

Syllabus of the discipline of Surgical Diseases

1. Title page

University Name: International Higher School of Medicine

Department Name: Surgical Diseases

Document name: Syllabus of the discipline

Name of the discipline: Surgical Diseases

Academic year, semester of study: 2025-2026, 7th semester, number of credits(hours) for studying this discipline 4 credits (120 hours), form of control: oral and written survey, reports/presentations, control of practical skills, situational tasks, testing

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The Syllabus is considered

at the meeting of the department of surgical diseases

Protocol №2 dated 1th September 2025

Head of the department Ermekov T.A

2. Brief description of the course.

2.1 Purpose of the course and the expected result of studying the discipline.

The main goal of the course is to provide students with theoretical and practical knowledge and skills regarding the general principles of surgery, the concept of surgical infection and its prevention, the features of pain relief, the basics of surgical trauma treatment, examination of a surgical patient, pre-hospital diagnosis of acute surgical diseases, and general patterns of surgical treatment.

As a result of studying the discipline, the student must:

Know:

- Medical devices: instruments, apparatuses, equipment, materials and other products used for medical purposes in surgery;
- The essence of normal biochemical processes at the level of organs, systems and the body as a whole, as well as standards for the results of biochemical and clinical studies. As well as reference values of laboratory tests for making a preliminary diagnosis of ICD and generally accepted classifications of diseases;
- Basic principles and methods of treatment of the most common diseases;
- Etiology, pathogenesis, clinical and laboratory criteria, principles of treatment of urgent and life-threatening conditions;
- Goals and objectives of compliance with the rules of sanitary and hygienic regime in medical institutions, ethical standards of relations with secondary and junior medical personnel;
- Main tasks, functions, technical and professional resources of secondary and junior medical personnel in a health care facility;
- Possible consequences of accidents, catastrophes, natural disasters and ways of using modern weapons of destruction.

Be able to:

- Determine the scope of application of medical devices provided for in the procedure for providing medical care in surgery;
- Recognize and interpret the results of biochemical and clinical studies, identify logical relationships between changes in biochemical parameters and the clinical state of the body;
- Formulate a diagnosis in accordance with the ICD and current classifications of diseases;
- Synthesize and analyze information about the principles and methods of treatment of the most common diseases from the standpoint of evidence-based medicine;
- Diagnose urgent and life-threatening conditions and determine the basic principles of first aid;
- Observe the rules of conduct and subordination in the medical team;
- Determine specific professional functions of secondary and junior medical personnel in medical institutions;
- Determine the impact of harmful and dangerous natural and man-made factors on humans and the environment.

Possess:

- Skills to determine the main criteria for making a diagnosis based on the results of biochemical and clinical studies;
- Skills to determine the main criteria for making a diagnosis based on the ICD and current classifications of diseases using the basic techniques of evidence-based medicine, as well as synthesize and analyze information about the etiology, pathogenesis, clinic and diagnosis of the most common diseases, give practical recommendations for the treatment of the most common diseases;
- Skills in determining the scope of first aid in urgent and life-threatening conditions;
- Skills of compliance with the requirements of the sanitary and hygienic regime in medical institutions;
- Skills of effective interaction with the staff of the health facility's functional unit;
- Skills in determining basic methods of protection in emergency situations and during medical evacuation.

2.2 Prerequisites:

- Latin language
- Macro-and microanatomy
- Normal physiology
- Biochemistry
- Microbiology, Virology and Immunology
- Pathology (pathological anatomy and pathological physiology)
- Fundamentals of radiology

2.3 Post-requisites:

- Family medicine
- Polyclinic Obstetrics and Gynecology
- Outpatient therapy
- Polyclinic surgery

3. Calendar and thematic plan.

Table

№1.

Discipline study plan

Thematic plan of lectures

#	Unit name	Topic of the lecture	Study intensity (hour)	Date
1	Colon diseases	L 1: Hirschsprung's disease. Dolichokolon.	2	
		L 2: Chronic non-specific ulcerative colitis.	2	
		L 3: Acute paraproctitis. Chronic paraproctitis	2	
2	Surgical endocrinology	L 4: Endemic goiter. Thyroiditis and strumitis.	2	
		L 5: Diseases of the parathyroid glands. Pancreatic insulinomas. Purulent-septic complications of diabetes mellitus.	2	
3	Diseases of the lungs, pleura and mediastinum	L 6: Echinococcosis of the lungs. Pneumothorax. Hemothorax.	2	
		L 7: Bronchiectatic disease. Mediastinit.	2	
4	Diseases of the spleen, hernia of the diaphragm. Diseases of the liver and biliary tract.	L 8: Spleen diseases	2	
		L 9: Differential diagnosis of jaundice. Choledocholithiasis.	2	
Total			18	

