC-4.2.	Knows Rules for registration and issuance of medical documents when referring patients for specialized medical care, for sanatorium treatment, for medical and social examination	test questions, test tasks, situational tasks
ID-1 PC-5.1.	knows - medical indications and contraindications for the appointment of sanatorium-resort treatment as a stage of medical rehabilitation of the patient	test questions, test tasks, situational tasks, demonstration of practical skills using simulation equipment

2. Examples of assessment tools and assessment criteria for ongoing monitoring

2.1. Examples of incoming control

1. Carrying out a differential diagnosis for edematous syndrome (heart failure, nephrotic syndrome, blood diseases, liver diseases, oncopathology).
2. Portal hypertension syndrome. Clinical manifestations. Approaches to diagnostics in outpatient settings.
3. Complications of gastric and duodenal ulcers. Bleeding and its classification according to Forrest. Perforation of the ulcer. Ulcer penetration. Pyloric stenosis. Clinic. Diagnosis and differential diagnosis. Indications for surgical treatment.
4. Hereditary diseases of the digestive system, hereditary enzymopathies. Methods of treatment and prevention of hereditary diseases.
5. Laboratory and functional research methods in hepatology. Serological diagnosis of viral hepatitis

Evaluation criteria, grading scale pass/fail

Rating	Description
"passed"	Demonstrates a thorough understanding of the problem. All requirements for the task have been met
"not accepted"	Demonstrates a lack of understanding of the problem. Many requirements for the task have not been met. No answer. There was no attempt to solve the problem

2.2. Examples of test tasks:

ID-1 PC-2.1.
Question title: Question No. 1
GASTRIC OUTLET STENOSIS IS CHARACTERIZED BY:
1. **"splashing noise" on palpation**
2. fasting pain
3. tarry stools
4. vomiting with bile

ID-2 PC-2.2.
Question name: Question No. 2
“LATE” PAIN IN STOMACH DISEASES OCCURS:
1. **2-3 hours after eating**
2. During meals
3. An hour after eating
4. 20-30 minutes after eating

ID-3 PC-2.3.
Question name: Question No. 3
THE PRESENCE OF FOOD EATEN THE DAY BEFORE IN THE VOMIT IS CHARACTERISTIC OF:
1. **pyloric stenosis**
2. acute gastritis
3. ulcers of the body of the stomach
4. ulcers of the duodenal bulb

ID-4 PC-2.4.
Question name: Question No. 4
OF THE FOLLOWING METHODS CAN ONLY BE USED FOR THE PRIMARY DIAGNOSIS OF HELICOBACTER PYLORI INFECTION:
1. **Serological diagnosis of antibodies to HP in blood serum**
2. Detection of HP antigens in feces
3. 13C-urease breath test
4. Histological examination of biopsy specimens

ID-5 PC-2.5.
Question title: Question No. 5
BIOCHEMICAL MARKER OF CHOLESTASIS SYNDROME:
1. **Alkaline phosphatase**
2. AST, ALAT
3. Thymol test
4. Sulem test

ID-1 PC-3.1.
Question title: Question No. 6
THE DETERMINATION OF ALPHA-FETOPROTEIN HAS DIAGNOSTIC VALUE FOR:
1. **primary liver cancer**
2. liver echinococcosis
3. viral hepatitis
4. cirrhosis of the liver

ID-2 PC-3.2.
Question title: Question No. 7
CONTRAINDICATIONS FOR LIVER PUNCTURE BIOPSY ARE:
1. **coagulation disorder**
2. splenomegaly
3. jaundice
4. hepatomegaly

ID-3 PC-3.3.
Question name: Question No. 8
THE RECOMMENDED DURATION OF GLUCOCORTICOSTEROID THERAPY FOR INFLAMMATORY BOWEL DISEASE IS
1. **12 weeks**
2. 8 weeks
3. 24 weeks
4. Until remission is achieved

ID-3 PC-3.4.
Question title: Question No. 9
THERAPEUTIC NUTRITION
1. Is an integral component of the treatment process
2. Prescribed only by a nutritionist
3. For use in hospitals only
4. Involves mandatory prescription of specialized products

ID-1 PC-4.1.
Question title: Question No. 10
OSMOTIC LAXATIVES INCLUDE
1. **Macrogol**
2. Krushina
3. Bisacodyl
4. Psyllium

ID-2 PC-4.2.
Question title: Question No. 11
MEDICAL AND SOCIAL EXAMINATION IS BEING CARRIED OUT
1. **Based on disability assessment**
2. In order to establish the cause-and-effect relationship of the disease with professional activity
3. Based on the results of preliminary medical examinations
4. In order to identify violations in the provision of medical care

ID-1 PC-5.1.

Question title: Question No. 12
IN ANTI-HELICOBACTER THERAPY REGIMENS, THE DAILY DOSE OF AMOXICILLIN IS

1. **2000 mg**
2. 500 mg
3. 1000 mg
4. 750 mg

Evaluation criteria, test assignment grading scale

Rating		**Description**
"excellent"	5	Completed in full – 90%-100%
"good"	4	Not fully implemented – 80%-89%
"satisfactory"	3	Completed with deviation – 70%-79%
"unsatisfactory"	2	Partially completed – 69% or less correct answers

2.3. Examples of algorithms for demonstrating practical skills

ID-1 PC-2.1. ID-2 PC-2.2. ID-4 PC-2.4. ID-1 PC-5.1.
Algorithm for demonstrating practical skills
Superficial palpation of the abdomen. Evaluation of the data obtained

No.	Student action
1	Establish contact with the patient (greeted, introduced himself, offered to sit down)
➢	say hello
➢	introduce yourself
➢	Offer to sit down
2	Check the patient's last name, first name, patronymic, age
3	Check the patient’s well-being
4	Inform the patient about the upcoming procedure
	Perform superficial palpation of the abdomen
5	Palpation of the left iliac region
➢	Fingers point left and up relative to the patient
➢	Gently bending the fingers at the proximal interphalangeal joints
➢	Immerse your fingers to a depth of no more than 1 cm
➢	We evaluate pain, muscle tension, significant enlargement of organs, large formations
6	Palpation of the right iliac region
➢	Fingers point left and up relative to the patient
➢	Gently bending the fingers at the proximal interphalangeal joints
➢	Immerse your fingers to a depth of no more than 1 cm
➢	We evaluate pain, muscle tension, significant enlargement of organs, large formations
7	Palpation of the left flank of the abdomen
➢	Fingers point left and up relative to the patient
➢	Gently bending the fingers at the proximal interphalangeal joints
➢	Immerse your fingers to a depth of no more than 1 cm
➢	We evaluate pain, muscle tension, significant enlargement of organs, large formations
8	Palpation of the area of the right flank of the abdomen
➢	Fingers point left and up relative to the patient
➢	Gently bending the fingers at the proximal interphalangeal joints
➢	Immerse your fingers to a depth of no more than 1 cm
➢	We evaluate pain, muscle tension, significant enlargement of organs, large formations
9	Palpation of the left hypochondrium area
➢	Fingers point left and up relative to the patient
➢	Gently bending the fingers at the proximal interphalangeal joints

No.	Student action
➢	Immerse your fingers to a depth of no more than 1 cm
➢	We evaluate pain, muscle tension, significant enlargement of organs, large formations
10	Palpation of the right hypochondrium
➢	Fingers point left and up relative to the patient
➢	Gently bending the fingers at the proximal interphalangeal joints
➢	Immerse your fingers to a depth of no more than 1 cm
➢	We evaluate pain, muscle tension, significant enlargement of organs, large formations
11	Palpation of the epigastric region
➢	Fingers pointing towards the xiphoid process
➢	Gently bending the fingers at the proximal interphalangeal joints
➢	Immerse your fingers to a depth of no more than 1 cm
➢	We evaluate pain, muscle tension, significant enlargement of organs, large formations
12	Palpation of the umbilical region
➢	Fingers pointing towards the xiphoid process
➢	Gently bending the fingers at the proximal interphalangeal joints
➢	Immerse your fingers to a depth of no more than 1 cm
➢	We evaluate pain, muscle tension, significant enlargement of organs, large formations
13	Palpation of the suprapubic area
➢	Fingers pointing towards the xiphoid process
➢	Gently bending the fingers at the proximal interphalangeal joints
➢	Immerse your fingers to a depth of no more than 1 cm
➢	We evaluate pain, muscle tension, significant enlargement of organs, large formations

Evaluation sheet (for teacher) Inspection and palpation of the heart area. Evaluation of the data obtained

No.	Student action	Evaluation Criteria		
		Correct 2 points	wrong, but corrected by myself 1 point	wrong 0 points
1.	Established contact with the patient (greeted, introduced himself			
2.	Identified the patient (asked the patient to introduce himself, give his last name, first name, patronymic, age)			
3.	Inquired about the patient's well-being, calling by name and patronymic			
4.	Informed the patient about the upcoming procedure			
	Performed superficial palpation of the abdomen			
5.	Palpation of the left iliac region			
6.	Palpation of the right iliac region			
7.	Palpation of the left flank of the abdomen			
8.	Palpation of the area of the right flank of the abdomen			
9.	Palpation of the left hypochondrium area			
10.	Palpation of the right hypochondrium			
11.	Palpation of the epigastric region			

12.	Palpation of the umbilical region			
13.	Palpation of the suprapubic area			
14.	Evaluated pain, muscle tension, significant enlargement of organs, large formations			
15.	Evaluated the data obtained correctly and used the correct wording in the report			
16.	Followed the sequence of actions			
1.				

