

5. Syndromes of dysphagia, vomiting and violation of the act of defecation.  
Significance in diagnosis and differential diagnosis. Medical tactics

1. A 76 y.o. woman complains of progressing swallowing disorder, mostly she has had problems with solid food for the last 6 weeks. Sometimes she has regurgitation of solid masses. Swallowing is not painful. She lost 6 kg. 10 years ago she had myocardial infarction, she takes constantly aspirine and prolonged nitrates. She consumes alcohol in moderate proportions, smokes. Objectively: icteric skin, neck has no peculiarities, lymph nodes are not enlarged. Thorax has no changes, cardiovascular system has no evident changes. Liver is +3 cm. What is the preliminary diagnosis?

A. **Cancer of esophagus**  
B. Diffuse constriction of esophagus  
C. Diaphragmatic hernia  
D. Myasthenia  
E. Esophageal achalasia

2. For the persons who live in a hot area after an accident at a nuclear object, the greatest risk within the first decade is represented by cancer of:

A. **Thyroid gland**  
B. Lungs  
C. Reproduction system organs  
D. Skin  
E. Breast

3. A severely traumatized patient who has been receiving prolonged parenteral alimentation develops diarrhea, mental depression, alopecia and perioral and periorbital dermatitis. Administration of which of the following trace elements is most likely to reverse these complications?

A. **Zinc**  
B. Copper  
C. Selenium  
D. Iodine  
E. Silicon

4. A 35 y.o. patient complains of a difficult swallowing, pain behind the breastbone. He can eat only liquid food. While swallowing sometimes he has attacks of cough and dyspnea. Above mentioned complaints are progressing. It is known that the patient has had a chemical burn of esophagus one month ago. What complication does the patient have?

A. **Corrosive esophagitis and stricture**  
B. Esophageal diverticula  
C. Esophagitis  
D. Cardiac achalasia  
E. Cardiac insufficiency

5. A 65-year-old patient complains of dull pain in the rectum during and after defecation, discharge of mucus and small amount of blood mixed up with mucus and faeces. The discharged blood is of dark red color, sometimes with small amount of clots. The patient is sick for 8 months, has lost some weight. On digital examination, there is a round constriction of the rectum with infiltrate at a height of 4-5 cm from the anus. What is the most probable diagnosis?

**A. Cancer of the medium-ampullar section of the rectum**

- B. Crohns disease
- C. Non-specific ulcer colitis
- D. Cicatricial stenosis of the rectum
- E. Chronic proctitis

6. A 62-year-old patient complains of the pain behind the sternum, bad passing of solid and liquid food, bad breath, increased salivation weight, loss of 15 kg during the period of 2 months. Appetite is retained. On physical exam: face features are sharpened. The skin is pale, with sallow tint, its turgor is decreased. The liver is not enlarged. Blood Hb - 86g/L. Gregersen reaction is positive. What kind of pathology caused the given clinical situation?

**A. Esophagus cancer**

- B. Chronic non-specific esophagitis
- C. Cicatricial constriction of esophagus
- D. Benign growth of esophagus
- E. Achalasia of esophagus

7. A 36 y.o. patient was admitted to the hospital with sharp pain in substernal area following occasional swallowing of a fish bone. On esophagoscopy the foreign body wasn't revealed. The pain increased and localized between scapulas. In a day temperature elevated, condition became worse, dysphagia intensified. What complication has developed?

**A. Perforation of esophagus with mediastinitis**

- B. Obstruction of esophagus
- C. Esophageal hemorrhage
- D. Pulmonary atelectasis
- E. Aspirative pneumonia

8. A patient complains about pyrosis and permanent pain behind his breastbone. When he bends forward after eating there appears regurgitation. Roentgenological examination revealed extrasaccular cardiofunctional hernia of esophageal opening of diaphragm. Esophagoscopy revealed signs of reflux-esophagitis. What is the necessary treatment tactics?

**A. Operation in a surgical department**

- B. Treatment at a health resort
- C. Conservative treatment in the therapeutic hospital
- D. Conservative treatment in an outpatients clinic
- E. Conservative treatment in a surgical department

9. A 49-year-old male patient consulted a doctor about difficult swallowing, voice hoarseness, weight loss. These symptoms have been gradually progressing for the last 3 months. Objectively: the patient is exhausted, supraclavicular lymph nodes

are enlarged. Esophagoscopy revealed no esophageal pathology. Which of the following studies is most appropriate in this case?

- A. **Computed tomography of chest and mediastinum**
- B. X-ray of lungs
- C. Radioisotope investigation of chest
- D. Ultrasound investigation of mediastinum
- E. Multiplanar imaging of esophagus