Table №2

Thematic plan of practical classes

Unit	Unit name	Subject of practical classes	Forms of control		Study intensity (hour)	Date
			Current	milestone date		
1	Diseases of the colon	PC 1: Hirschsprung's disease. Dolichocolon	Oral and written survey; Report/presentation		2	
		PC 2: Dolichocolon	Oral and written survey; Report/presentation		2	
		PC3: Chronic non-specific ulcerative colitis.	Oral and written survey; Report / presentation		2	
		PC 4: Hemorrhoids. Anal fissures.	Oral and written survey; Report / presentation		2	
		PC 5: Acute paraproctitis. Chronic paraproctitis.	Oral and written survey; Report / presentation		2	
		PC 6: Diverticula of the colon. Rectal prolapse.	Oral and written survey; Report/presentation		2	
		PC 7: Control of unit №5		Answers to ticket questions, solving clinical problems	2	
Total:					14	
2	Surgical endocrinology	PC1: Endemic goiter. Thyroiditis and strumitis	Oral and written survey; Report / presentation		2	
		PC 2: Diffuse toxic goiter.	Oral and written survey; Report / presentation		2	

		PC 3: Diseases of the parathyroid glands.	Oral and written survey; Report / presentation		2	
		PC 4: Adrenal surgery.	Oral and written survey; Report / presentation		2	
		PC 5: Pancreatic insulinomas. Purulent-septic complications of diabetes mellitus	Oral and written survey; Report/presentation		2	
		PC 6: Control of unit No. 6		Answers to ticket questions, solving clinical problems	2	
	Total:				12	
3	Diseases of the lungs, pleura and mediastinum	PC 1-2: Echinococcosis of the lungs. Pneumothorax. Hemothorax.	Oral and written survey; Report / presentation		4	
		PC 3: Lung abscess. Gangrene of the lung.	Oral and written survey; Report / presentation		2	
		PC 4: Bronchiectatic disease.	Oral and written survey; Report / presentation		2	
		PC 5: Pleurisy. Pleural empyema.	Oral and written survey; Report / presentation		2	
		PC 6: Mediastinitis.	Oral and written survey; Report/presentation		2	
		PC 7: Control of unit # 7		Answers to ticket questions, solving clinical problems	2	
	Total:				14	
4	Diseases of the spleen, herniated diaphragm. Diseases of the liver and biliary tract.	PC 1: Spleen diseases	Oral and written survey; Report / presentation		2	

		PC 2: Liver abscess	Oral and written survey; Report / presentation		2	
		PC 3-4: Differential diagnosis of jaundice.	Oral and written survey; Report / presentation		4	
		PC 5: Cholangitis	Oral and written survey; Report / presentation		2	
		PC 6: Choledocholithiasis	Oral and written survey; Report / presentation		2	
		PC 7: Control unit №8 Credit		Answers to ticket questions, solving clinical problems	2	
	Total:				14	
Total					54	

4. Schedule of independent work of students.

Table №3

Thematic plan for independent work

Unit	Unit name	Subject of IWS	Forms of control		Study intensity (hour)	Deadlines
			the current	milestone		
1	Diseases of the colon	Anatomical and physiological data on the colon Etiopathogenesis, clinic, diagnosis, indications for conservative therapy and surgical treatment of ulcerative colitis	Oral and written survey; Report / presentation		2	
		Etiopathogenesis, clinic, diagnosis and treatment of Hirschsprung's disease	Oral and written survey; Report/presentation		2	

		Methods of examination of the rectum	Oral and written survey; Report / presentation		2	
		Hemorrhoids (concept, frequency, classification, etiology, clinic, diagnosis, differential diagnosis, treatment, prevention)	Oral and written survey; Report / presentation		2	
		Paraproctitis (classification, clinic, diagnosis, treatment) Anal fissure (etiology, clinic, diagnosis, treatment) Paraproctitis and pararectal fistulas (etiology, clinic, diagnosis, treatment) Anatomical and physiological information about the rectum		Answer to ticket questions, solving clinical problems	2 2	
	Total:				12	
2	Surgical endocrinology	Methods of diagnostics of the parathyroid and thyroid glands	Oral and written survey; Report / presentation		2	
		Toxic adenoma (Plummer's disease). Clinic, diagnosis, surgical treatment	Oral and written survey; Report / presentation		2	
		Multi-node toxic goiter. Clinic, diagnosis, and surgical treatment. Thyroiditis. Clinic, diagnosis, surgical treatment	Oral and written survey; Report / presentation		2 2	
		Benign tumors (follicular adenomas) Clinic, diagnosis, surgical treatment	Oral and written survey; Report / presentation		2	
		Parathyroid tumors. Clinic, diagnosis, surgical treatment			2	

