Tests.

CHOOSE THE NUMBER OF CORRECT ANSWER

1) **Iron deficiency anaemia is characterized by**
   1. hyperchromia, microcytosis
   2. hypochromia, macrocytosis
   3. hypochromia, microcytosis, increased total iron binding serum capacity*
   4. hypochromia, microcytosis , decreased total iron binding serum capacity

2) **B-12 deficiency anaemia is**
   1. hyperchromic, hyperregenerative, macrocytic anaemia
   2. hyperchromic, hyporegenerative, microcytic anaemia
   3. hypochromic, hyporegenerative, macrocytic anaemia
   4. hyperchromic, hyporegenerative, macrocytic anaemia*

3) **During B-12 vitamin treatment reticulocytic crisis develops in**
   1. 2 weeks
   2. 12-24 hours
   3. 5-8 days*
   4. 2-4 days

4) **Normal level of hemoglobin**
   1. 100-120 G/L
   2. 120-150 G/L*
   3. 140-160 G/L
   4. 150-170 G/L

5) **Coloured index at the patients with B-12 deficiency anaemia**
   1. 0,8-1,05
   2. less then 0,8
   3. more then 1,05*

6) **After beginning of the B-12 vitamin treatment we see**
   1. blastic crisis
   2. leukocytic crisis
   3. blood red cells crisis
   4. reticulocytic crisis*

7) **Normal red blood cells level**
   1. 4-9 $x10^{12}$
   2. 3,9-5,0 $x\ 10^{12}$ *
   3. 4-9 $x10^{9}$
   4. 3,9-5,0 $x\ 10^{9}$

8) **Anaemic syndrom is not characterized by**
   1. weakness, fatigue, lassitude
   2. systolic murmur
   3. fever*
   4. dispnoe, tachicardia, palpitation
   5. paleness
   6. dryness of skin, flat nails, falling out of hair

9) **Anaemic syndrom is not characterized by**
1. dispnoe
2. paleness
3. palpitation
4. diastolic murmur on the cardiac apex*
5. systolic murmur

10) **Main mechanism of the anaemic symptoms**
1. intoxication
2. hypoxemia *
3. malabsorbtion
4. electrolitic disbalance

11) **Normal contents of iron in organism**
1. 2-5 G
2. 4-5 G*
3. 10-12 G
4. 25-30 G

12) **Normal iron contents in hemoglobin**
1.10% of total iron
2. 30% of total iron
3. 60% of total iron *
4. 90% of total iron

13) **The loss of iron in organism in 24 hours**
1. 1-2 mg *
2. 8-10 mg
3. 20-25 mg
4. 25-50 mg

14) **Main cause of the iron deficiency anaemia**
1. atrofic gastritis
2. parasits
3. chronic blood loss *
4. alimentary causes
5. diarrea

15) **Level of the iron absorbtion in 24 hours**
1.1,5-2 mg *
2. 5-10 mg
3.15-20 mg
4. 25-50 mg

CHOOSE THE NUMBERS OF CORRECT ANSWERS

16) **The signs of the iron deficit**
1. falling out of the hair*
2. flat nails*
3. icteric skin and sclera
4. spoon-like nails *

5. perversion of the taste*

CHOOSE THE NUMBER OF CORRECT ANSWER

17) **Iron medicines are prescribed in during**
1. 1-2 weekes
2. 4-5 months
3. to normalization of hemoglobin, then 2 weeks for iron supply and then .*
4. 1 month

CHOOSE THE NUMBER OF CORRECT ANSWERS

18) **Indications for the administration of the parenteral iron**
1. chronic gastritis
2. enteritis *
3. resection of the intestine *
4. peptic ulcer *
5. desire of the rapid effect of treatment
6. severe anaemia
7. allergic effects of the oral iron *

19) **The drugs, decreased iron absorbtion**
1. antacides *
2. narcotics
3. vitamins
4. antibiotics *
5. calciums *

20) **Side effects of the iron medicines**
1. nausea *
2. leukopenia
3. anorexia *
4. metallic taste *
5. falling out of the hair
6. constipation or diarrhea *