Evaluation criteria, scale for demonstrating practical skills

Rating		Description
"excellent"	5	Knows the methodology for performing practical skills, indications and contraindications, possible complications, standards, etc., independently demonstrates the implementation of practical skills without errors
"good"	4	Knows the methodology for performing practical skills, indications and contraindications, possible complications, standards, etc., independently demonstrates the implementation of practical skills, allowing for some inaccuracies (minor errors), which he independently detects and quickly corrects
"satisfactory"	3	Knows the basic principles of the methodology for performing practical skills, indications and contraindications, possible complications, standards, etc., demonstrates the implementation of practical skills, making some mistakes that can be corrected when corrected by the teacher
"unsatisfactory"	2	Does not know the methodology for performing practical skills, indications and contraindications, possible complications, standards, etc., cannot independently demonstrate practical skills or performs them making gross mistakes

2.4. Examples of situational tasks

ID-1 PC-2.1.

OBJECTIVE #1

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

A 45-year-old woman consulted a doctor with complaints of heartburn, sour belching, worsening in a horizontal position after eating and when bending forward. These symptoms appeared about three months ago, for which she had not previously been examined or taken any medications. He smokes 10 cigarettes a day and drinks alcohol in minimal quantities.

Upon examination: satisfactory condition. BMI=31 kg/m2. The skin is clean and of normal color. In the lungs, breathing is vesicular, there are no wheezes. Heart sounds are muffled, the rhythm is correct, no murmurs are heard. Heart rate – 72 beats. per minute, blood pressure – 120/80 mm Hg. The abdomen is soft and painless on palpation in all parts. The liver and spleen are not enlarged. There is no dysuria. The symptom of tapping in the lumbar region is negative.

No abnormalities were detected in clinical and biochemical blood tests. ECG – sinus rhythm, heart rate = 70 beats. per minute, horizontal position of the electrical axis of the heart, normal variant. An endoscopy was performed, which revealed multiple areas of hyperemia of the mucous membrane and individual non-confluent erosions of the distal esophagus up to 5 mm in size.

Questions:

1. Suggest and justify the most likely diagnosis.
2. Draw up and justify a plan for additional examination of the patient.
3. Prescribe medication and justify your choice.
4. What recommendations for lifestyle changes should be given to the patient?
5. Is endoscopic monitoring necessary, and if so, after what period?

ID-2 PC-2.2.

OBJECTIVE #2

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient T., 48 years old, an electric welder, consulted a doctor with complaints of frequent, severe heartburn after eating and at night, especially when eating spicy, fatty or rich foods, frequent nausea in the morning, belching food after eating, usually when bending over and lying down, poor sleep due to heartburn.

From the anamnesis: from school age he noticed abdominal pain and poor appetite. He was treated independently, on the advice of relatives, periodically taking no-shpa and enzyme preparations with little effect. While serving in the army, he was treated in hospital for gastritis. Subsequently, he had no complaints from the digestive organs for a long time. He eats irregularly and works in shifts, often night shifts. He has been smoking 20 cigarettes a day since he was 13 years old. He practically does not drink alcohol. The described complaints appeared two years ago after a long period of significant physical exertion (building a house) and an episode of severe psycho-emotional stress (a fire in an apartment). I took almagel and omez on my own for 10-14 days with good effect. Over the next 2 years, I was often bothered by heartburn, but I did not go to the doctors, I used Almagel and Omez in short courses with a short-term effect. The last deterioration occurred within a month after an error in diet and alcoholism; While taking the usual set of medications for a week, I felt with positive dynamics, and therefore stopped treatment. After 5 days the symptoms returned. Three days ago there was a single episode of black, loose stool. Subsequently, the stool was without any peculiarities.

Upon examination: satisfactory condition. Height: 175 cm, weight: 63 kg. The skin is of normal color, moderate moisture, clean. Vesicular breathing in the lungs. BH 18/min. Heart sounds are moderately muffled, the rhythm is correct. Heart rate – 80/min, blood pressure – 130/85 mm Hg. The tongue is thickly covered with a gray coating and is moist. The abdomen is soft, moderately painful high in the epigastrium to the left of the midline and in the pyloroduodenal area. Palpation of other parts of the abdomen is practically painless. Liver 10.5×8×7 cm. The edge is rounded, elastic consistency, painless. Blistering symptoms are negative. The spleen is not palpable, percussion 7×5 cm. The symptom of tapping in the lumbar region is negative.

In tests: red blood cells – 4.0 × 1012/l. Hb – 122 g/l, MCH – 26p/g, MCHC–346g/l, leukocytes – 5.2 × 109/l: basophils – 0, eosophils – 1, band – 2, segmented – 68; lymphocytes – 23, monocytes – 6. ESR = 5 mm/hour. A stool occult blood test is positive. EGD – the esophagus is passable. The mucous membrane of the lower third of the esophagus is clearly hyperemic with multiple small erosions, occupying up to half the diameter of the esophagus. The cardiac sphincter does not close completely. The gastric mucosa prolapses into the esophagus. The stomach contains a significant amount of secretion mixed with bile. The mucous membrane of the body of the stomach is slightly swollen, pink, with trunk-type folds. The antral mucosa is focally hyperemic with multiple flat erosions. The duodenal bulb is not deformed. The mucous membrane is pink and shiny. The postbulbar region is without features.

Questions:

1. Suggest and justify the most likely diagnosis.
2. What additional research methods are needed for this patient?

3. Draw up a specific drug treatment regimen for this patient, indicating doses and duration of drug use.
4. Determine the timing of the control endoscopic examination.
5. Make a decision on the examination of the patient's ability to work

ID-3 PC-2.3.

OBJECTIVE #3

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

A 45-year-old woman consulted a doctor with complaints of general weakness, dull, aching pain in the right hypochondrium, worsening after eating fatty, fried foods, or physical activity; pain radiates to the right shoulder, right shoulder blade, right half of the neck; notes bitterness in the mouth, belching of air, nausea, unstable stool, loss of appetite.

From the anamnesis. Considers himself sick for four years, when general weakness first appeared, aching pain in the right hypochondrium area, intensifying after errors in diet, physical activity, bitterness in the mouth, belching of air, unstable stool (with a tendency to constipation). She did not seek medical help. When pain syndrome appeared, she took allohol, pancreatin, analgin; noted a temporary improvement in well-being. A real exacerbation within a month, when after eating a large amount of fatty foods, pain appeared in the right hypochondrium, bitterness in the mouth, and belching of air. There were no operations or blood transfusions. Doesn't abuse alcohol. From the family history it is known that the patient's mother suffered from cholelithiasis.

Upon examination: satisfactory condition, height 170 cm, weight – 72 kg; BMI 24.9 kg/m2. The skin is clean and of normal color. In the lungs, breathing is vesicular, there are no wheezes, respiratory rate is 16 per minute. Heart sounds are rhythmic and muffled. Heart rate – 72 per 1 min; Blood pressure – 130/80 mmHg. The tongue is moist, coated with a white coating at the root. The abdomen is soft, moderately painful on palpation in the area of the right hypochondrium. Liver dimensions according to Kurlov: 9×8×7 cm; palpation of the liver is difficult due to pain, mainly at the point of the gallbladder. Soreness at the Mackenzie point, positive symptoms of Ker, Murphy, Ortner, Lepene, Mussi-Georgievsky are determined. The spleen is not palpable. The symptom of tapping in the lumbar region is negative.

Research results:

General blood count: red blood cells – 4.6×10^{12}/l; leukocytes – 11.2× 109/l; segmented neutrophils – 75%; band neutrophils – 2%; lymphocytes – 19%; monocytes – 3%; eosinophils – 1%; basophils – 0%; Hb – 141g/l; platelets – 215×109/l; ESR – 19 mm/h. Blood biochemistry: total bilirubin – 18 μmol/l; indirect bilirubin – 16.0 μmol/l; direct bilirubin – 2.0 μmol/l; ALT – 28 units/l; AST – 23 units/l; GGTP – 25 units/l; alkaline phosphatase – 102 units/l; glucose – 5.2 mmol/l; creatinine – 64 μmol/l; urea – 3.2 mmol/l; total protein – 72 g/l; amylase – 42 units/l; CS – 5.2 mmol/l.

A survey radiography of the abdominal organs revealed no pathology. With ultrasound of the abdominal organs: the liver is not enlarged, the contours are smooth, the echogenicity is not increased, the structure is not changed. The gallbladder is enlarged (up to 3.5 cm in diameter), deformed, with a bend in the neck; A diffuse thickening of its walls up to 5 mm and their compaction were revealed. A suspension ("stagnant bile") is visualized in the lumen of the gallbladder. Ductus choledochus 7 mm. The pancreas is of normal size and shape, echogenicity is not increased. The pancreatic duct is not dilated.