		Surgical tactics for pancreatic injuries		Answer to ticket questions, solving clinical problems	2	
		Cysts and fistulas of the pancreas				
		Benign pancreatic tumors				
	Total:				12	
3	Diseases of the lungs, pleura and mediastinum	Esophago-tracheal fistulas	Oral and written survey; Report / presentation		2	
		Chronic lung abscess	Oral and written survey; Report / presentation		2	
		Cavernous pulmonary tuberculosis, surgical tactics.	Oral and written survey; Report / presentation		2	
		Lung cysts, bullous disease, spontaneous pneumothorax Chronic pleural empyema	Oral and written survey; Report / presentation		2	
		Secondary metastatic lung tumors.			2	
		Descending necrotizing acute mediastinitis Mediastinal injuries. Postoperative mediastinitis		Answer to ticket questions, solving clinical problems	2	
	Total:				12	
4	Diseases of the spleen, herniated diaphragm. Diseases of the liver and biliary tract.	Diaphragm injury, Hiatal hernias	Oral and written survey; Report/presentation		2	
		Liver malformations	Oral and written survey; Report / presentation		2	
		Surgical tactics for liver ruptures resulting from trauma Special methods of liver research.	Oral and written survey; Report / Presentation		2	
		Congenital malformations of the bile ducts			2	

		Damage to the spleen			2	
		Hypersplenism, clinic, diagnosis, surgical treatment.				
		Possibilities of using laparoendoscopic interventions on the common bile duct in patients with cholecystocholedocholithiasis		Answers to questions, solving clinical problems	2	
	Total:				12	
Total					48	

5. Literature

Basic:

1. Benjamin J. Hazen (Editor), Shishir K. Maithel (Editor), Ravi R. Rajani (Editor) (2023). *Anatomic, Physiologic, and Therapeutic Principles of Surgical Diseases: A Comprehensive, High-Yield Review*.
2. Susan D. Sheets (Author) (2020). *Surgical Notes*
3. Martin D. Zielinski (Editor), Oscar Guillaumondegui (Editor) (2022). *The Acute Management of Surgical Disease*
4. Nathan Orwell (Author) (2022). *Surgical Sutures: A Practical Guide of Surgical Knots and Suturing Techniques Used in Emergency Rooms, Surgery, and General Medicine*

Secondary:

