

8. Bleeding from the digestive tract. Causes, clinic, diagnosis, differential diagnosis, treatment tactics

1. A 41 year old patient was admitted to the intensive care unit with haemorrhagic shock due to gastric bleeding. He has a history of hepatitis B during the last 5 years. The source of bleeding are esophageal veins. What is the most effective method for control of the bleeding?
A. Introduction of obturator nasogastric tube
B. Hemostatic therapy
C. Administration of plasma
D. Operation
E. Intravenous administration of pituitrin
2. A 33 year old male patient was brought to Emergency Department with the signs of cardiovascular collapse: BP - 60/30 mm Hg, Ps - 140 bpm, the skin is pale and moist, diuresis 20 ml/h, Hb - 80 g/l, red blood cell count - $2,5 \times 10^{12}/l$. The reduction of blood volume averages:
A. 30-40%
B. 25-30%
C. 15-20%
D. 10-15%
E. 20-25%
3. A patient is staying in the hospital with the diagnosis of abdominal typhus. During the 3-d week from the beginning of the disease the patient stopped keeping diet and confinement to bed. As a result the body temperature and rapid pulse decreased and melena appeared. What kind of complications should we think about first of all?
A. Intestinal haemorrhage
B. Meningitis
C. Hepatite
D. Nephroso-nephritis
E. Thrombophlebitis
4. A 35 y.o. female patient was admitted to the surgical department with symptoms of ulcerative gastric hemorrhage. Its been the third hemorrhage for the last 2 years. After conservative treatment vomiting with blood stopped, hemoglobin elevated from 60 till 108 g/L. General condition became better. But profuse vomiting with blood reoccured in 2-3- hours. Hemoglobin decreased to 93,1 g/L then to 58,1 g/L. What is the tactics of treatment?
A. Urgent surgery
B. Conservative treatment with following surgery
C. Taylors treatment
D. Deferred surgery
E. Conservative treatment

5. A 42-year-old patient with acute haemorrhage and class III blood loss underwent blood transfusion and got 1,8 l of preserved blood and erythromass of the same group and Rh. After the transfusion the patient complained of unpleasant retrosternal sensations, his arterial pressure dropped to 100/60 mm Hg, there appeared convulsions. Blood serum calcium was at the rate of 1,7 millimole/liter. What is the mechanism of this complication development?

A. Citrate binds calcium ions, hypocalcemia impairs myocardial function

B. Citrate causes the development of metabolic acidosis

C. Citrate binds potassium causing severe hypokalemia

D. The increased citrate rate causes convulsions

E. Citrate is cardiotoxic and nephrotoxic

6. A 40-year-old woman with acute gastrointestinal hemorrhage was transfused 400 ml of the preserved blood after having conducted all compatibility tests. After hemotransfusion the condition of the patient became worse. She started having headache, muscles pain, her temperature has risen up to 38,8°C. What is the reason for such condition of the patient?

A. Pyrogenic reaction of medium severity

B. Allergic reaction

C. Air embolism

D. Bacterial and toxic shock development

E. Hemotransfusional shock development

7. A 72-year-old patient complains of pain and bleeding during defecation. Digital rectal investigation revealed a tumour of the anal canal. After verification of the diagnosis the patient was diagnosed with squamous cell carcinoma. The secondary (metastatic) tumour will be most probably found in:

A. Lungs

B. Brain

C. Pelvic bones

D. Liver

E. Mediastinum