Urine analysis: within normal limits. ECG - without pathological changes; esophagogastroduodenoscopy – without pathological changes; enzyme immunoassay for the detection of helminths: opisthorchiasis, giardiasis, ascariasis, toxacarosis - negative. Feces for worm eggs (three times) are negative.

Questions:
1. Guess the most likely diagnosis.
2. Justify your diagnosis.
3. Draw up and justify a plan for additional examination of the patient.
4. Draw up and justify a treatment plan for this patient.
5. What are the further treatment tactics? Justify your choice.

ID-4 PC-2.4.

OBJECTIVE #4

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

A 49-year-old man consulted a doctor with complaints of general weakness, increased fatigue, decreased performance, almost constant dull pain in the right hypochondrium, and nausea.

From the anamnesis. Considers himself sick for two years, when general weakness, increased fatigue, and a feeling of heaviness in the right hypochondrium first appeared. He did not seek medical help. Periodically I took Essentiale Forte, 2 capsules three times a day, enzyme preparations: Creon, 25,000 units. twice a day; I did not notice any improvement in my health. A real exacerbation within a month, when after significant physical activity the pain in the right hypochondrium intensified, and general weakness increased. I took baralgin, no positive effect was observed. There were no operations or blood transfusions. He does not abuse alcohol, did not take hepatotoxic drugs, and was a donor.

Upon examination: satisfactory condition; height - 177 cm, weight -79 kg, BMI 25.2 kg/m2. The skin is icteric in color, the sclera is icteric, and telangiectasia is detected on the chest, shoulders and back. In the lungs, breathing is vesicular, there are no wheezes. BH 16/min. Heart sounds are rhythmic and muffled. Heart rate 72 per minute; BP-130/80 mm Hg. The tongue is wet and covered with a white coating. The abdomen is soft, moderately painful on palpation in the area of the right hypochondrium. Liver dimensions according to Kurlov: 12×8×7 cm; on deep palpation, the liver has a dense consistency and moderate pain on palpation is determined. The spleen is not enlarged. The symptom of effleurage is negative.

Research results: complete blood count: red blood cells – 4.5×10^{12}/l; leukocytes – 6.5×109/l; neutrophils – 4.5×109/l; lymphocytes – 1.3×109/l; monocytes – 0.44×109/l; eosinophils – 0.2×109/l; basophils – 0.06×109/l; Hb – 145g/l; platelets – 232×109/l; ESR – 23 mm/h.

Blood biochemistry: total bilirubin – 35 μmol/l; indirect bilirubin – 29.5 μmol/l; direct bilirubin – 5.5 μmol/l; ALT – 230 U/L; AST – 155 units/l; GGTP – 83 units/l; alkaline phosphatase – 143 units/l; glucose – 5.1 mmol/l; creatinine – 72 μmol/l; urea – 3.2 mmol/l; albumin – 39 g/l; total protein – 71 g/l; alpha-1-globulins – 3.0 g/l; alpha-2-globulins – 5.5 g/l; beta globulins – 6.0 g/l; γ-globulins – 17.5 g/l; TSH – 0.94 IU/l; alpha-fetoprotein – 3.2 units/l; ferritin – 53 μg/l; transferrin – 2.5 g/l; potassium – 3.9 mmol/l; Na–138 mmol/l; amylase – 43 units/l; iron – 21.3 μmol/l; CS – 5.0 mmol/l; ceruloplasmin – 185 mg/l. PTI – 55%.

Enzyme immunoassay: HBsAg (+); anti-HBs (-); anti-HBcIgG (+); HBeAg(-); anti-HBe (+); anti-HBcIgM (-); anti-HDV (-); anti-HCV (-); anti-HIV – negative. Immunological study: IgG concentration in blood serum - 7.0 g/l; PCR: HBV DNA – positive; quantitative analysis of HBV DNA – 61,000 IU/ml. Feces for occult blood - negative. General urine analysis: within normal limits. Liver elastometry: stage F4 was determined (according to the METAVIR scale). ultrasound of the abdominal organs revealed hepatomegaly and diffuse dystrophic changes in the liver parenchyma. X-ray examination of the lungs: no pathological changes; ECG – without pathological changes; number connection test – within normal limits.

Questions:
1. Guess the most likely diagnosis.
2. Justify your diagnosis.
3. Draw up and justify a plan for additional examination of the patient.

4. What are your further treatment tactics? Justify your choice.
5. Develop a follow-up plan for the patient

ID-5 PC-2.5.

OBJECTIVE #5

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

A 48-year-old man consulted a doctor with complaints of general weakness, increased fatigue, decreased performance, almost constant dull pain in the right hypochondrium, nausea, and sleep disturbances.

From the anamnesis. Considers himself sick for two years, when general weakness, increased fatigue, a feeling of heaviness in the right hypochondrium, and periodic increases in temperature to subfebrile levels first appeared. He did not seek medical help. When pain syndrome appeared, I took Essentiale Forte, 2 capsules three times a day, enzyme preparations: Creon, 10,000 units. twice a day, no-shpu; I did not notice any improvement in my health. A real exacerbation during the month, when after suffering from the flu the pain in the right hypochondrium intensified, and general weakness increased. There were no operations or blood transfusions. He does not abuse alcohol, did not take hepatotoxic drugs, and was a donor.

Upon examination: satisfactory condition. Height – 165 cm, weight – 70 kg, BMI – 25.7 kg/m2. The skin is icteric in color, the sclera is icteric, and telangiectasia is detected on the chest, shoulders and back. In the lungs, breathing is vesicular, there are no wheezes, RR = 16 per minute. Heart sounds are rhythmic and muffled. Heart rate = 74 per 1 min; Blood pressure = 130/80 mmHg. The tongue is wet and covered with a white coating. The abdomen is soft, moderately painful on palpation in the area of the right hypochondrium. Liver dimensions according to Kurlov: 12 (+3) × 8 × 7 cm; on deep palpation, the liver has a dense consistency and moderate pain on palpation is determined. The spleen is not enlarged. There is no dysuria. The symptom of tapping in the lumbar region is negative.

Research results: complete blood count: red blood cells – 4.6×10^{12}/l; leukocytes – 6.7×x109/l; neutrophils – 4.4×109/l; lymphocytes – 1.5×109/l; monocytes – 0.46×109/l; eosinophils – 0.28×109/l; basophils – 0.06×109/l; Hb – 144g/l; platelets – 242×109/l; ESR – 22 mm/h.

Blood biochemistry: total bilirubin – 36 μmol/l; indirect bilirubin – 30.5 μmol/l; direct bilirubin – 5.5 μmol/l; ALT – 218 units/l; AST – 157 units/l; GGTP – 82 units/l; ALP – 142 units/l; glucose – 5.1 mmol/l; creatinine – 64 μmol/l; urea – 3.2 mmol/l; albumin – 38 g/l; total protein – 70.2 g/l; alpha-1-globulins – 2.8 g/l; alpha-2-globulins – 5.7 g/l; beta globulins – 6.7 g/l; γ-globulins – 17 g/l; TSH – 0.94 IU/l; alpha-fetoprotein – 3.3 units/l; ferritin – 55 mcg/l; transferrin – 2.4 g/l; potassium – 3.6 mmol/l; Na–137 mmol/l; amylase – 42 units/l; iron – 20.7 μmol/l; CS – 5.2 mmol/l; ceruloplasmin – 188 mg/l. PTI – 57%.

Enzyme immunoassay: anti-HCV – positive; HBsAg (-); anti-HBs (-); anti-HBcIgG (-); HBeAg(-); anti-HBe (-); anti-HBcIgM (-); anti-HIV – negative. HCV genotyping: genotype 1 – positive. Immunological study: concentration of Ig class G in blood serum -7.2 g/l. PCR: HCV RNA – positive; quantitative analysis of HCV RNA – 31,000 IU/ml.

Liver elastometry: stage F4 was determined (according to the METAVIR scale). ultrasound of the abdominal organs revealed hepatomegaly and diffuse dystrophic changes in the liver parenchyma. A stool occult blood test is negative. General urine analysis: within normal limits. X-ray examination of the lungs: no pathological changes. ECG – without pathological changes.

Questions:

1. Guess the most likely diagnosis.
2. Justify your diagnosis.
3. Draw up and justify a plan for additional examination of the patient.
4. What are your further treatment tactics? Justify your choice.

5. Develop a follow-up plan for the patient

ID-1 PC-3.1.

OBJECTIVE #6

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient S., 29 years old, a programmer, consulted a doctor with complaints of dull, aching low-intensity pain in the lower abdomen closer to the left flank, occurring before defecation, or intensifying immediately after bowel movement, lasting about 30-40 minutes, liquefied stool mixed with mucus and small amounts of scarlet blood, stool frequency up to 5-6 times per day, including at night, false urge to defecate with the release of only mucus mixed with scarlet blood from the rectum, a feeling of rumbling, seething in the stomach during the day, weight loss of 5 kg over the past 4 months.