5. Thompson A, Fleischmann KE, Smilowitz NR, de Las Fuentes L, Mukherjee D, Aggarwal NR, Ahmad FS, Allen RB, Altin SE, Auerbach A, Berger JS, Chow B, Dakik HA, Eisenstein EL, Gerhard-Herman M, Ghadimi K, Kachulis B, Leclerc J, Lee CS, Macaulay TE, Mates G, Merli GJ, Parwani P, Poole JE, Rich MW, Ruetzler K, Stain SC, Sweitzer B, Talbot AW, Vallabhajosyula S, Whittle J, Williams KA Sr. 2024 AHA/ACC/ACS/ASNC/HRS/SCA/SCCT/SCMR/SVM Guideline for Perioperative Cardiovascular Management for Noncardiac Surgery: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2024 Nov 5;150(19):e351-e442. doi: 10.1161/CIR.0000000000001285. Epub 2024 Sep 24. PMID: 39316661.
6. Sokas C, Hu F, Edelen M, Sisodia R, Pusic A, Cooper Z. A Review of PROM Implementation in Surgical Practice. *Ann Surg*. 2022 Jan 1;275(1):85-90. doi: 10.1097/SLA.0000000000005029. PMID: 34183512.
7. Srinivasa S. Disease-Specific Surgical Benchmarking: A Nuanced Approach to Operative Outcomes. *Ann Surg Oncol*. 2024 May;31(5):2813-2814. doi: 10.1245/s10434-024-15055-9. Epub 2024 Feb 20. PMID: 38376709.
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9. Kennedy ED, McKenzie M, Schmocker S, Jeffs L, Cusimano MD, Pooni A, Nenshi R, Scheer AS, Forbes TL, McLeod RS. Patient engagement study to identify and improve surgical experience. *Br J Surg*. 2021 Apr 30;108(4):435-440. doi: 10.1093/bjs/znaa087. PMID: 33930119; PMCID: PMC8086818.
10. Napolitano LM. Why It Is Important to Understand the Microbiome within the Context of Surgical Disease. *Surg Infect (Larchmt)*. 2023 Apr;24(3):205-206. doi: 10.1089/sur.2022.417. PMID: 37010969.
11. Odland ML, Nepogodiev D, Morton D, Martin J, Bekele A, Ghosh D, Ademuyiwa AO, Davies JI, Weiser TG. Identifying a Basket of Surgical Procedures to Standardize Global Surgical Metrics: An International Delphi Study. *Ann Surg*. 2021 Dec 1;274(6):1107-1114. doi: 10.1097/SLA.0000000000004611. PMID: 33214454.
12. Stefanou A, Worden A, Kandagatla P, Reickert C, Rubinfeld I. Surgical Wound Misclassification to Clean From Clean-Contaminated in Common Abdominal Operations. *J Surg Res*. 2020 Feb;246:131-138. doi: 10.1016/j.jss.2019.09.001. Epub 2019 Sep 30. PMID: 31580983.
13. Mellinghoff SC, Bruns C, Al-Monajjed R, Cornely FB, Grosheva M, Hampl JA, Jakob C, Koehler FC, Lechmann M, Maged B, Otto-Lambertz C, Rongisch R, Rutz J, Salmanton-Garcia J, Schlachtenberger G, Stemler J, Vehreschild J, Wülfing S, Cornely OA, Liss BJ. Harmonized procedure coding system for surgical procedures and analysis of surgical site infections (SSI) of five European countries. *BMC Med Res Methodol*. 2022 Aug 12;22(1):225. doi: 10.1186/s12874-022-01702-w. PMID: 35962320; PMCID: PMC9374282.
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6. Evaluation policy and procedure for all types of work

Fund of assessment tools for intermediate certification in the EMC (Anesthesiology, Intensive Care, Emergency Conditions, 10 semester).

Evaluation procedures and criteria:

Assessment of student's academic achievements in all types of control (current control of academic performance and intermediate certification) is carried out according to the point-rating system.

During the period of studying the discipline, the student gains points according to the corresponding parameters (per unit):

- a. Current control – 40
- b. IWS-20
- c. Midterm control (module) - 40

Total of 100 points (40+20+40)

For violations of the conduct policy, the total score in the discipline is reduced to a maximum of 10 points.

The final grade for mastering the discipline is entered in the statement and credit book.

Table №4

Student achievement assessment system

Criteria for grading a discipline				
Maximum score	Intervals			
	"failure"	"success"	"good"	"excellent"
Current monitoring–40	0-23	24-30	31-35	36-40
Criteria for intervals	Given for poor assimilation of the material. An unsatisfactory answer shows that the student is familiar with the educational material, but does not highlight the main points, makes significant mistakes that distort the meaning of what he has learned. He transmits information that he has memorized from the words of the teacher or from the textbook, but which is not logically processed in his mind, is not included in the system of scientific propositions and arguments.	Given if the student correctly applies specific terminology, knows the main, essential provisions of the educational material, but does not know how to explain them, and makes some mistakes and inaccuracies in the content of knowledge and the form of constructing the answer.	Given for the correct assimilation of the program material, but the answer may contain inaccuracies and minor errors, both in the content and in the form of constructing the answer.	Given for a deep understanding of the educational material, for the ability to independently explain the studied provisions, for a logical correctly constructed answer, when the student does not make mistakes and is able to integrate the acquired knowledge with knowledge in related academic disciplines.
IWS– 20	0-11	12-15	16-17	18-20
Criteria for intervals	Given if the student did not complete the task, makes gross mistakes when answering the teacher's questions, or there are no ready-made diagrams, tables, or essays.	Given if the student finds it difficult to answer, makes mistakes and inaccuracies in ready-made diagrams, tables, and essays.	Given for the correct assimilation of the program material, but the answer may contain inaccuracies and minor errors, such as both in the content and in the form of building ready-made	Given for a deep understanding of the educational material, for the ability to independently explain the studied provisions, for a logically correctly constructed answer, when the student does not make

			diagrams, tables, and abstracts.	mistakes and is able to integrate the acquired knowledge with knowledge in related academic disciplines.
Midterm control (module)– 40	0-23	24-30	31-35	36-40
Interval criteria	Significant gaps in knowledge of the main educational material were identified, fundamental errors were made in answering the questions	Knowledge of the educational material to the extent necessary for further development of the discipline, familiarity with the main literature recommended for the lesson. The student makes mistakes, but has the necessary knowledge to eliminate them under the guidance of the teacher	Full knowledge of the educational material, the main literature recommended for the lesson. The student shows the systematic nature of knowledge in the discipline and is able to independently replenish and update further academic work and professional activity	A comprehensive, systematic and in-depth knowledge of educational material, basic and additional literature, the relationship of the main concepts of the discipline in their meaning for the acquired profession.