21) **Hypochromic anaemia may be**
1. only iron deficiency
2. at the patients with talassemia*
3. sideroahrestic anaemia*
4. at the patients with folic acid deficiency anaemia

22) **Etiological factors of the B-12 deficiency anaemia**
1. chronic blood loss
2. atrophic gastritis, gastritis type A *
3. gastric resection *
4. cancer of the GIT *
5. pregnancy
6. diphillobotrium latum invasia *

23) **The clinical signs of the B-12(folic acid) deficiency anaemia**
1. hepatosplenomegaly *

2. paleness
3. pale and subicteric skin *
4. Gunter's tongue *
5. lymphoadenopathy

24) **Causes of the megaloblastic type of hemopoiesis**
1. folic acid deficiency anaemia *
2. acute leukemia
3. B12 deficiency anaemia *
4. blastic crisis of the chronic leukemia

CHOOSE THE NUMBER OF CORRECT ANSWER

25) **Clinical signs of the folic acid deficiency anaemia**
1. bleedings
2. anaemic syndrom*
3. funicular myelosis
4. infectious complications

26) **Internal Castle's factor is produced in**
1. fundal part of the stomach*
2. duodenum
3. serum blood
4. intestine

27) **Causes of the funicular myelosis**
1. decreased folic acid
2. increased level of the methylmalonic acid *
3. increased production of the amberic acid
4. decreased prodaction of the amberic acid

28) **Mechanism of the subicteric skin at the megaloblastic anaemia**
1. damage of the liver
2. cholestasis
3. hemilysis of the red blood cells with formation of nondirect bilirubin *

29) **The role of B-12 vitamin in the hemopoiesis**
1. disorders in synthesis of DNA and RNA in myeloid cells *
2. disorders in synthesis of DNA and RNA in lymphoid cells
3. synthesis of hem
4. synthesis of globin

CHOOSE THE NUMBERS OF CORRECT ASWERS

30) **Clinical blood analysis at the patients with B-12 deficiency anaemia is characterized by**
1. Botkin-Gumpreht’s shadows
2. Jolly’s bodies*
3. Kursman’s spirals
4. Sharko-Leiden’s crystals
5. rings Kabo*

CHOOSE THE NUMBER OF CORRECT ANSWER

31) **Diagnostic criterias of the B-12 deficiency anaemia at the myelogramm**
1. blasts more then 30 %
2. supression of total hemopoiesis
3. megaloblastic type of hemopoiesis*
4. enlargement of the erytroid hemopoiesis

32) **Very informative index for the diagnosis of iron deficiency anaemia**
1. serum iron
2. total iron binding serum capacity
3. hemoglobin
4. coloured index
5. serum ferritin *

33) **Folic acid deficiency anaemia is characterized by**
1. hyperchromic type of anaemia*
2. increased methylmalonic acid in urine
3. increased folates in the blood

34) **What cells is the basis of acute leukemia?**
1. intermediate young cells
2. blasts *
3. mature cells

35) **Acute leukemia is a tumour, growing…**
1. outside of the bone marrow
2. from bone marrow *

CHOOSE THE NUMBERS OF CORRECT ANSWERS

36) **Characterictics of the leukemic tumoural cells**
1. increased proliferation *
2. decreased proliferation
3. blockade of the differentiation *
4. normal differentiation

CHOOSE THE NUMBER OF CORRECT ANSWER

37) **Acute lymphoblastic leukemia is characterized by positive cytochemical reaction to**
1. glycogen *
2. myeloperoxidase
3. black sudan
4. alfa-nafthylesterase

38) **In case of anaemia, trombocytopenia, increased blasts in hemogramm you must think about…**
1. erytremia
2. iron deficiency anaemia
3. acute leukemia*
4. B_{12}-deficiency anaemia

39) **Cause of the anaemic syndrom at the acute leukemia**
1. production of the erytrocytic antibodies
2. decreased production of erytropoietin
3. supression of the production of erytrocells in bone marrow *
4. disorder of the iron absorbtion in intestine
5. deficit of the vitamins

40) **What variant of the acute leukemia is characterized by abnormal hemostasis**
1. myeloblastic
2. lymphoblastic
3. promyelocytic*
4. monoblastic
5. erythroblastic