From the anamnesis: he first noticed bowel dysfunction 5 months ago after a trip to the south in the summer and associated this symptom with dietary habits (consuming large quantities of vegetables and fruits). Diarrhea persisted and progressed after returning from vacation. I took smecta and mezim on my own with insignificant and unstable effects. After 1.5 months, he noted the appearance of mucus and streaks of blood in the stool, then mild pain appeared on the left flank of the abdomen. Started taking no-shpa. On the advice of a relative, 2 weeks ago I took chloramphenicol, 3 tablets a day, for 5 days; against this background, diarrhea and abdominal pain increased significantly, and the amount of blood in the stool increased, which was the reason for contacting a doctor. He put off seeking medical help because he believed that he had some kind of infectious intestinal disease and was afraid of hospitalization in the infectious diseases department, preferring to treat himself. In the past, during the student period, there were repeated episodes of loose stools, the occurrence of which the patient associated with the consumption of allegedly poor-quality products. As a rule, he treated himself independently, using decoctions of astringents.

Upon examination: satisfactory condition, t – 36.8°C, height 178 cm, weight 61 kg, skin and visible mucous membranes are pale pink in color. Breathing is vesicular in all parts, there is no wheezing. BH – 18 in 1 min. Heart - sonorous tones, correct rhythm. Heart rate – 92 per 1 min. Blood pressure – 120/85 mm Hg. The tongue is moderately diffusely coated with a grayish coating, moist. The abdomen participates in breathing, is moderately evenly swollen, soft on superficial palpation, moderate pain is detected along the left flank of the abdomen, on deep palpation there is distinct pain in the left iliac region, where a spasmodic, densely elastic, painful sigmoid colon is palpated; the remaining parts of the colon are painless. Palpation of the epigastric and subcostal areas is painless. Blistering symptoms are negative. Dimensions of the liver according to Kurlov: 10x8x7 cm, spleen 6x4 cm. The edge of the liver is not palpable. The symptom of effleurage in the lumbar region is negative.

In the tests: red blood cells = 3.02 ×1012/l, Hb = 103 g/l, MCH - 23p/g, MCHC– 300 g/l, leukocytes = 12.6×109/l. ESR = 38 mm/hour.

Coprogram: liquefied, unformed feces, muscle fibers, intracellular starch in a small amount, leukocytes up to 30-40 in the field of view, red blood cells in a significant amount, mucus in a large amount. Fecal calprotectin 532 mcg/g. Total serum protein 62.3 g/l, albumin – 49.3%, globulins 50.7%, CRP – 95 mg/l. Sigmoidoscopy without preparation: the device is inserted up to 18 cm. The mucous membrane of the rectum is diffusely hyperemic, edematous, severe contact bleeding, multiple erosions, in places confluent, covered with fibrin. In the intestinal lumen there is blood-stained mucus and small amounts of liquid feces.

Questions:

1. Guess the most likely diagnosis.
2. Justify your diagnosis.
3. What additional research methods are needed for this patient?
4. Create and justify a treatment plan for the patient.

5. Conduct an assessment of the patient's ability to work.

ID-2 PC-3.2.

OBJECTIVE #7

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient T., 42 years old, was hospitalized in a hospital on the referral of a local general practitioner with complaints of weakness, drowsiness during the day, jaundice of the skin, a feeling of heaviness in the right hypochondrium, periodic nosebleeds after physical work, an increase in the abdomen in volume, swelling in the lower extremities in the area of the feet and legs.

History: heaviness in the right hypochondrium has been bothering me for the last 3 months. Over the past month, he has noted an increase in general weakness, an enlarged abdomen and jaundice. He has been drinking 200 g of vodka daily for the last year and is being seen by a narcologist. Denies drug use. There were no blood transfusions or surgical interventions.

Objectively: the condition is of moderate severity. Consciousness is clear. Number Linking Test – 40 sec. Height – 178 cm, weight – 62 kg. Skin of normal moisture, icteric. Spider veins are visible in the chest and upper back area. The sclera is icteric. Swelling of the feet and lower third of the legs. In the lungs, breathing is vesicular, there are no adverse respiratory sounds. NPV – 18 per minute. On auscultation, heart sounds are rhythmic and there are no murmurs. Heart rate – 78 beats per minute. Blood pressure – 110/70 mm Hg. Art. The tongue is moist, crimson, the papillae are smoothed. The abdomen is increased in volume, the navel is smoothed, dilated, tortuous veins are visible on the anterior abdominal wall radially from the navel. In a lying position, the stomach is spread out. On palpation, it is soft and painful in the right hypochondrium. The dimensions of the liver according to Kurlov are 15×15×13 cm. The lower edge of the liver is dense and lumpy on palpation. The stool is formed, brown, without pathological impurities. The dimensions of the spleen are 15×12. Urination is free, painless, urine is dark yellow.

General blood count: red blood cells – 4.1×1012/l; Hb – 122 g/l; color index – 0.9%; platelets – 98×109/l, leukocytes – 3.2×109/l, eosinophils – 1%, band neutrophils – 4%, segmented neutrophils – 63%, lymphocytes – 29%, monocytes – 3%, ESR – 22 mm/h.

Biochemical tests: total bilirubin – 130 μmol/l, direct bilirubin – 100 μmol/l, ALT – 120 U/l, AST – 164 U/l. INR – 2, albumin – 28 g/l.

Fibrogastroduodenoscopy: varicose veins of the esophagus, stage I.

Ultrasound examination of the abdominal cavity: the anteroposterior size of the right lobe of the liver is 170 mm, the contours are clear and uneven. The parenchyma has unevenly diffusely increased echogenicity. The diameter of the portal vein is 16 mm. The gallbladder is of normal size, the contents are bile. The hepaticocholedochus is not dilated. The spleen is located usually, the structure is homogeneous, the parenchyma is of average echogenicity. The area of the spleen is 36.1 cm2. Free fluid in the abdominal cavity.

Questions:

1. Guess the most likely diagnosis.
2. Justify your diagnosis.
3. Draw up and justify a plan for additional examination of the patient.
4. What tactics and therapy is required for the patient upon admission. Justify your choice.
5. What are the possible complications of this disease?

ID-3 PC-3.3.

OBJECTIVE #8

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Male 32 years old. When visiting the clinic, he complains of loose stool mixed with blood up to 10 times a day, cramping pain in the lower abdomen before defecation, weight loss of 7 kg in 3 months.

From the anamnesis: blood in the stool and unformed stool have been bothering me for 3 months. The temperature did not rise. He denies contact with infectious patients and has not traveled outside the region. I smoked 1 pack of cigarettes a day for 10 years and stopped a year ago. Denies alcohol abuse or intravenous drug addiction. There are no relatives with gastrointestinal diseases. Works as a manager, no professional hazards.

Objectively: the condition is satisfactory. Temperature 36.7°C. The skin is pale and moist. Height – 175 cm, weight – 58 kg. There is vesicular breathing in the lungs, there are no adverse respiratory sounds. NPV – 18 per minute. On auscultation, the heart rhythm is correct, the tone ratio is normal, and there are no murmurs. Heart rate – 98 beats per minute. Blood pressure – 110/70 mm Hg. Art. (D=S). Upon examination, the abdomen is symmetrical and participates in the act of breathing. On palpation, it is soft, painful along the left flank and in the left iliac region. Liver according to Kurlov – 9×8×7 cm. Dimensions of the spleen – 6×4 cm. Urination is free and painless.

General blood test: erythrocytes – 2.7×1012, Hb – 108 g/l, color index – 0.6, platelets – 270×109, leukocytes – 7.0×109, eosinophils – 1%, band neutrophils – 2%, segmented neutrophils – 65%, lymphocytes – 27%, monocytes – 5%, ESR – 22 mm/h.

Coprogram: unformed feces, mucus +++, leukocytes – 10-15 in the field of view, erythrocytes – 5-6 in the field of view

Fibrocolonoscopy: the mucosa of the descending colon, sigmoid and rectum is diffusely hyperemic, bleeds easily upon contact with the colonoscope, the vascular pattern is blurred. Multiple erosions covered with fibrin were revealed in the rectosigmoid region.

Questions:

1. Guess the most likely diagnosis.
2. Justify your diagnosis.
3. Draw up and justify a plan for additional examination of the patient.
4. Draw up and justify a treatment plan for the patient in this situation?
5. What are your further treatment tactics? Justify your choice.

ID-4 PC-3.4.

OBJECTIVE #9

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient S., 22 years old, was sent to the hospital for examination with complaints of severe weakness, diarrhea up to 3-4 times a day, mushy stools without pathological impurities, weight loss of 5 kg over 6 months, pain in the umbilical region, dry mouth, constant thirst.

The patient considers herself sick for 6 years, when diarrhea first appeared up to 5-6 times a day, weight began to decrease, and swelling appeared in the legs. Normalization of stool occurred periodically while taking antidiarrheal drugs. The patient notes that stool disturbances appeared after eating dairy products, baked goods, pasta, and cereals. She was examined by infectious disease specialists - infectious pathology was excluded.