6.1. Student Conduct Policy: (lateness, skipping classes, behavior in the classroom, delayed submission of assignments).

- Be punctual and complete tasks.
- Be sure to attend classes.
- Avoid skipping classes for disrespectful reasons.
- Come to classes in a clean medical gown.
- Exclude cell phone conversations in class.
- Actively participate in the learning process.
- Complete your homework on time.
- Work out missed classes at the time set by the teacher.

For violations of the Conduct Policy, total discipline points can be reduced to 5 points.

6.2. Academic Ethics Policy.

- Be tolerant, respect the opinions of others.
- Formulate your objections in the correct form.

- Constructively maintain feedback in all classes.

- Plagiarism and other forms of dishonest work are unacceptable. Plagiarism includes the following: no references when using printed and electronic materials, quotes, thoughts, and works of other authors or students.

- It is not allowed to prompt or cheat during tests, exams, or classes, passing an exam for another student, unauthorized copying of materials.

For violations of the Academic Ethics Policy, the total points for the discipline can be reduced to 5 points.

7. Guidelines for unit classes

7.1. Unit 1. Diseases of the colon.

PC 1: Hirschsprung's disease. Dolichocolon

1. The leading role in the development of Hirschsprung's disease is played by a mutation in which gene?
2. The clinical and diagnostic criteria for Hirschsprung's disease in adults are?
3. Severe complications of Hirschsprung's disease requiring urgent surgical intervention include?

PC 2: Chronic nonspecific ulcerative colitis.

4. Non-specific ulcerative colitis is characterized by everything except?
5. In the late stages of nonspecific ulcerative colitis, endoscopic examination is most characteristic?
6. Which of the drugs is impractical to prescribe to a patient with nonspecific ulcerative colitis with an indistinctly minimal activity of the process?
7. Does the long-term consequences of ulcerative colitis include?

PC 3: Hemorrhoids. Cracks of the anus.

8. W.Milligan and S.Morgan in 1927 proposed a method for performing what type of hemorrhoidectomy?
9. To all patients with acute and chronic hemorrhoids, pharmacotherapy is recommended for what purpose?
10. For all patients with stage 2-3 hemorrhoids with the presence of separately located internal hemorrhoids with clear boundaries, to reduce the risk of recurrence, what kind of action is recommended?

PC 4: Acute proctitis. Chronic proctitis.

11. For the diagnosis of acute proctitis, what action is recommended?
12. How true is the statement that antibiotic therapy in the perioperative period in the normal course of acute proctitis does not lead to a decrease in the incidence of relapses of the disease?
13. A patient with an inflammatory infiltrate in the perianal region was taken to the clinic's reception department. During instrumental examination, acute proctitis was verified. In blood tests, pronounced leukopenia attracts attention. What is the optimal sequence of actions in such a situation?

PC 5: Diverticula of the colon. Rectal prolapse.

14. The main causes of diverticular disease are?
15. What are the symptoms of diverticular colon disease?
16. Diverticula and diverticulosis: What are the differences?

PC6: control of unit 1.

7.2. Unit 2. Surgical endocrinology.

PC 1: Endemic goiter. Thyroiditis and strumitis

17. Depending on the occurrence and course of the disease, which types of thyroiditis are distinguished?
18. At the fifth stage of endemic goiter, what signs are observed?
19. Is MRI often used for endemic goiter?
20. What is the treatment strategy for strumitis?

PC 2: Diffuse toxic goiter.

21. What are the clinical manifestations of the disease?
22. Tell us about the care, principles of treatment of patients with diffuse toxic goiter?
23. What is the prevention of diffuse toxic goiter?

PC 3: Diseases of the parathyroid glands.

24. Can we say that with hyperfunction of the parathyroid glands, there is an increase in contractile activity of the muscles up to the formation of tetany?
25. Why is a parathyroid hormone test performed?
26. What are the possible treatments for parathyroid glands?