41) **Ph-chromosome is typical symptom of the…**
1. chronic myeloleukemia*
2. chronic lympholeukemia
3. acute leukemia
4. Hodgkin's lymphomas

42) **What form of the chronic lympholeukemia is characterized by severe lymphoadenopathy and moderate leukocytosis?**
1. splenomegalic
2. classic
3. T-leukemia
4. tumoural*

43) **In case of enlargement of lymphonodes ,splenomegaly, lymphocytic leukemia you can think about…**
1. Hodgkin's disease
2. acute lympholastic leukemia
3. chronic lympholeukemia *
4. chronic myeloleukemia
5. erythremia

44) **What is a lympholeukemia?**
1. leukemic infiltration of the lymphonodes
2. lymphocytosis in the blood
3. high level of the lymphocells in bone marrow
4. enlargement of the lymphonodes*

45) **Main different between acute and chronic leukemia is**
1. character of the onset
2. prognosis and duration of the life
3. dergee of the cell maturation*
4. expression of the clinical symptoms

46) **Usual level of the leukocytes at the acute leukemia is**
1. 400-900 $x10^9$/L
2. 100-400 $x10^9$/L
3. 25-50$x10^9$/L *
4. 5-15 $x10^9$/L

47) **Main method for the diagnosos of the acute leukemia is**
1. clinical blood analysis
2. ultrasound exam of the abdominal cavity
3. lumbal punction
4. sternal punction*

48) **What variant of the acyte leukemia is characterized by positive reaction to peroxidase?**
1. lymphoblastic
2. myeloblastic *
3. erythroblastic
4. megacarioblastic

49) **Main veritable diagnostic criteria of the acute leukemia in myelogram**
1. more then 30 % blasts*
2. more then 5% blasts
3. 80-90 % blasts
4. more then 50 % blasts

CHOOS THE NUMBERS OF CORRECT ANSWERS

50) **Criteria of the blastic crisis**
1. anaemia or trombocytopenia
2. blasts more then 5 % in myelogram
3. blasts more then 30 % in myelogram*
4. increase of the leukocytosis
5. blasts more then 20% in blood analysis *

51) **Chronic myeloleukemia is characterized by**
1. translocation of the 9, 22nd chromosome *
2. translocation of the 7,12th chromosome
3. formation of the gene bcr-abl *
4. disorders in the HLA-system

52) **Criterias of the progressive stage of chronic myeloleukemia are**
1. resistance of the leukocytosis for the therapy *
2. eosinofilia
3. thrombocytosis *
4. fever *
5. basofilia *
6. blasts more then 5% in blood analysis
7. progressive splenomegaly *

CHOOSE THE NUMBER OF CORRECT ANSWER

53) **In what stage of chronic myeloleukemia bone marrow transplantation is administered?**
1. chronic*
2. progressive
3. blastic crisis
4. remission
5. recidive

54) **Third stage of the chronic lympholeukemia (Rai classification) is characterized by**
1. lymphocytosis in the blood or/and bone marrow
2. lymphocytosis and enlargement of the lymphonodes
3. lymphocytosis and hepatosplenomegaly
4. lymphocytosis and anaemia*
5. lymphocytosis and thrombocytopenia

55) **Treatment of the chronic lympholeukemia stage 0**
1. monochemotherapy with or without steroids
2. monochemotherapy + vincristin + prednisolon
3. polichemotherapy (CVP, VRP, CHOP).
4. only observation*

56) **Criteria of the complete clinico-hematological remission at the acute leukemia**
1. blasts less then 30% in myelogram
2. blasts less then 5% in myelogram*
3. blasts less then 2% in myelogram

57) **Chronic lympholeukemia is disease of the…**
1. young mans
2. young woman
3. old mans*
4. old woman

58) **Chronic lympholeukemia is characterized by increase of the**
1. myelocytes
2. lymphocytes *
3. myeloblasts
4. lymphoblasts
5. plasmocytes

59) **4th stage of the chronic lympholeukemia (Rai classification) is characterized by**
1. only lymphocytosis
2. lymphocytosis and anaemia
3. lymphocytosis and splenomegaly
4. lymphocytosis and thrombocytosis *