General inspection. The condition is of moderate severity due to severe weakness, consciousness is clear. Height – 163 cm, weight – 45 kg. The skin is pale, clean, mucous membranes are pale pink. Lymph nodes are painless and not enlarged. The tongue is moist and clean. In the lungs there is vesicular breathing, no wheezing. Blood pressure – 100/70 mm Hg. Art., heart rate – 75 beats per minute, rhythmic pulse. The abdomen is soft on palpation,

participates in the act of breathing, and is painful in the epigastric and peri-umbilical areas. The liver and spleen are not enlarged. Swelling of the legs up to 2/3 is determined.
Laboratory tests: hemoglobin – 89 g/l, erythrocytes – 3.72×1012/l, leukocytes – 6.1×109/l, platelets – 266×109/l, ESR – 34 mm/h. Urinalysis is unremarkable. The fecal reaction to occult blood is negative. Blood glucose: 8:00 – 4.5 mmol/l, 13:00 – 7.0 mmol/l, 22:00 – 11.9 mmol/l. Glycolyzed hemoglobin - 9.3%. Biochemical parameters: total bilirubin - 23.8 μmol/l, direct bilirubin - 2.8 μmol/l, ALT - 69 U/l, AST - 45 U/l, γ-GTP - 25 U/l, alkaline phosphatase - 118 U/l, sodium - 137 μmol/l, potassium - 4.3 μmol/l, creatinine – 44 μmol/l, urea – 4.3 μmol/l, total protein – 51 g/l, antibodies to gliadin (IgG) – 135 U/ml.
EGD. Esophagus: the mucous membrane is hyperemic, in the middle and lower third there are multiple superficial erosions, covered with yellow fibrin in the form of "curd masses", the cardiac sphincter is completely closed. Stomach: contents – mucus mixed with light bile in large quantities. The mucosa is moderately hyperemic, the folds are not thickened. We pass the gatekeeper. The duodenal bulb has a smooth mucosa, no intestinal villi, hyperemic, edematous, with bile in the lumen.
Consultation with a proctologist: complaints of periodic diarrhea, sometimes mixed with mucus. A sigmoidoscopy was performed. No pathological changes were detected.

Questions:

1. State your probable preliminary diagnosis.
2. Justify your diagnosis.
3. Make a plan for additional examination.
4. Differential diagnosis.
5. Draw up and justify your treatment plan.

ID-1 PC-4.1.

OBJECTIVE #10

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Male 46 years old, driver. I entered the hospital emergency department on my own. Complaints of constant sharp pain in the epigastric region with irradiation to the back, to the left half of the abdomen, nausea, single vomiting of food eaten, which does not bring relief, moderate bloating, general weakness, lack of appetite at the time of examination.
The onset of the disease is associated with the fact that the night before I celebrated a holiday with friends, there were errors in the diet - the intake of spicy and fatty foods, alcohol. Similar pains occurred about a year ago, they also arose after errors in the diet, and were relieved after taking no-shpa. Previously, I often noted a feeling of heaviness and bloating in the abdomen after eating fatty foods. Currently, he is experiencing heaviness and a feeling of "fullness" in the abdomen, pasty, greasy, foul-smelling stools 3 times during the last 24 hours. Diuresis is not impaired. According to his wife, he has been abusing alcohol for the past seven years.
Objectively: satisfactory condition, clear consciousness. Normostenic physique, low nutrition. The skin of the upper half of the body is hyperemic and clean. The tongue is dry, coated with a yellowish coating. Breathing in the lungs is somewhat harsh, there is no wheezing. NPV – 18 per minute. Heart sounds are muffled and rhythmic. Heart rate – 92 beats per minute. Blood pressure – 110/70 mm Hg. Art. On palpation, the liver is dense, painless, near the edge of the costal arch. The size according to Kurlov is 10×9×8 cm. The spleen is not palpable. The abdomen is somewhat swollen, participates in the act of breathing, and is moderately painful on palpation in the epigastric region. Symptoms of peritoneal irritation are negative.
Laboratory data. Complete blood count: leukocytes - 9.6×109/l, ESR - 16 mm/h. General urine analysis: relative density – 1022, protein – 0.033%, stool analysis – steatorrhea, creatorrhoea, amilorrhea.
abdominal ultrasound: the liver is enlarged, with periportal compactions, the gallbladder is 75×35 mm, in the lumen there is a calculus 8 mm in diameter, with an acoustic track. The

pancreas has a heterogeneous structure due to hypo- and hyperechoic foci, a few calcifications, uneven expansion of the main pancreatic duct, the size of the head is increased to 5 cm. There is no free fluid in the abdominal cavity.
The patient refused EGD.

Questions:

1. State your probable preliminary diagnosis.
2. Justify your diagnosis.
3. Make a plan for additional examination.
4. Differential diagnosis.
5. Draw up and justify your treatment plan.

ID-2 PC-4.2.

Task 11

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient V., 43 years old, came to the clinic with complaints of aching pain in the epigastric region, which occurs 20-30 minutes after eating; for nausea and vomiting of gastric contents, which occurs at the height of pain and brings relief; to decrease appetite.
From the medical history: for the first time such complaints arose about 6 years ago, but the pain was relieved by taking Almagel and No-shpa. He had not previously sought medical help. Notes spring-autumn exacerbations of the disease. Feeling worse for about two days after drinking alcohol and fried foods.
Works as a taxi driver. He eats irregularly and often drinks alcohol. He has been smoking up to 2 packs of cigarettes a day for 20 years. Family history: father has a stomach ulcer.
Objectively: general condition is relatively satisfactory. Asthenic, low nutrition. The skin and visible mucous membranes are pale pink, with normal moisture. Peripheral lymph nodes are not enlarged. Breathing is vesicular, no wheezing. NPV – 16 per minute. Pulse of satisfactory filling and tension, 74 beats per minute. Blood pressure - 120/80 mm Hg. Art. Heart sounds are clear and rhythmic. Heart rate – 74 beats per minute. The tongue is covered with a white coating. The abdomen is soft on palpation, painful in the epigastric region, Mendel's sign is positive, Shchetkin-Blumberg's sign is negative. The spleen is not enlarged. The effleurage symptom is negative on both sides. Stool daily, without pathological impurities.
Data from additional research methods.
General blood test: hemoglobin – 130 g/l, red blood cells – 4.2×1012/l. - 1, leukocytes – 6.5×109/l, eosinophils – 1%, band neutrophils – 1%, segmented neutrophils – 60%, lymphocytes – 30%, monocytes – 8%, ESR – 10 mm/h.
Biochemical blood test: glucose – 4.5 mmol/l, fibrinogen – 2.9 g/l, total protein – 68 g/l.
General urine analysis: relative density – 1018, epithelium – 2-4 in the field of view, protein, casts, salts are not detected.
EGD: the esophagus is freely passable, the mucosa is not changed, the cardiac sphincter is closed. The stomach is of normal shape and size. The mucous membrane is hyperemic, the folds are of normal shape and size, in the cardiac section, along the greater curvature, an ulcerative defect of 1.0-1.5 cm is determined, with smooth edges, shallow, the bottom is covered with fibrin. The duodenal bulb is of normal shape and size, the mucous membrane is pale pink. H. pylori detected.

Questions:

1. Formulate and justify the diagnosis.
2. What diseases should this pathology be differentiated from?
3. Draw up and justify a plan for additional examination.
4. Create and justify a treatment plan for the patient
5. What are your further tactics for monitoring this patient?

ID-1 PC-5.1.

Task 12

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient M., 34 years old, complains of burning pain in the epigastric region that occurs on an empty stomach and at night, heartburn, nausea, and sometimes, at the height of the pain, vomiting, which brings relief.

These symptoms have been bothering me for 10 years and occur mainly in spring and autumn. She takes soda and Almagel on her own with a positive effect. This exacerbation is associated with taking Voltaren for pain in the lumbar region.

Objectively: the condition is satisfactory, the skin is of normal color, moist. Pulse – 60 beats/min, blood pressure – 100/70 mm Hg. Art. The tongue is moist, thickly coated with white coating. The abdomen is of normal shape, not swollen, and upon palpation it is sharply painful in the epigastric region. Stool with a tendency to constipation (1 time every 2 days).

General blood count: hemoglobin – 130 g/l, ESR – 10 mm/h, leukocytes – 5.2×109/l; leukoformula: band neutrophils - 2%, segmented neutrophils - 66%, lymphocytes - 27, monocytes - 5.

Biochemical blood test: ALT – 40 units/l, AST – 32 units/l. Urine diastasis – 64 units.

EGD: the esophagus is freely passable, the cardia is closed. The stomach on an empty stomach contains a large amount of light secretory fluid and mucus. The folds of the gastric mucosa are thickened, tortuous, and diffusely hyperemic. The duodenal bulb is deformed; a mucosal defect of up to 0.7 cm in diameter is detected on the posterior wall. The edges of the defect have clear boundaries, are hyperemic, and swollen. The bottom of the defect is covered with white fibrinous deposits. Postbulbar sections without pathology.

Helic test: basal level – 4 mm; load level – 10 mm; growth rate – 6 mm; HP (+).