PC 4: Surgery of the adrenal glands.

27. What is the name of the operation to remove the adrenal gland?
28. How is adrenal adenoma removed?
29. What is the threat of removal of the adrenal gland?

PC 5: Pancreatic insulinomas. Purulent-septic complications of diabetes mellitus.

30. What is multiple endocrine neoplasia of the first type (MEN 1)?
31. Insulinomas are also classified by histological structure. According to this indicator, what are they like?

32. In patients with diabetes mellitus, the risk of septic complications is higher than in patients without impaired carbohydrate metabolism (why)?

PC 6: control of unit 2.

7.3. Unit 3. Diseases of the lungs, pleura and mediastinum.

PC 1: Echinococcosis of the lungs. Pneumothorax. Hemothorax.

33. The average hemothorax is the presence of blood in the pleural cavity to the level of which rib?
34. First aid for open external pneumothorax?
35. In which pneumothorax is an urgent puncture of the pleural cavity indicated?
36. To remove blood in hemothorax, a puncture is performed at the site of which intercostal space?

PC 2: Lung abscess. Gangrene of the lung.

37. What is not used in the treatment of abscessed pneumonia?
38. Active drainage of the pleural cavity is not indicated for ?
39. What can't be a complication of an acute lung abscess?
40. Are the radiological signs of lung gangrene?
41. With gangrene affecting one of the lobes of the lung, what is recommended?
42. The optimal method of local treatment of an acute pyogenic or gangrenous abscess that has broken into the pleural cavity is what?

PC3: Bronchiectatic disease.

43. Bronchiectasis is a pathologically irreversible expansion of the bronchi by how many times?
44. Bronchiectasis is localized more often where?
45. Are all early postoperative complications of parenchyma and bronchi after lung resection in bronchiectatic disease, with the exception of?
46. Which of the onchoectatic diseases require immediate re-operation?

PC 4: Pleurisy. Empyema of the pleura.

47. Options for drainage and sanitation of the pleural empyema?
48. Secondary pleural empyema is a complication of what?
49. Is the dominant microbial flora in pleural empyema?
50. Patient N., 39 years old, was diagnosed with exudative pleurisy. What complaints are characteristic of this pathology?
51. Patient O., 37 years old, was diagnosed with pleurisy. By the nature of the pleural effusion, it has been established that this is an infectious exudate. What is the main reason for the development of this effusion?

PC 5: Mediastinitis.

52. Mediastinitis usually occurs as a result of what?
53. With fibrotic mediastinitis, blockage of blood vessels may occur or?
54. Sometimes surgery is required to drain infected fluid from the chest or to repair a rupture in the esophagus, or for?
55. There is no way to treat fibrotic mediastinitis (why)?

PC 6: control of unit 3.

7.4. Unit 4. Diseases of the spleen, hernia of the diaphragm. Diseases of the liver and biliary tract.

PC 1: Diseases of the spleen

56. What are not used in the diagnosis of diseases of the spleen?
57. Everything is typical for spleen cysts, except what?
58. Hyperplenism – excessive destruction of blood cell elements by the spleen is not characterized by what?
59. Splenectomy is not indicated for what conditions?

PC 2: Liver abscess

60. What bacteria cause liver abscess?
61. Is it possible to cure an abscess without surgery?
62. What is the danger of a liver abscess?
63. What does a liver abscess look like?

PC 3: Differential diagnosis of jaundice.

64. In differential diagnosis, the doctor evaluates which indicators, which vary depending on the type of jaundice?
65. Common to all jaundice is jaundice staining of the skin against the background of an increase in what?
66. It is customary to distinguish how many types of suprahepatic (hemolytic) jaundice?

PC 4: Cholangitis

67. In the general blood test of a patient with cholangitis, is it detected in most cases?
68. Possible outcomes of a long course of purulent cholangitis are?
69. Possible outcomes of a long course of cholangitis are?
70. Differential diagnosis of acute cholangitis is carried out with what?
71. For the occurrence of cholangitis, a combination of what factors is necessary?

PC 5: Choledocholithiasis

72. For colic caused by cholecystolithiasis, what is characteristic?
73. Is it true that the causes of choledocholithiasis are fundamentally the same as the causes of gallstone disease in general?

74. What is the main cause of the pathological process of choledocholithiasis?

75. What are the methods and measures to prevent the disorder?

PC 6: control of unit 4.

8. Guidelines for performing independent work of student in the discipline

with an indication of the deadlines of submission

Specify the algorithm for performing independent work.