CHOOSE THE NUMBERS OF CORRECT ANSWERS

60) **What complications of the chronic lympholeukemia do you know?**
1. thrombosis
2. infections*
3. bleedings
4. autoimmune hemolytic anaemia*
5. cancer *

61) **Lymphoadenopathy at the chronic lympholeukemia is characterized by**
1. lymphonodes are painless *
2. lymphonodes are painful
3. lymphonodes are soldered
4. lymphonodes are not soldered *
5. soft-elastic lymphonodes *

6. immovable dense lymphonodes

CHOOSE THE NUMBER OF CORRECT ANSWER

62) **T-lymphocellular variant develops in**
1. 5% of the chronic lympholeukemia *
2. 25-40% of the chronic lympholeukemia
3. 50% of the chronic lympholeukemia
4. 80-90% of the lympholeukemia

63) **Chronic lympholeukemia is characterized by**
1. relative lymphocytosis
2. absolute lymphocytosis more then 3x10/л
3. absolute lymphocytosis more then 5x10/л
4. absolute lymphocytosis more then 10x10/л *

64) **Severe gigantic splenomegaly is a specific sign of the**
1. chronic myeloleukemia*
2. chronic lympholeukemia
3. B-12 deficiency anaemia
4. acute leukemia

65) **Hepatosplenomegaly is a sign of the**
1. hemorrhagic syndrom
2. infectious complications
3. hyperplastic syndrom *
4. anaemic syndrom
5. portal hypertension

66) **Indications for the erythromass transfusion**
1. hemoglobin less then 80-90 G/L
2. hemoglobin less then 60-70 G/L
3. hemoglobin less then 60 G/L and hemodinamic disorders *
4. hemoglobin less then 50 G/L

67) **Cause of the development of the hemorrhagic syndrom at the acute leukemia**
1. development of the hemorrhagic vasculitis
2. deficit of the plasmic procoagulants
3. thrombocytopenia*
4. splenomegaly

CHOOSE THE NUMBERS OF CORRECT ANSWERS

68) **Main clinical syndroms at the acute leukemia**
1. pain
2. anaemia*
3. intoxication*
4. infections*
5. hemolysis
6. hemorrhages*
7. hyperplastic syndrom*

69) **Stages of the chronic leukemia**
1. initial
2. chronic*
3. blastic crisis*
4. recidiv
5. progressive*

70) **Laboratory signs of the chronic myeloleukemia**
1. increased activity of the neutrofils alkaline phosphatase
2. decreased activity of the neutrofils alkaline phosphatase*
3. basofil-eosinofilic assosiation *
4. disappearance of the basofils

71) **Chronic stage of the chronic myeloleukemia is characterized by**
1. moderate leukocytosis 20 $x10^9$/L and more *
2. left shift to young myeloid cells in the leukocytic formula *
3. thrombocytosis*
4. severe leukocytosis more then 100-200x10/L

72) **Chronic lympholeukemia is characterized by**
1. leukocytosis ni blood analysis*
2. left shift in leukocytic formula
3. absolute lymphocytosis*
4. lymphoadenopathy*

73) **Drugs for the treatment of chronic lymphocytosis**
1. interferons *
2. hydroxiurea
3. leukeran *
4. chlorbutin *
5. cyclophosfan *
6. prednisolon *

CHOOSE THE NUMBER OF CORRECT ANSWER

74) **Drug of the 1st step treatment of the chronic myeloleukemia**
1. hydroxiurea *
2. chlorbutin
3. cyclophosphan
4. myelosan

75) **After noneffective treatment of chronic myeloleukemia by hydroxiurea, interferon and myelosan you can recommend**
1. cyclophosphan
2. cytozar (ara-C) *
3. vincristin
4. prednisolon

76) **Indication for the selection of the protocol polichemotherapy at the acute leukemia**
1. age and sex of patient
2. varient of the leukemia (lymphoblastic, nonlymphoblastic) *
3. stage of the leukemia

4. complications
5. clinical picture of the disease

77) **Protocols for the treatment of the acute myeloblastic leukemia**
1. VRP
2.”7+3” *
3. CHOP
4. COP, COAP