Questions:

1. Formulate and justify the diagnosis.
2. What may be the indications for hospitalization?
3. Create a treatment plan for the patient.
4. List the possible complications of this disease.
5. Conduct a work ability assessment

Evaluation criteria, rating scale for situational tasks

Rating		**Description**
"excellent"	5	Explanation of the process of solving a situational problem is detailed, consistent, competent, with theoretical justifications, with the necessary schematic images and visual demonstrations, with correct and fluent use of terminology; answers to additional questions are correct and clear
"good"	4	Explanation of the process of solving a situational problem is detailed, but not logical enough, with isolated errors in details, some difficulties in theoretical justification, schematic images and visual demonstrations, answers to additional questions are correct, but not clear enough
"satisfactory"	3	Explanation of the process of solving a situational problem is insufficiently complete, inconsistent, with errors, weak theoretical justification, with significant difficulties and errors in schematic images and visual demonstrations, answers to additional questions are not clear enough, with errors in details
"unsatisfactory"	2	The explanation of the process of solving a situational problem is given incompletely, inconsistently, with gross errors, without theoretical justification, without the ability to provide schematic images and visual demonstrations or with a large number of errors, answers to additional questions are incorrect or missing

2.5. Examples of review questions

ID-1 PC-2.1.

1. Complications of gastric and duodenal ulcers. Bleeding and its classification according to Forrest. Perforation of the ulcer. Ulcer penetration. Pyloric stenosis. Clinic. Diagnosis and differential diagnosis. Indications for surgical treatment.

ID-2 PC-2.2.

2. Hereditary diseases of the digestive system, hereditary enzymopathies. Methods of treatment and prevention of hereditary diseases

ID-3 PC-2.3.

3. Gastric ulcer. Epidemiology, etiology and pathogenesis, features of the clinical picture, diagnosis and differential diagnosis, complications, treatment (drug, non-drug, indications for surgical treatment), examination of work ability, rehabilitation, medical examination, prevention.

ID-4 PC-2.4.

4. Pseudomembranous colitis. Etiology and pathogenesis, clinical picture, diagnosis and differential diagnosis, complications, treatment, examination of work ability, rehabilitation, medical examination, prevention.

ID-5 PC-2.5.

5. Damage to the small and large intestine of vascular origin. Abdominal purpura. Ischemic colitis. Etiology and pathogenesis, clinical picture, diagnosis and differential diagnosis, complications, treatment (drug, non-drug, idea of surgical treatment methods), examination of work ability, rehabilitation, medical examination, prevention.

ID-1 PC-3.1.

6. Anomalies of intestinal development. Megacolon in adults, Hirschsprung's disease, dolichosigma, idiopathic megacolon. General issues, classification, etiology and pathogenesis, clinical picture, diagnosis and differential diagnosis, complications, treatment (drug, non-drug, idea of surgical treatment methods), examination of work ability, rehabilitation, medical examination, prevention.

ID-2 PC-3.2.

7. Celiac disease. Classification, etiology and pathogenesis, clinic, diagnosis and differential diagnosis, complications, treatment (drug, non-drug), examination of work ability, rehabilitation, medical examination, prevention.

ID-3 PC-3.3.

8. Functional diarrhea. Classification, etiology and pathogenesis, clinic, diagnosis and differential diagnosis, complications, treatment (drug, non-drug), examination of work ability, rehabilitation, medical examination, prevention.

ID-4 PC-3.4.

9. Peptic ulcer of the duodenum. Epidemiology, etiology and pathogenesis, features of the clinical picture, diagnosis and differential diagnosis, treatment (drug, non-drug), examination of work ability, rehabilitation, medical examination, prevention.

ID-1 PC-4.1.

10. **Storage diseases: Konovalov-Wilson disease, hemochromatosis. Classification, etiology and pathogenesis, clinic, diagnosis and differential diagnosis, complications, treatment, examination of working capacity, rehabilitation, medical examination, prevention.**

ID-2 PC-4.2.

11. Alcohol-induced liver damage. Classification, etiology and pathogenesis, clinic, diagnosis and differential diagnosis, complications, features of treatment of individual forms, examination of work ability, rehabilitation, medical examination, prevention.

ID-1 PC-5.1.

12. Chronic viral hepatitis. Relevance of the problem. Characteristics of the hepatitis C virus. Algorithm for diagnosing hepatitis C. Antiviral therapy for chronic hepatitis C. Treatment programs for chronic hepatitis C in special groups of patients. Medical and social examination and rehabilitation. Clinical examination

Assessment criteria Assessment scale for control questions

Rating		Description
"excellent"	5	Knows all the educational material, understands it perfectly and has thoroughly mastered it. Gives correct, conscious and confident answers to questions (within the program). In oral answers he uses literary correct language and does not make mistakes.
"good"	4	Knows all the required educational material, understands it well and has mastered it firmly. Answers questions (within the program) without difficulty. In oral answers he uses literary language and does not make gross mistakes
"satisfactory"	3	Knows basic educational material. Answers questions (within the limits of the program) with difficulty. In oral answers, he makes mistakes when presenting the material and in constructing his speech.
"unsatisfactory"	2	Does not know most of the educational material, answers, as a rule, only to the teacher's leading questions, hesitantly. Makes frequent and serious mistakes in oral answers

3. Current control procedure

Current monitoring of progress in the discipline is carried out in the form of: test tasks, solving situational problems, test questions, demonstration of practical skills.

4. Examples of assessment tools and assessment criteria for intermediate certification

4.1. An approximate list of checklists to prepare for the test:

ID-1 PC-2.1.

1. Gastric ulcer. Epidemiology, etiology and pathogenesis, features of the clinical picture, diagnosis and differential diagnosis, complications, treatment (drug, non-drug, indications for surgical treatment), examination of work ability, rehabilitation, medical examination, prevention.

ID-2 PC-2.2.

2. Chronic viral hepatitis. Relevance of the problem. Characteristics of the hepatitis C virus. Algorithm for diagnosing hepatitis C. Antiviral therapy for chronic hepatitis C. Treatment programs for chronic hepatitis C in special groups of patients. Medical and social examination and rehabilitation. Clinical examination.

ID-3 PC-2.3.

3. Drug-induced liver injury (DILI). Prevalence of DILI. Causes, pathogenesis and risk factors for development. Clinical picture. Diagnostic criteria and classification. Therapeutic tactics. Prognosis and outcomes of DILI. Medical and social examination and rehabilitation. Clinical examination. Prevention.

ID-4 PC-2.4.

4. Autoimmune hepatitis. Classification, etiology and pathogenesis, clinical picture, diagnosis and differential diagnosis, treatment (indications, choice of therapy, initiation of remission, maintenance of remission, withdrawal of therapy), examination of work ability, rehabilitation, medical examination.

ID-5 PC-2.5.

5. Non-alcoholic fatty liver disease (NAFLD). Definition, prevalence, pathogenesis, clinical picture, diagnosis and differential diagnosis, risk factors for progression and associated conditions in NAFLD. Therapeutic tactics. Prevention.

ID-1 PC-3.1.

6. Storage diseases: Konovalov-Wilson disease, hemochromatosis. Classification, etiology and pathogenesis, clinic, diagnosis and differential diagnosis, complications, treatment, examination of working capacity, rehabilitation, medical examination, prevention.

ID-2 PC-3.2.

7. Alcohol-induced liver damage. Classification, etiology and pathogenesis, clinic, diagnosis and differential diagnosis, complications, features of treatment of individual forms, examination of work ability, rehabilitation, medical examination, prevention.

ID-3 PC-3.3.

8. Irritable bowel syndrome (IBS). Classification, etiology and pathogenesis, clinic, diagnosis and differential diagnosis, complications, treatment (drug, non-drug), examination of work ability, rehabilitation, medical examination, prevention.

ID-4 PC-3.4.

9. Functional constipation. Classification, etiology and pathogenesis, clinic, diagnosis and differential diagnosis, complications, treatment (drug, non-drug), examination of work ability, rehabilitation, medical examination, prevention.

ID-1 PC-4.1.

10. Functional diarrhea. Classification, etiology and pathogenesis, clinic, diagnosis and differential diagnosis, complications, treatment (drug, non-drug), examination of work ability, rehabilitation, medical examination, prevention.

ID-2 PC-4.2.

11. Celiac disease. Classification, etiology and pathogenesis, clinic, diagnosis and differential diagnosis, complications, treatment (drug, non-drug), examination of work ability, rehabilitation, medical examination, prevention.

ID-1 PC-5.1

12. Chronic pancreatitis. Classification, etiology and pathogenesis, clinic, diagnosis and differential diagnosis, complications, treatment (drug, non-drug, idea of surgical treatment methods), examination of work ability, rehabilitation, medical examination, prevention.

Evaluation criteria, assessment scale for control questions

Rating		**Description**
"excellent"	5	Knows all the educational material, understands it perfectly and has thoroughly mastered it. Gives correct, conscious and confident answers to questions (within the program). In oral answers he uses literary correct language and does not make mistakes.
"good"	4	Knows all the required educational material, understands it well and has mastered it firmly. Answers questions (within the program) without difficulty. In oral answers he uses literary language and does not make gross mistakes
"satisfactory"	3	Knows basic educational material. Answers questions (within the limits of the program) with difficulty. In oral answers, he makes mistakes when presenting the material and in constructing his speech.
"unsatisfactory"	2	Does not know most of the educational material, answers, as a rule, only to the teacher's leading questions, hesitantly. Makes frequent and serious mistakes in oral answers

4.2. Examples of situational tasks:

ID1. PC-2.1.

SITUATIONAL TASK No. 1

Instructions: READ THE CLINICAL SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient M., 49 years old, complains of aching pain in the epigastric region (more on the left), after 20 minutes. after eating, sour belching, heartburn, which goes away after taking almagel. A year ago, similar complaints were noted after errors in the diet; I took Maalox and famotidine on my own.

From the life history: smokes, often drinks alcohol, irregular diet, dry food.

Objectively: The condition is satisfactory, normosthenic. The tongue is coated at the root. The abdomen is soft, painful in the epigastric region on the left. There is also a positive Mendelian sign. The rest of the organs are unremarkable.

Questions:

1. Select the leading syndrome.
2.Formulate a preliminary diagnosis
3.Examination plan.
4. What laboratory and instrumental studies are needed to make a final diagnosis?
5. List preventive measures to prevent the development and progression of this pathology.

ID-2 PC-2.2.

SITUATIONAL TASK No. 2

Instructions: READ THE CLINICAL SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part A 50-year-old patient complains of swelling of the face and lower extremities, weakness, loss of appetite, shortness of breath on exertion, dizziness, thirst, and periodic diarrhea.

10 years ago he suffered an open fracture of the femur on the left, was repeatedly hospitalized in a surgical hospital for post-traumatic osteomyelitis, underwent three operations on the left hip, his health worsened 3 months ago, when the above-described complaints appeared and gradually began to increase.

Objective: the general condition is moderate, the skin is pale and cold to the touch. Loose swelling of the lower extremities, pasty face. The left leg is three cm shorter than the right, and there are postoperative scars in the middle third of the thigh. In the lungs, breathing is vesicular. Heart sounds are muffled, the rhythm is correct. Blood pressure 110/60 mm. rt. Art., pulse 80 beats per minute. The tongue is covered with a white coating. The abdomen is soft, painless, slightly enlarged, with dullness in sloping areas on both sides of the midline.

General blood test: red blood cells 3.4x1012, hemoglobin - 100 g/l, color index - 0.95; leukocytes -5.0x10 9, ESR—60 mm/hour. General urine analysis: quantity 100.0 ml; relative density - 1020, protein - 2 g/l, erythrocytes - 0, hyaline casts - 3-4 in the field of view. Daily protein loss 6g. Biochemical blood test: total protein 45 g/l, albumin 24 g/l, cholesterol 9.2 mmol/l, creatinine 120 μmol/l.

QUESTIONS

1. Identify the leading syndromes.
2. Formulate a preliminary diagnosis.
3 Make an examination plan.
4.Indicate the expected results of clinical studies (laboratory and instrumental data).
5. Make a treatment plan, indicating the regimen, diet, drug treatment (groups of drugs), and other treatment methods.

ID-3 PC-2.3.

SITUATIONAL TASK No. 3

Instructions: READ THE CLINICAL SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part A 52-year-old man consulted a therapist with complaints of pain in the heart area, worsening in a lying position, general weakness, headaches, lack of appetite, constant nausea, weight loss, itching of the skin.

From the anamnesis: upon entering the institute at the age of 17, changes were detected in urine tests, he was not examined or treated. Over the past 4–5 years, he has periodically noted an increase in blood pressure; no therapy has been carried out. 2–3 years old regularly gets up to go to the toilet at night. Objectively: the skin is pale with an earthy tint, traces of scratching, swelling of the legs. Pulse 60/min, rhythmic. Blood pressure 180/100 mmHg. Art., The boundaries of the heart are expanded, there is a rough pansystolic murmur, most pronounced at the 1st and 5th points of auscultation, muffled heart sounds.

In the clinical blood test, Hemoglobin is 62 g/l. Biochemical blood test Creatinine 1200 μmol/l.

On the electrocardiogram (ECG): elevation of the dilated ST segment, high T.

QUESTIONS

1. Select the leading syndrome.
2.Formulate a preliminary diagnosis
3. Justify the tactics of patient management
4. What urgent measures need to be taken?
5. List preventive measures to prevent the development of this pathology.

ID-4 PC-2.4.

SITUATIONAL TASK No. 4

Instructions: READ THE CLINICAL SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient N., 43 years old, complains of an increase in the volume of the abdomen, swelling of the legs, bloating, heaviness in the right hypochondrium after eating, nausea, unstable stool, tendency to nosebleeds, weakness.

In the medical history for more than 7 years, he has noted heaviness in the right hypochondrium, bloating, unstable stool, bitterness in the mouth. Over the past 3 months. The stomach began to enlarge, swelling appeared in the area of the legs and feet.

From the life history: at the age of 30 years. HBsAg+ was detected.

Objectively: the condition is of moderate severity. The skin is pale, dry, telangiectasias in the upper half of the body, palmar erythema.

The tongue is wet, swollen, and crimson in color. The abdomen is enlarged due to ascites, moderate pain in the right hypochondrium. The spleen is not palpable. A positive Ragosa sign is noted. Swelling of the legs and feet.

Questions:

1. Select the leading syndrome.
2.Preliminary diagnosis
3.Examination plan.
4. Treatment plan.
5. List preventive measures to prevent the development and progression of this pathology.

ID-5 PC-2.5.

SITUATIONAL TASK No. 5

Instructions: READ THE CLINICAL SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

A 62-year-old patient experienced weakness, transient nausea, and thirst for 2 days. Then the weakness suddenly intensified, tinnitus, palpitations, dizziness appeared, and he lost consciousness twice before the ambulance arrived. He has been suffering from gastric ulcer for 30 years.

The emergency doctor noted the patient's skin was pale, a rapid, weak pulse, and a drop in blood pressure to 80/50 mm Hg. Art., bloating. In the presence of a doctor, the patient was vomiting, vomit the color of "coffee grounds."

Questions:

1. Select the leading syndrome.
2. Formulate a preliminary diagnosis.
3. Survey plan.
4.Therapeutic tactics.
5. Prevention measures.

ID-1 PC-3.1.

SITUATIONAL TASK No. 6

Instructions: READ THE CLINICAL SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

A 38-year-old patient, a surgeon by profession, consulted a district physician with complaints of general weakness, sweating, a sharp decrease in performance, lack of appetite, constant nausea, pain in large joints at night. Considers himself sick during the last 10 days when the above complaints arose. I didn't see a doctor. 4 days before going to the clinic, he noticed darkening of the urine, as well as yellowing of the skin, sclera and visible mucous membranes, which was later followed by slight itching of the skin. Due to the appearance of the above complaints, he went to the clinic at his place of residence. Objectively: the condition is of moderate severity, consciousness is clear. Body temperature 36.3C. Moderate yellowness of the skin, sclera and visible mucous membranes with occasional scratching along the anterior surface of the abdominal wall. The joint area is not changed. Blood pressure 120/70 mm Hg. Art. Pulse 80 beats per minute, rhythmic. When examining the organ systems, no pathology from the cardiovascular and respiratory systems was detected. The tongue is dry, coated at the edge. The abdomen is soft, painful in the right hypochondrium, painless in other parts. The liver protrudes from under the costal arch by 3 cm, soft-elastic consistency, with a pointed, smooth edge. The spleen is not palpable. Urine the color of beer, feces acholic.

Questions:

1. Select the leading syndrome.
2. Formulate a preliminary diagnosis.
3. Determine the diagnostic tactics for managing the patient.
4. What laboratory and instrumental studies need to be carried out?
5. List preventive measures to prevent the development and progression of this pathology.

ID-2 PC-3.2.

SITUATIONAL TASK No. 7

Instructions: READ THE CLINICAL SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient S., 35 years old, driver by profession. He contacted his district physician with complaints of general weakness, decreased performance, heaviness and discomfort in the right hypochondrium; Over the past 6 months, he has periodically noted darkening of his urine. In his medical history, he suffered from acute viral hepatitis B about three years ago. After discharge from the hospital, he was not registered with a dispensary; he did not go to the clinic or see an infectious disease specialist. About six months ago the above complaints appeared. Due to deterioration in health over the past 6 months, he went to the clinic to see a local therapist for examination. Objectively: the condition is satisfactory, consciousness is clear. Body temperature 36.7°C. On examination, subictericity of the skin and sclera is observed. Blood pressure 120/80 mm Hg. Art. Pulse 70 beats per minute, rhythmic. When examining the organ systems, no pathology from the cardiovascular and respiratory systems was detected. The tongue is dry, coated at the edge. The abdomen is soft, sensitive in the right

hypochondrium, and painless in other parts. The liver, of dense consistency, protrudes 3 cm from under the costal arch. The lower pole of the spleen is palpated. There is no peripheral edema.