CHOOSE THE NUMBERS OF CORRECT ANSWERS

78) **Drugs for the protocols “7+3” и “5+2”**
1. cytarabin (ara-C) *
2. vincristin
3. daunorubicin (rubomycin) *
4. cyclophosphan
5. methotrexat

79) **What drugs are recommended for the treatment of hemorrhagic syndrom at the acute leukemia?**
1. epsilon-aminocapronici acid *
2. hemodes
3. heparin
4. dicinon *
5. thrombomass *

CHOOSE THE NUMBER OF CORRECT ANSWER

80) **Preventive methods of the neuroleukemia**
1. cranial radiation, X-ray therapy of the head
2. intravenous cytostatics
3. intratecal cytostatics
4. cranial radiation and intratecal cytostatics *

81) **In what stage of acute leukemia is prevention of meningeal leukemia recommended?**
1. consolidation of remission
2. induction of remission *
3. in during remission

82) **Main prognostic factor for the acute leukemia**
1. sex
2. age *
3. variant of leukemia
4.degree of the anaemia
5. level of the leukocytosis

CHOOSE THE NUMBERS OF CORRECT ANSWERS

83) **Acquired forms of the hemorrhagic diseases**
1. hemophilia A и B
2. Werlhof's disease (autoimmune thrombocytopenia) *
3. Willebrand's disease

4. hemorrhagic vasculitis *
5. Osler-Weber-Rendu disease

CHOOSE THE NUMBER OF CORRECT ANSWER

84) **Most frequent variant of the hemophilia (80-85%)**
1. hemophilia A *
2. hemophilia B
3. hemophilia C

85**)** **What level of VIII factor does provoke a severe bleedings after traumas and operations?**
1.50-200%
2.20-50%
3.5-20% *
4.1-5%
5.0%

86) **Werlhof's disease is problem, connecting with**
1. disorders of the plasmic procoagulants
2. disorders in the megacariocytic and thrombocytic system *
3. vasculitis
4. combination of some mechanisms

87) **How many time do thrombocytes live at the autoimmune thrombocytopenia?**
1. 7-10 days
2. 2-3 days
3. 24 hours
4. 10-15 hours
5. some hours *

88) **Hemorrhagic vasculitis is disease with**
1. deficit of the plasmic factors of coagulation
2. disorders in megacariocytic and thrombocytic system
3. immune inflammatory in vessels *
4. combinative disorders

89) **Mechanism of the development of the hemophilias**
1. deficit of the plasmic procoagulants *
2. disorders in megacariocytic and thrombocytic system
3. vasculitis
4. combinative disorders

90) **What is type of hemorrhage at the autoimmune thrombocytopenia**
1. hematomic
2. spotty-petechial (bruises)*
3. angiomatosic
4. vasculitic-purpural

CHOOSE THE NUMBERS OF CORRECT ANSWERS

91)**Spotty-petechial type of hemorrhages is characterized by**

1. increased time of coagulation
2. increased time of bleeding *
3. hemorrhagic rash with bruises*
4. bleedings *

92) **Hematomic type of hemorrhages is characterized by**
1. bruises
2. hematomas *
3. petechial rash
4. bleedings *
5. increased time of bleeding

93) **Hemorrhagic vasculitis is characterized by**
1. symmetric petechial rash *
2. spotty-petechial rash (bruises)
3. itching
4. rash, does not disappeared with pressure*

CHOOSE THE NUMBER OF CORRECT ANSWER

94) **Increased time of coagulation, decreased prothrombin are tests for diagnosis of**
1. pathology of thrombocytes
2. vasculitis
3. coagulopathy *

95) **Hemophilia A is genetic deficit of**
1. factor IX
2. factor X
3. factor XI
4. factor VIII *

CHOOSE THE NUMBERS OF CORRECT ANSWERS

96) **Choose correct confirmations about hemophilia A etiopathogenesis**
1. gene of hemophilia A is localized on X-chromosome *
2. gene of hemophilia A is localized on Y-chromosome
3. woman-conductors of hemophilic gene have a 50% sons with hemophilia *
4. hemophilia is a immunocompetentive disease
5. all daughters of the mans with hemophilias are sick *