Questions:

1. Select the leading syndrome.
2. Formulate a preliminary diagnosis.
3. Patient examination plan.
4. Treatment plan.
5. List preventive measures to prevent the development and progression of this pathology.

ID-3 PC-3.3.

SITUATIONAL PROBLEM No. 8

Instructions: READ THE CLINICAL SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient A., 21 years old, due to contact with a patient with chronic hepatitis C, was examined at the clinic at his place of residence for markers of viral hepatitis. As a result of the screening serological examination, positive HBsAg, total antiHBcor and antiHCV were identified. History of parenteral drug use for 2 years. Currently not working or studying. Over the past 8-9 months, I have been periodically concerned about general weakness, loss of appetite, and heaviness in the right hypochondrium. Objectively: the condition is satisfactory, consciousness is clear. Body temperature 36.6°C. Upon examination, icterus of the skin and sclera was revealed. Blood pressure 115/75 mm Hg. Art. Pulse 73 beats per minute, rhythmic. When examining the organ systems, no pathology from the cardiovascular and respiratory systems was detected. The tongue is dry, coated at the edge. The abdomen is soft, painless in all parts. The liver, of dense consistency, protrudes 3 cm from under the costal arch. The spleen is not palpable. Ragosa's symptom is negative. There is no peripheral edema.

Questions:

1. Select the leading syndrome.
2. Formulate a preliminary diagnosis.
3. Determine the therapeutic tactics for managing the patient.
4. Treatment plan.
5. List preventive measures to prevent the development and progression of this pathology.

ID-4 PC-3.4.

SITUATIONAL PROBLEM No. 9

Instructions: READ THE CLINICAL SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

A 28-year-old patient consulted a doctor with complaints of general weakness and episodic pain in the right hypochondrium. There is a history of jaundice in childhood; he has not consulted a doctor for a long time. On objective examination, the skin is of normal color, the liver protrudes from under the edge of the costal arch by 3 cm, the edge has a soft-elastic consistency. Ragosa's symptom is negative. There is no swelling. According to the results of laboratory and instrumental examination, cytolysis syndrome was revealed (Alt 110 U/l, Ast 88 U/l), according to ultrasound - hepatomegaly, diffuse changes in liver tissue. Serological methods detected markers of hepatitis B: HBsAg, HBeAg.

Questions:

1. Select the leading syndrome.
2. Formulate a diagnosis.
3. Determine diagnostic and therapeutic tactics for patient management.
4. What laboratory and instrumental studies need to be performed to confirm the diagnosis?

5. List preventive measures to prevent the development and progression of this pathology.

ID-1 PC-4.1.

SITUATIONAL PROBLEM No. 10

Instructions: READ THE CLINICAL SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

A 65-year-old patient complains of general weakness, intense skin itching, and an increase in abdominal volume. In the medical history, the above complaints have been bothering me for 2 years. During an outpatient examination, a clinical blood test revealed an acceleration of ESR to 30 mm/hour, and a biochemical blood test revealed an increase in GGTP activity of 680 U/L, ALP 500 U/L, and hypoalbuminemia. According to ultrasound data from the abdominal organs, hepatosplenomegaly, diffuse changes in liver tissue, and ascites were detected. Serological markers of viral hepatitis B and C are negative. A high titer of antimitochondrial antibodies was detected.

Questions:

1. Select the leading syndrome.
2. What additional laboratory and instrumental examination methods are necessary to carry out for final verification of the diagnosis?
3. Formulate a preliminary diagnosis.
4. Determine the therapeutic tactics for managing the patient.
5. Prevention measures.

ID-2 PC-4.2.

SITUATIONAL PROBLEM No. 11

Instructions: READ THE SITUATION AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient S., 47 years old, is being seen for constant pain in the upper abdomen that worsens after errors in diet, sometimes radiating to the back, weight loss.

At the age of 40 she underwent cholecystectomy for calculous cholecystitis. Six months after the operation, almost constant pain appeared in the upper abdomen, intensifying after errors in diet, sometimes radiating to the back. When using antispasmodics and following a diet, my health improved. Over the past 1.5-2 years, almost constant unformed stools have appeared, and I began to lose weight (lost 8 kg in 2 years). During the same time, itching of the perineum arose, she began to drink more fluids, and urination became more frequent.

Upon examination, the patient's condition is satisfactory. The physique is correct, increased nutrition. Height – 175 cm, weight – 90 kg, BMI – 29 kg/m2. The shins are pasty. With comparative percussion of the lungs, a pulmonary sound is determined. On auscultation, breathing is harsh and is carried out in all parts. Heart sounds are muffled, rhythmic, no murmurs are heard. Heart rate = 80 beats/min, blood pressure - 156/85 mm Hg. Art. The tongue is moist, covered with a white coating at the root. On superficial palpation of the abdomen, some pain is noted in the epigastrium and in the right hypochondrium. There is pain in the Shoffar area. Positive Mayo-Robson sign. With deep palpation, the sigmoid colon is palpated in the form of a moderately mobile painless cylinder, 1.5 cm in diameter. There are no symptoms of peritoneal irritation. On percussion of the abdomen - tympanitis. The dimensions of the liver according to Kurlov are 15x13x11 cm. The liver protrudes from under the costal arch by 3-4 cm, the edge is moderately dense, painless. The effleurage symptom is negative on both sides.

Questions:
1. Formulate and justify a preliminary diagnosis.
2. What additional examination methods should be prescribed and what changes are likely to occur?
3. Determine the tactics of treating the patient.
4. What diseases need differential diagnosis?
5. What complications of the main diagnosis can be expected in this patient?

ID-1 PC-5.1.

OBJECTIVE #12

Instructions: READ THE CONDITIONS OF THE TASK AND GIVE DETAILED ANSWERS TO THE QUESTIONS

Main part

Patient R., 45 years old, consulted a doctor with complaints of a feeling of heaviness, fullness in the epigastrium that occurs 40-50 minutes after eating, and nausea.

For 20 years he has been suffering from chronic gastritis, exacerbations 1-2 times a year. During exacerbations, he usually takes proton pump inhibitors and antacids. She did not receive eradication therapy. The real deterioration occurs within 2 weeks due to errors in the diet. She took almagel on her own if she felt any discomfort.

Upon examination: condition is satisfactory. Height 166 cm, weight 64 kg. The skin is clean and of normal color. In the lungs, breathing is vesicular, there are no wheezes. Heart sounds are clear and rhythmic. Heart rate – 70 beats. per minute, blood pressure – 120/70 mm Hg. The abdomen is soft, painful in the epigastrium and pyloroduodenal area. Kehr's, Murphy's, and Ortner's symptoms are negative. The liver is not enlarged. The symptom of tapping in the lumbar region is negative. Stool once a day, formed, without pathological impurities.

On fibrogastroscopy: the esophagus is freely passable, its mucous membrane is not changed. The cardia closes completely. The gastric mucosa is hyperemic, with areas of atrophy in the antrum, the folds are smoothed out, and can be expanded well with air. We pass the gatekeeper. The mucous membrane of the duodenal bulb and the subbulb section are not changed. A biopsy specimen was taken from the antrum of the stomach: the rapid urease test is positive. The result of histological examination of the biopsy specimen: gastric mucosa with atrophy and chronic polymorphic cell infiltration.

Questions:
1. Suggest and justify the most likely diagnosis.
2. Make a plan for additional examination of the patient.
3. Prescribe medication and justify your choice.
4. Assess the patient's ability to work.
5. Develop a follow-up plan for the patient.

Evaluation criteria, rating scale for situational tasks

Rating		Description
"excellent"	5	Explanation of the process of solving a situational problem is detailed, consistent, competent, with theoretical justifications, with the necessary schematic images and visual demonstrations, with correct and fluent use of terminology; answers to additional questions are correct and clear
"good"	4	Explanation of the process of solving a situational problem is detailed, but not logical enough, with isolated errors in details, some difficulties in theoretical justification, schematic images and visual demonstrations, answers to additional questions are correct, but not clear enough
"satisfactory"	3	Explanation of the process of solving a situational problem is insufficiently complete, inconsistent, with errors, weak theoretical

		justification, with significant difficulties and errors in schematic images and visual demonstrations, answers to additional questions are not clear enough, with errors in details
"unsatisfactory"	2	The explanation of the process of solving a situational problem is given incompletely, inconsistently, with gross errors, without theoretical justification, without the ability to provide schematic images and visual demonstrations or with a large number of errors, answers to additional questions are incorrect or missing

Evaluation criteria, grading scale pass/fail

Rating	Description
"passed"	Demonstrates a thorough understanding of the problem. Knows the basic concepts within the framework of the issue under discussion, methods of study and their relationship with each other, practical problems and has an idea of promising directions for developing the issue under consideration
"not accepted"	Demonstrates a lack of understanding of the problem. Does not know the basic concepts, methods of study, within the framework of the issue being discussed, has no idea about the main practical problems

5. Intermediate assessment procedure

Intermediate assessment in the discipline is carried out in the form of a test. The test includes: solving situational problems, test questions.