97) **What do you know about main symptoms of hemophilias A and B?**
1. severe hemorrhages in first months of the life *
2. different hematomas *
3. thrombosis
4. severe bleedings after traumas, surgical operations *
5. petechial hemorrhagic rash
6. hemartrosis with secondary inflammatory damage of joints. *

98) **Provoke factors of the autoimmune thrombocytopenia**
1. viral infections *
2. emotional stress
3. medicines (sulfanilamids, antibiotics) *
4. severe insolation*

99) **What are main symptoms of the thrombocytopenia?**

1. hemartrosis
2. hematomas, bleedings
3. hematuria, intestinal, nasal bleedings *
4. bruises *
5. splenomegaly *

CHOOSE THE NUMBER OF CORRECT ANSWER

100) **Mechanism of the thrombocytes destruction at the Werlhof's disease**

1. production of antithrombocytic antibodies (class of IgG) *
2. deficit of glycoproteins IIb/IIIa on the membrane of thrombocytes and disorder of its relatiohship with aggregative agents
3. increased fibrinigen in thrombocytes
4. increased thrombocytic aggregation and unstable membranes

101) **What degree of thrombocytopenia does lead to the hemorrhagic syndrom with bleedings?**

1. less then 400 $x10^9$ /L
2. less then 200 $x10^9$ /L
3. less then 100 $x10^9$ /L
4. less then 50 $x10^9$ /L *

102) **Blood analysis at the autoimmune thrombocytopenia is characterized by**

1. thrombocytopenia *
2. thrombocytosis
3. anaemia
4. erythrocytosis

103) **Bone marrow at the autoimmune thrombocytopenia is characterized by**

1. enlargment of the megacariocytopoiesis *
2. decreased megacariocytopoiesis
3. supession of the hemopoiesis
4. enlargment of the erythropoiesis

104) **Initial dosage of the steroids at the Werlhof's desease**

1. 0,5 mg/kg of body mass
2. 1 mg/kg of body mass*
3. 2 mg/kg
4. 3 mg/kg

CHOOSE THE NUMBERS OF CORRECT ANSWERS

105) **Methods of the treatment of autoimmune thrombocytopenia**

1. thrombomass transfusion *
2. steroids *
3. cytostatics (imuran, cyclophosphan) *
4. bone marrow transplantation

5. plasmapheresis

106) **Choose the true confirmations for hemorrhagic vasculitis**

1. hemorrhagic vasculitis is thrombovasculitis with damage of thevessels of skin and internal organs *
2. hemorrhagic vasculitis is result of hypocoagulation, thrombocytopenia with development of bleedings
3. hemorrhagic vasculitis is immunocomplexis disease *
4. immune complexes and activated complement initiate microthrombovasculitis with fibrinoid necrosis, perivascular edema, blockade of microcirculation, hemorrhages, distrophic disorders *

107) **Hemorrhagic rash at hemorrhagic vasculitis is characterized is**

1. symmetric petechias on the extremities, abdomen, back, rumps *
2. nonsimmetric petechias on the face and body
3. rash is with inflammatory basis *
4. rash is polimorphic
5. rash is monomorphic *

108) **Damage of the joints is characterized by**

1. severe pain, edema, disfunction, reversed arthritis *
2. hemarthrosis
3. formation of the contracture and ankylosis
4. damage of a gristles
5. damage of a sinoveal covers *

109) **Abdominal form of the hemorrhagic vasculitis is characterized by**

1. hemorrgages into the stomach, intestine, mesentery *
2. diarrhea, blood in stoole *
3. severe abdominal pain *
4. fever, vomiting
5. constipation

110) **Renal form of hemorrhagic vasculitis is characterized by**

1. arterial hypertension *
2. formation of acute or chronic glomerulonephritis *
3. bacteriuria
4. nephrotic syndrom *

111) **Laboratory disorders at the hemorrhagic vasculitis is characterized by**

1. hypofibrinogenemia
2. hyperfibrinigenemia *
3. increased level of immune complexes *
4. decreased level of immune complexes
5. hypergammaglobulinemia *
6. hyperalbuminemia

112) **Drugs for treatment of hemorrhagic vasculitis**

1. heparin s/c, i/v 7500-15000 U daily*
2. cytostatics
3. heparinoids- sulodexid (Vessel Due), lomaparan (Orgaran) *
4. plasmapheresis *
5. steroids in high dosages

CHOOSE THE NUMBER OF CORRECT ANSWER

113) **Heparin must be controlled by**
1. prothrombin time
2. coagulation time *
3. bleeding time
4. fibrinolytic activity

114) **What cells are increased at the initial stage of policytemia (primary erythremia)**
1. thrombocytes
2. red blood cells *
3. leukocytes
4. myeloblasts

CHOOSE THE NUMBERS OF CORRECT ANSWERS

115) **Causes of the secondary erythrocytosis**
1. arterial hypertension
2. obesity *
3. smoking *
4. alcoholism
5. respiratory failure *
6. cists of the kidneys *

116) **Pletoric syndrom is characterized by**
1. cyanosis of face
2. erythrocyanosis *
3. headach *
4. arterial hypertension *
5. dispnoe

117) **Complications of policytemia**
1. thrombosis *
2. gastric ulcers *
3. strokes *
4. myocardial infarction*
5. resriratory failure

118) **Blood analysis of policytemia is characterized by**
1. erythrocytosis *
2. thrombocytosis *
3. leukocytosis with left shift to myelocytes *
4. thrombocytopenia
5. reticulocytopenia
6. increased hemoglobin *

119) **Causes of the relative erythrocytosis**
1. diarrhea *
2. vomiting *
3. blood loss
4. overdosage of the diuretics*

120) **«Major» criterias of the true policytemia**

1. thrombocytosis
2. erythrocytosis *
3. splenomegaly *
4. increased alkaline phosphatase of neutrofils
5. normal oxigenal blood saturation *

121) **Optimal methods of treatment of the policytemia**

1. transfusion of a plasme
2. phlebotomy and bleedings *
3. trasfusions of a erythromass
4. cytapheresis*

122) **Drugs for the treatment of policytemia**

1. cyclophosphan
2. imiphos*
3. hydroxiurea *
4. splenectomy
5. aspirin, trental *
6. heparin

123) **Outcomes of the policytemia**

1. myelofibrosis *
2. aplastic anaemia
3. acute myeloblastic leukemia *
4. chronic myeloleukemia

CORRECT ANSWERS

1	3	39	3	77	2
2	4	40	3	78	1,3
3	3	41	1	79	1,4,5
4	2	42	4	80	4
5	3	43	3	81	2
6	4	44	4	82	2
7	2	45	3	83	2,4
8	3	46	3	84	1
9	4	47	4	85	3
10	2	48	2	86	2
11	2	49	1	87	5
12	3	50	3,5	88	3
13	1	51	1,3	89	1
14	3	52	1,3,4,5,7	90	2
15	1	53	1	91	2,3,4
16	1,2,4,5	54	4	92	2,4
17	3	55	4	93	1,4
18	2,3,4,7	56	2	94	3
19	1,4,5	57	3	95	4
20	1,3,4,6	58	2	96	1,3,5
21	2,3	59	4	97	1,2,4,6
22	2,3,4,6	60	2,5	98	1,3,4
23	1,3,4	61	1,4,5	99	3,4,5
24	1,3	62	1	100	1
25	2	63	4	101	4
26	1	64	1	102	1
27	2	65	3	103	1
28	3	66	3	104	2
29	1	67	3	105	1,2,3
30	2,5	68	2,3,4,6,7	106	1,3,4
31	3	69	2,3,5	107	1,3,5
32	5	70	2,3	108	1,5
33	1	71	1,2,3	109	1,2,3
34	2	72	1,3,4	110	1,2,4
35	2	73	1,3,4,5,6	111	2,3,5
36	1,3	74	1	112	1,3,4
37	1	75	2	113	2
38	3	76	2	114	2
				115	2,3,5,6
				116	2,3,4
				117	1,2,3,4
				118	1,2,3,6
				119	1,2,4
				120	2,3,5
				121	2,4
				122	2,3,5
				123	1,3